Experiencing a Romantic Relationship with Someone who has Mental Health Difficulties: A Qualitative Study

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Author Note

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Abstract

This study explored the lived experience of heterosexual individuals who were in a romantic relationship with someone who experienced mental health (MH) difficulties. Interpretative phenomenological analysis (IPA) was the qualitative methodology that was used to explore this phenomenon. As a data collection tool, in-depth semi-structured individual interviews were used. The sample was comprised of six participants (four females and two males). Participant recruitment was done through local MH organisations and Facebook groups. The findings captured how the participants' experience of the relationship, and how their emotional wellbeing was impacted. The participants' accounts reflected the significant changes that their relationships underwent over time, and the potential challenges they envisioned in their future including conflict management, planning a future together and building a family. Participants also recalled experiencing a sense of feeling trapped in the relationship. A recurring theme that emerged was that participants felt that their needs were secondary to those of their partners, leading to a one-sided relationship. Moreover, participants reported a decline in sexual and romantic interest in their partner, as they adopted caring roles. Participants also reflected on the lack of support they received, which led them to feel isolated and forgotten. Implications for clinical practice elicited from the findings of this research study suggest that psychoeducation, support groups, and couple therapy could be beneficial for the partners of individuals experiencing MHCs. Suggestions for future research studies were also outlined, including the exploration of the phenomenon amongst non-heteronormative individuals.

Key words: *mental health, couple relationships, romantic relationships, mental health conditions, interpretative phenomenological analysis*

Dedication

To my niece Luisa.

May you be as lucky as I have been in finding someone who loves

the good, the bad and everything in between; all of you.

Acknowledgements

My heartfelt thanks go to my research supervisor, Dr. Marta Sant, for her indispensable guidance, constant support and relentless dedication throughout this research, and throughout my training over the past two years.

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My boyfriend Christopher, who has shown me the true meaning of unconditional love, deserves an abundance of gratitude and thanks. He supported me in my decision to read for this course, and paused his life so that I could pursue my dream. Throughout these two years he was my biggest cheerleader, and was always there to remind me that I can do anything I set out to do. I am truly lucky to have him in my life.

I am grateful for my colleagues on the course, who have made this journey memorable and bearable, especially Monique and the other counselling psychology trainees – Sarah, Sarah and Valentina. Monique's presence during the endless days we spent working together motivated me to work when I felt like I could not go on any further, for which I am immensely grateful. I could not be more grateful that I got to share this experience with Sarah, who throughout the past two years became my best friend. Without Sarah by my side I do not think I would have survived these past two years.

Finally, this study would not have been possible without my participants. I am honoured to have met them and beyond grateful for their time and for choosing to share their experiences with me. Encountering them has strengthened my passion to advocate for those who are often forgotten.

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List of Abbreviations

APA: American Psychological Association

DSM: Diagnostic and Statistical Manual

EFT: Emotionally-Focused Therapy

GETs: Group Experiential Themes

ICD: International Classification of Diseases

IPA: Interpretative Phenomenological Analysis

MH: Mental Health

MHCs: Mental Health Conditions

NA: Narrative Analysis

NCFR: National Centre for Family Research

NSO: National Statistics Office

PETs: Personal Experiential Themes

PTSD: Post-Traumatic Stress Disorder

SRHT: Sound Relationship House Theory

SUD: Substance Use Disorder

SWB FREC: Social Wellbeing Faulty Research Ethical Committee

UREC: University Research Ethics Committee

WHO: World Health Organisation

List of Key Terms and Definitions

Asymptomatic partner: Throughout this dissertation, this term refers to the partner without a diagnosis of a mental health condition.

Diagnosed/symptomatic partner: Throughout this dissertation, these terms refers to the partner experiencing a mental health problem.

Chapter One: Introduction

Preamble

Prior to starting my training in counselling psychology, I served as a mental health recovery officer at a local mental health (MH) organisation, where I encountered individuals experiencing mental health conditions (MHCs) and their families. Furthermore, the organisation often received calls from people seeking assistance in coping with their partner's MHC.

Additionally, I myself experience a MHC, primarily anxiety. I am aware of the toll this takes on those around me and have seen first-hand the worry in my parents' eyes during my most difficult moments. I remember a time where I used to wonder if anyone would be able to see past my condition. I am grateful to have met someone who has chosen to love me anyway. However, I wonder if being with me would be easier for my partner if I did not experience these difficulties. Thus, I wanted to understand what it is like to be in a romantic relationship with someone who experiences MHCs.

The experience of partners of individuals diagnosed with MHCs and the couple relationship in the context of MH has been researched extensively in international studies, yet the same cannot be said within the Maltese context (Crowe & Lyness, 2013; Scerri et al., 2018; van der Sanden et al., 2016). This further motivated me to investigate the experience of the partners of individuals who experience MHCs locally.

MH and MHCs

MH was defined by the World Health Organisation (WHO) (2018) as the absence of mental disorders and a state of wellbeing in which one can realise their own abilities, cope with normal life stresses, work productively and contribute to society.

MHCs were defined by the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) as disorders that affect one's cognition, emotions and behaviour which cause significant distress or limitations in various aspects of life (American Psychological Association (APA), 2013). MH concerns become MHCs when one experiences symptoms for a prolonged period of time, leading to a reduction in one's ability to function (APA, 2013).

The DSM-V indicates the length of time one needs to experience symptoms before a diagnosis can be given (APA, 2013). Examples of MHCs include depression, anxiety disorders, schizophrenia, and substance use disorder (SUD). Similarly, the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10), addresses mental and behavioural disorders in Chapter V (WHO, 2019). The ICD-10 provides a description of each condition, together with the symptoms of the condition and brief diagnostic criteria.

Whilst classification systems are an integral part of medical practice, they have received a number of criticisms (Kapadia et al., 2020). Kapadia et al. (2020) called for caution regarding the possibility of over or under diagnosing, which can lead to people being denied treatment due to not meeting the diagnostic criteria. Other criticisms included arguments advocating for cultural consideration in terms of diagnoses (Roy et al., 2019). Given the reliance on biomedical epistemology, Lafrance and McKenzie-Mohr (2013) argued that classification systems tend to pathologise the 'normal'. Pavlo et al. (2019) argued that classification systems contradict the humanistic ethos underpinning the counselling psychology discipline. Fletcher (2012) argued that diagnosis is the process of attributing difficulties to an illness located within the person, rather than one's difficulties being taken in the context of individual stories, meanings, and beliefs, as advocated by the counselling psychology discipline (Milton, 2012b; Vetere, 2012).

Prevalence of MHCs

Globally, MHCs are on the rise, with a 13% increase between 2007 and 2017 (WHO, 2019). The WHO's World Mental Health Report (2022a) noted that in 2019 there were approximately 970 million people worldwide living with a MHC.

The European Mental Health Action Plan 2013-2020 stated that 25% of the residents in the WHO European Region were affected by a MHC (WHO Regional Office for Europe, 2015). The WHO European framework for action on mental health 2021-2025 estimated that the number of people who lived with a MHC in this region in 2019 was over 125 million (WHO Regional Office for Europe, 2022).

Locally, a nationwide study on the epidemiology of MHCs is yet to be performed (Grech, 2016; Ministry for Health, 2019). However, the Mental Health Strategy for Malta 2020-2030 reported that it is estimated that more than half the population will experience at least one MHC in their lives (Ministry for Health, 2019). Baldacchino et al. (2017) suggested that in 2017, the prevalence of psychiatric problems in local primary care was 8%. Furthermore, over the span of 18 weeks (between October 2018 and March 2019), 300 people were referred and admitted to the local psychiatric hospital, Mount Carmel Hospital (Grech & Micallef Trigona, 2020). During November and December 2019, 69 people presented at the emergency department at Mater Dei Hospital with psychiatric complaints (Pizzuto et al., 2021).

National data for medical treatment of MHCs is not available, however, the Ministry for Health (2019) stated that approximately 45,000 people are in possession of a valid Schedule V card which entitles them to free medication for one or more MHC.

The Couple Relationship and MHCs

Meaningful relationships contribute significantly to psychological wellbeing (Snyder & Balderrama-Durbin, 2020). However, relationship distress, dissatisfaction, or dissolution,

can negatively impact psychological and physical wellbeing (Abela et al., 2020; Abela, 2020; Lyngstad & Jalovaara, 2010). Leach et al. (2013) researched the association between relationship quality, anxiety and depression and found that happy couple relationships were a protective factor against depression; couple relationship difficulties were associated with poorer MH.

Perry and Wright (2006) compared the romantic relationships of people who have serious MHCs with those of the general population in the United States. They highlighted the misconception that people who experience MHCs are unlikely to be in a romantic relationship (Perry & Wright, 2006). This could result in limited support from professionals being offered to both clients and their partners in this regard (Perry & Wright, 2006). However, research has suggested that MHCs impact the individual with the condition as well as their romantic partner (Antoine et al., 2016; Scerri et al., 2018).

Literature has suggested that the impact on the asymptomatic partner can include experiencing an increased responsibility for their partner's care and wellbeing; a change in their role in the relationship; concerns regarding building a future with their partner; feelings of isolation; and depressive and anxiety symptoms, amongst other ramifications (Mokoena et al., 2019; Priestly et al., 2018; Shpigelman et al., 2018; Sharabi et al., 2015).

Local Research on Couple Relationships and MH

The couple relationship in Maltese research was explored in Schembri Lia's (2018) post-graduate study on the couple relationship when the female partner has an acquired physical disability. Other post-graduate studies have focused on sexuality in elderly couples (Morales, 2021); same sex civil unions (Vella, 2015); and sexual intimacy among same sex female couples (Spagnol, 2020). Piscopo (2014) investigated the process of forming and maintaining happy marital relationships, while Abela (1998) explored conflict in marital

relationships. Borg Bartolo (2012) studied the experience of couple therapy from the perspectives of the couple and the therapist.

Local research has tended to focus on instances where parents or family members experience MHCs. Post-graduate studies have attended to the lived experience of growing up with a parent who had a MHC (Abela et al., 2016; Galea, 2009); and borderline personality disorder in mothers (Aquilina, 2018; Caruana; 2013). Galea's (2017) post-graduate study focused on the impact of MHCs on the family. Caruana's (2019) study explored the impact that caring for an adult child who experiences MHCs has on the couple relationship.

Abela et al. (2016) explored the experience of caregiving for family members who experience MHCs. In Abela et al.'s (2016) sample of 81 caregivers, 47.5 % of participants were partners of individuals experiencing MHCs. This percentage illustrates that couple relationships where one member of the dyad is diagnosed with a MHC are far from rare.

However, exclusive focus on the experience of being in a couple relationship with someone who has a MHC within the Maltese context does not seem to have received much attention in the literature. This is with the exception of Felice's (2017) post-graduate study, on the experience of men whose spouses experienced perinatal MH difficulties.

Rationale for the Study

Humans have an innate need for connection with other people (Johnson, 2004). Across cultures, entering a couple relationship is a common life trajectory for most adults (Abela et al., 2020). Being in an intimate relationship provides individuals with the opportunity to connect with another person, to share their lives with someone, and to be loved (Abela et al., 2020).

The data regarding the prevalence of MHCs indicates the high rates of people in Malta who struggle with their MH or who have accessed MH services. Therefore, it can be argued that it is quite possible for someone to be in a romantic relationship with an individual

who experiences MHCs. Moreover, research has suggested that couple distress is common among individuals accessing MH services (Snyder & Balderrama-Durbin, 2020). Hence, it is pertinent to consider research on the experience of romantic partners of individuals who have a MHC.

Relevance to the Counselling Psychology Field

This study explores the experience of being in a romantic relationship with someone who lives with a MHC and was submitted as part of my training in counselling psychology. I am aware that a study that focuses on MHCs may be viewed as conflicting with counselling psychology's philosophical underpinnings, since counselling psychology has moved away from the medical model stance. Vetere (2012) postulated that counselling psychology approaches the understanding of human distress through formulation, which considers the complex interplay between one's history, personal experiences, relationships, and social discourses, rather than through diagnosis which medicalises one's responses to their phenomenological experience. Byng-Hall (2000; as cited in Alilovic & Yassine, 2009) argued that an essential factor to consider is how families and relationships contribute to personal difficulties. This system-sensitive stance is also central to counselling psychology, which places relational aspects at the forefront of the discipline (Alilovic & Yassine, 2009). Furthermore, despite counselling psychologists' tendency to work with individual clients, the majority of people seeking the services of counselling psychologists are motivated by relational issues (Alilovic & Yassine, 2009).

Whilst I personally adopt the counselling psychology approach towards the understanding of human distress, I am also aware that the medicalised approach to distress is still rather dominant (Vetere, 2012). Fletcher (2012) referred to the reality that a diagnosis is usually a requirement to access MH services. The medical model primarily consists of assigning a diagnosis to a set of presenting symptoms and prescribing medications to

alleviate them (Grech & Grech, 2022). Since this study is being conducted locally, it was important to consider that psychiatric diagnoses are frequently given, and that, for the most part, Malta still tends to follow a medical model with reference to MH treatment and diagnosis (Grech, 2019).

Counselling psychology focuses on wellbeing, which is heavily influenced by one's relationships (Milton, 2012a). Therefore, a study exploring the impact a relationship had on individuals and their wellbeing is highly relevant to the counselling psychology field.

Aims and Research Questions of the Study

This study's primary focus was the phenomenological experience of individuals who have been in a couple relationship with someone who experienced a MHC. More specifically, this study aimed to explore how the relationship impacted the asymptomatic partners of individuals who struggle with their MH, and the impact on the couple relationship itself. Moreover, this study focused specifically on the experience of heterosexual individuals. This was done in order to ensure that differences elicited through the findings are not attributed to the challenges that may be experienced exclusively by non-heteronormative individuals (Green & Mitchell, 2015).

The current study aims to answer the following research questions:

- What is it like to be in a romantic relationship with a person who has a MHC?
- How does being in a romantic relationship with someone who has a MHC impact the person and his or her life and in what ways?
- How does being romantically involved with someone who has a MHC impact the actual relationship from the point of view of the asymptomatic partner?

Epistemological Stance

Epistemology is concerned with knowledge about reality, what can be known, and how (Guba & Lincoln, 1994; Pernecky, 2016; Willig, 2013). The student researcher in this

study views reality as subjective and influenced by multiple factors, including the researcher's own bias (Guba & Lincoln, 1994). This makes the understanding of the phenomenon a co-construction of the subjective interpretation of the student researcher and the participant (Guba & Lincoln, 1994).

Thus, in line with Guba and Lincoln (1994) and Ponterotto (2005), the epistemological stance adopted in the research study is a transactional/subjectivist one. A transactional/subjectivist epistemological stance assumes that one's understanding of the world is constructed through interaction with one's environment, thus also considering social and cultural contexts (Hiller, 2014). It also recognizes that knowledge is constructed according to individual experiences and the meaning attached to them (Denzin & Lincoln, 2018; Pernecky, 2016). This epistemological position is congruent with the methodology that was adopted for this study i.e. Interpretative Phenomenological Approach (IPA).

Theoretical Framework

The theoretical framework adopted for this study was the sound relationship house theory (SRHT) (Cole & Cole, 2020; Gottman & Gottman, 2017). This theory provided the student researcher with guidance in understanding how the MHC impacted the couple relationship and the partner on an individual level.

The SRHT

Many have hypothesized about what comprises a healthy relationship, however, theories based on scientific research are rare (Cole & Cole, 2020). Gottman et al. (1996) studied couples for over four decades (Buehlman et al., 1992; Gottman & Levenson, 1992; Gottman & Levenson, 2002). These works culminated in the SRHT, which provided a systematic way of understanding romantic relationships (Gottman & Gottman, 2017).

The SRHT proposed seven traits of successful relationships – building love maps, sharing fondness and admiration, turning towards rather than turning away, the positive

perspective, conflict management, making life dreams come true, and creating shared meaning (Cole & Cole, 2020; Gottman & Gottman, 2017). These traits make up the three systems of a relationship – friendship, conflict management and shared meaning (Cole & Cole, 2020; Gottman & Gottman, 2017). These levels rest on two essential pillars – trust and commitment (Cole & Cole, 2020; Gottman & Gottman, 2017). This is depicted in the diagram below as shown in Gottman and Gottman (2017).

Figure 1

Diagram showing the sound relationship house theory

Trust refers to the feeling of security one feels when the partner is supportive, especially during difficult times, while commitment is about being in a position of knowing that one wants to be in the relationship, without comparing it to possible alternatives (Cole & Cole, 2020).

Building love maps centres on learning about each other and showing interest in one's partner (Cole & Cole, 2020; Gottman & Gottman, 2017). Sharing fondness and admiration

towards one's partner describes the expression of positive feelings and affect, including non-verbal expressions such as being affectionate towards each other (Cole & Cole, 2020; Gottman & Gottman, 2017). Turning toward instead of away, concerns the patterns of interaction between the couple, whether they engage in a conversation or dismiss the partner's words (Cole & Cole, 2020; Gottman & Gottman, 2017). These three levels make up the friendship system of a couple relationship (Cole & Cole, 2020; Gottman & Gottman, 2017).

The positive perspective level refers to positive thoughts and feelings towards the partner, which are developed through strong friendship and conflict management (Gottman & Gottman, 2017). In turn, these enable the couple to work through difficult moments (Cole & Cole, 2020).

Conflict management is the second system of couple relationships (Cole & Cole, 2020; Gottman & Gottman, 2017). Gottman and Levenson (1983) postulated that successful couples refrain from expressing negative emotions during conflict, and opt to discuss the issue calmly and gently.

Making life dreams come true is about being genuinely interested in each other's goals, dreams and needs, and above all seeking ways to achieve them (Cole & Cole, 2020; Gottman & Gottman, 2017). Moreover, couples also develop shared dreams and goals which they work towards, leading to the last level – creating shared meaning (Cole & Cole, 2020). These two levels, comprise the third system of a romantic relationship – shared meaning (Cole & Cole, 2020; Gottman & Gottman, 2017).

The SRHT is the theory which informed the Gottman method for couple therapy (Findley, 2020). Davoodvandi et al. (2018) examined the effectiveness of the Gottman couple therapy in improving marital adjustment and intimacy, and found that it has positive effects in both instances. Findings from Shapiro et al.' s (2015) randomised control trial on its

effectiveness for marital conflict among couples who recently became parents, showed favourable results.

Limited critiques of Gottman's SRHT can be found (Barth, 2008). Barth (2008) suggested that this might be an indication of the strength of the SRHT. However, Barth (2008) considered that the theory might be too idealistic for couples who are experiencing high levels of distress.

Overview of Chapters

The relevant literature on the experience of being in a romantic relationship with someone who experiences MHCs is reviewed in the following chapter. The research design and methodology of this study are subsequently discussed. The findings elicited through the data analysis are presented in the fourth chapter. The findings are then discussed in relation to existing literature and this dissertation's theoretical orientation. Finally, a summary of findings is presented along with the study's limitations, recommendations for future research, and implications for clinical practice.

Chapter Two: Literature Review

Introduction

This chapter presents a review of the salient literature on couple relationships and their dissolution, as well as, an overview of literature on how the couple relationship is impacted when one member of the couple dyad experiences MHCs. Most importantly, literature on the impact on romantic partners of people diagnosed with a MHC is also reviewed.

Literature Search

An exhaustive literature search was carried out on the HyDi database through the University of Malta website. Keywords used were 'counselling psychology', 'couples', 'couple relationships', 'mental health', 'mental health problems', 'mental health conditions', 'mental illness', 'impact', and 'Malta'. Other relevant research articles and books were identified through the research articles and books retrieved from the initial search, and included in this literature review.

Since this study focuses exclusively on heterosexual relationships, literature and empirical findings included in this chapter relate specifically to heterosexual couples alone.

The Couple Relationship in the Maltese Context

Humans have an innate need for connection with other people (Abela, 2020; Johnson, 2004). Across time and cultures, entering a couple relationship is a common life trajectory for most adults (Abela et al., 2020).

Camarero (2014) explored marriage in Europe and discovered that while there is no one unified view on marriage, southern European countries, including Malta, view marriage as necessary to happiness and life fulfilment. Moreover, the idea that marriage is a lifetime commitment appeared to be predominant, possibly due to the Catholic beliefs that many hold (Abela et al., 2005; Lyngstad & Jalovaara, 2010). However, Abela and Walker (2014) stated

that there appears to be an increased value given to self-fulfilment and emotional satisfaction from couple relationships.

The National Centre for Family Research (NCFR) presented two research reports in 2016 and 2017 on couple relationships in Malta. Seeking to be in a committed relationship seemed to be a priority for Maltese adults. In fact, 66.6% of the 2,469 participants were in a romantic relationship at the time of these studies. A correlation was found between being married or in a romantic relationship and life satisfaction (NCFR, 2016). Similarly, Rajani et al. (2019) conducted a study within Europe and found that being married was associated with increased life satisfaction when compared to those who were divorced, widowed or single. The NCFR studies (2016, 2017) also found an association between relationship satisfaction and life satisfaction, suggesting that the quality of the relationship was more salient than the relationship status per se (Abela, 2020).

In the 2016 and 2017 studies by the NCFR, the most valued attributes of a relationship according to the participants were: communication, respect, loyalty, trust, and shared decision-making. Older age groups highly valued forgiveness and understanding. Intimacy and sexual relations were also found to be valued attributes, despite not being the most important factor for Maltese couples (Piscopo et al., 2020). Conversely, Timm and Blow (2020), argued that sexual satisfaction is imperative in couple relationships.

Piscopo (2014) investigated the process of forming and maintaining happy marital relationships. Among the factors identified as being imperative for a successful couple relationship were: conflict handling and resolution, flexibility in traditional gender roles, shared enjoyment, appreciation, consideration of the other's needs, and love. Piscopo et al. (2020) suggested that the ability to resolve conflicts constructively is crucial in relationships. Piscopo et al. (2020) added that this requires skills, such as talking through differences in a cooperative manner and being sensitive to the partner's emotions.

Couple Relationship Dissolution in the Maltese Context

Illouz (2012) observed that couple relationships are becoming increasingly less stable and long-lasting than they used to be. This was also referred to by participants in the NCFR (2017) study among Maltese couples, which explored relationship satisfaction, and the meaning attached to the couple relationship.

Statistical data on local couple relationship dissolution is presented below in Table 1. Unfortunately, no data was found on the dissolution of long-term couple relationships or among cohabiting couples.

Table 1

Statistical data on couple relationship dissolution in Malta

	2012	**2013**	**2014**	**2015**	**2016**	**2018**
Divorces	441	338	323	372	271	
Separations	554	666	662	665	701	1311
Annulments	122	90	77	91	117	
Divorces obtained overseas	69	61	76	96	129	

Note. This information was obtained from the National Statistics Office (NSO) (2018) and Scicluna (2019).

Statistical data on the causes of relationship dissolution in Malta does not seem to be available. However, it may be argued that the absence of the valued attributes and contributing factors to relationship satisfaction outlined in the previous section, may lead to low levels of relationship satisfaction, and potentially, to relationship dissolution.

Moreover, several studies examined the factors influencing relationship satisfaction. Piscopo et al. (2020) found that these factors can occur at the different levels of Bronfenbrenner's (1994) ecosystem framework, which considers the influence of social environments on human development. Bronfenbrenner (1994) explained that one's

environment is composed of multiple structures, one inside the other, like a set of Matryoshka dolls. The framework consists of five levels: Microsystem, Mesosystem, Exosystem, Macrosystem, and Chronosystem (Bronfenbrenner, 1994)

On the Macro Level, the 2017 NCFR study identified the mass media as a negative influence on couple relationships, due to its idealistic and unrealistic portrayal of couple relationships (Murphy, 2020; Piscopo et al., 2020). Technology was also named as a source of strain, since it can impinge on the couple's quality time (McCormack & Ogilvie, 2020).

On the Meso Level, the work-life balance was a significant factor impacting couples negatively (Lyngstad & Jalovaara, 2010; Piscopo et al., 2020). Health disparities between partners can also increase the likelihood of relationship dissolution (Wilson & Waddoups, 2002). Furthermore, low psychological wellbeing and chronic MHCs were also found to be predictors of divorce (Mastekaasa, 1994).

On the Micro Level, factors contributing to stronger and happier relationships include communication, loyalty, fidelity, respect, trust, shared decision making, shared enjoyment, sexual intimacy, feeling understood and validated, and conflict resolution (NCFR, 2016; 2017). Piscopo et al. (2020) posited that criticism, being dismissive of the other's feelings, dishonesty and hurtful comments can be particularly harmful to the relationship. Gottman (1994) proposed a cascade model of relational dissolution. He explained that "complaining and criticising leads to contempt, which leads to defensiveness, which leads to listener withdrawal from interaction (stonewalling)" (Gottman, 1994, p 110). Gottman (1994) postulated that these behaviours, known as the four horsemen of the apocalypse, predict relationship dissolution.

The Couple Relationship and MHCs

Meaningful relationships contribute significantly to one's psychological wellbeing (Snyder & Balderrama-Durbin, 2020). However, relationship distress, dissatisfaction, or

dissolution, can negatively impact psychological and physical wellbeing (Abela et al., 2020; Snyder & Balderrama-Durbin, 2020). Leach et al. (2013), in their study about the association between relationship quality, anxiety and depression, found that happy couple relationships were a protective factor against depression; while couple relationship difficulties were associated with poorer MH. Similar findings were reported by McShall and Johnson (2015) in their study on the relationship between intimate relationship discord and MHCs in various ethnic groups.

Perry and Wright (2006), in their comparison of romantic relationships of people who have serious MHCs with those of the general population in the United States, claimed that the misconception that people who experience MHCs are less likely to be in a romantic relationship could result in limited support from professionals to both clients and their partners in this regard. However, research has suggested that MHCs impact both individuals and their romantic partners (Abela et al., 2016; Crowe & Lyness, 2013).

Impact on the Couple Relationship

In their respective studies, Rowe and Morris (2012), and Butterworth and Rodgers (2008) concurred that relationship dysfunction and dissolution are more likely to occur in couples where one partner has a MHC. Mojtabai et al. (2017) in their study about the long-term effects of MHCs on marital outcomes; stated that the onset or relapse of MHCs in one partner can cause major changes in the relationship, which can contribute to relationship dissolution (Rowe & Morris, 2012). These changes include increased responsibility for the partner, reduced engagement and understanding, becoming the family provider, taking on more household tasks, and changes in social and gender roles (Mokoena et al., 2019). Lawn and McMahon (2014) explored the lived experience of spouses who cared for a partner diagnosed with MHCs, and highlighted the challenge of juggling the roles of a romantic

partner and a care-provider. Participants in their study detailed how they let go of their role as a partner in the relationship, in order to take on a caregiving role.

Sexual Aspect of Couple Relationships. Mokoena et al. (2019) studied the lived experience of couples where one partner had a MHC. However, in contrast to the current study, their participants were couples who were still together. One of their findings was that a decrease in libido may occur when one has a MHC (Mokoena et al., 2019). ÖStman and Björkman (2013) corroborated this finding in their study about the impact of schizophrenia on the sexual aspect of the couple relationship. One participant in Lawn and McMahon's (2014) study, stated that lowered libido can occur as a side effect of certain psychiatric medications. The side effects of these medications have been well documented in medical literature and research (Higgins et al., 2010). However, ÖStman and Björkman's (2013) findings indicated that professional support in this regard was lacking.

It would also be salient to consider that not all MHCs impact sexual functioning in the same way. Kopeykina et al.'s (2016) study on hypersexuality in bipolar disorder and couple relationships, showed that hypersexuality during episodes of mania can be as disruptive to the asymptomatic partner's sexual satisfaction just as much as lowered libido in conditions such as depression and anxiety.

Implications for Children. Shpigelman et al. (2018) explored the asymptomatic partners' experience of disclosure of MHCs during dating. One of the findings regarded the concern about whether the condition had a genetic component and could possibly be passed on to their children. This concern was also corroborated by Azorin et al.'s (2021) systematic review on the impact of bipolar disorder on the couple relationship. However, Shpigelman et al.'s (2018) participants claimed that the love for the partner and the fact that they did not experience or perceive the condition's negative symptoms while they were dating ultimately encouraged them to start a family with their partner. Participants in Shpigelman et al. (2018)

also expressed concern regarding any unexpected behaviours that may be exhibited due to the condition and how these may impact the children. This study did not expand on what these unexpected behaviours might be, however, these may include hallucinations and delusion in psychotic disorders; mood changes and impulsivity in bipolar disorder; and suicidal ideation in depressive disorders and other conditions (APA, 2013).

A common finding in Mokoena et al.'s (2019) and Lawn and McMahon's (2014) studies was that among the increased responsibilities experienced by asymptomatic partners, was the increased responsibility of caring for any children the couple may have, especially when the diagnosed partner was not doing well. One consequence may be the lack of support and increased responsibility in relation to everyday tasks (Granek et al., 2016). Several participants in Lawn and McMahon's (2014) study commented on feeling that they had to be both a mother and a father to their children. However, they explained that they strove to include their partner in parental duties as much as possible and encouraged them to do so to the best of their abilities at the time (Lawn & McMahon, 2014). Participants in this study also referred to the balancing act that they felt they had to do, between caring for their children and for their partner simultaneously (Lawn & McMahon, 2014).

In their systematic review regarding the impact of bipolar disorder on the couple relationship, Azorin et al. (2021) referred to the notion that parents might also fear that the children will experience stigma related to their parent's MHC. Azorin et al. (2021) presented a case study to illustrate their findings. Throughout this case study, they made reference to feelings of grief towards their children's loss of stability and certainty.

Communication. In their study on how depression affects romantic relationships Sharabi et al. (2015), found that communication between the partners may be negatively impacted when one partner experiences depression. They noted that both parties may withdraw and not share their thoughts and emotions; however, bottled up emotions may

eventually be expressed through frustration and anger (Sharabi et al., 2015). This can lead to one being hurt by comments expressed during such times, and consequently contribute to arguments and uncertainty in the relationship (Sharabi et al., 2015). Participants Sharabi et al.'s (2015) study also made reference to their tendency to withhold thoughts and feelings from the symptomatic partner in order to protect their feelings. These patterns of communication often led participants to feel isolated (Sharabi et al., 2015). Similar findings were found by Knopp et al. (2021), who researched the impact of post-traumatic stress disorder (PTSD) on couple relationships. Fredman et al. (2014) explored the notion of partner accommodation when the other partner is experiencing PTSD. They concurred that the severity of PTSD symptoms was positively correlated with communication difficulties within the couple relationship (Fredman et al., 2014).

Emotional and Psychological Wellbeing of the Partner

Participants in Shpigelman et al.'s study (2018) reported that the partners of someone who experiences a MHC often felt an array of emotions, including love, anger and sadness. Mokoena et al. (2019) found that frustration, guilt, isolation and loneliness were among the emotions experienced by partners of people experiencing MHCs. Emotional isolation, loneliness, powerlessness and helplessness were also reported by participants in Lawn and McMahon's (2014) study.

Challenges encountered by a partner of someone experiencing MHCs can cause a significant level of distress. Priestley et al. (2018) explored the couple relationship in the context of chronic depression and found that asymptomatic partners reported developing depressive symptoms themselves in the absence of support. This was particularly relevant when they were also caregivers to their partner (Priestly et al., 2018). Concordant MH struggles in couples were also corroborated in the systematic review on the subject matter by Meyler et al. (2007). Scerri et al. (2018) investigated how informal caregivers of people

experiencing depression perceive the condition and whether these views predicted anxiety and depression in the caregiver. They concluded that caregiving was a predictor of anxiety, and that depression was predicted by perceived chronicity, relative effects and coherence of the condition (Scerri et al., 2018).

The partner experiencing MHCs may need a significant amount of reassurance about anxiety, intrusive thoughts, or paranoid fears, and this can be very emotionally taxing for the asymptomatic partner (Crowe, 2004). Lawn and McMahon (2014) found that asymptomatic partners often felt that the needs of their partner became more salient than their personal needs, at times even feeling that their own identity has been lost in their partner's condition and needs. Participants in Priestley et al. (2018)'s study expressed a sense of loyalty towards their partner but at the same time felt 'trapped' in the relationship due to the concept of 'in sickness and in health'.

Lawn and McMahon (2014) found that male partners of people who experienced MHCs were more likely than females to struggle to seek emotional support from their partners and other people. Males were also more negatively impacted by being unable to share their fears and needs with their partners (Lawn & McMahon, 2014). A subset of their sample disclosed feeling fearful of their partner during times of relapse (Lawn & McMahon, 2014). Azorin et al. (2021) reported that fear and uncertainty were also experienced by partners of people diagnosed with bipolar disorder in relation to risk of suicide and potential instances of violence.

Stigma. MH-related stigma is still prevalent in the Maltese Islands (Agius et al., 2016; Grech, 2019). Stigma was defined by van der Sanden et al. (2016) as a "negative deviance that blemishes the identity and reputation of the person who bears the mark" (p. 1233).

Van der Sanden et al. (2016) referred to stigma by association, which can be experienced by family members of people who have MHCs, and reported that it can have a negative impact on one's psychological wellbeing. This was also a finding in Larson and Corrigan's (2008) study on the stigma experienced by the families of those experiencing MHCs. Due to the stigma associated with MHCs, friends, family and society at large may not be accepting of the relationship one has with someone experiencing MHCs (Crowe, 2004). This may result in loss of friendships, thus increasing loneliness and isolation for the partner (Priestley et al., 2018).

Shpigelman et al. (2018) researched the disclosure of MHCs to the asymptomatic partner during dating and how this affects the relationship, together with the role stigma plays in this context. They found that participants expressed they were likely to end the relationship if they became aware of their partner's MHC early on in the relationship. Shpigelman et al. (2018) emphasised the need to support couples where one partner experiences MHCs.

Caregiving. Fenech and Scerri (2013) investigated the experiences of coping when providing care for someone who has MHCs. They argued that as we move towards deinstitutionalisation and community care, the responsibility on family members as informal caregivers increases (Fenech and Scerri, 2013). Abela et al. (2016) conducted a study among informal carers of individuals experiencing MHCs, and 47.5% of informal carers in their sample were the spouse or partner of the care-receiver. This increased responsibility can lead to distress in the caregiver (Abela et al., 2016; Crowe & Lyness, 2013; Scerri et al., 2018). Additionally, juggling the dual role of being a partner and a carer can be rather challenging and complex (Lawn & McMahon, 2014).

When there is lack of insight into one's own condition, one might not be cooperative and willing to listen to a partner's concern (Crowe, 2004). Hence, a dispute about whether there is a MHC or otherwise can arise, thus potentially increasing arguments and paranoia

towards the partner (Mokoena et al., 2019). Whisman and Baucom (2011) suggested that MHCs can increase the likelihood of discord within romantic relationships and may also leave an impact on the psychological wellbeing of the asymptomatic partner. Furthermore, when a partner is providing support but not receiving any in turn, feelings of resentment can emerge, thus leading to a negative cycle between the couple (Priestley et al., 2018).

The Need for Support

Since local studies have mainly focused on the experience of caregivers rather than the experience of romantic partners, local literature on perceived needs has largely focused on the needs of caregivers. However, it is also salient to consider that a romantic partner might not necessarily be a caregiver to the diagnosed partner. Research has suggested that it is likely that when one member of the couple dyad experiences MHCs, the couple will require support (Denton & Brandon, 2011; Lawn & McMahon, 2014; Mokoena et al., 2019).

In Abela et al.'s study (2016), participants voiced their opinions on the type of support they required as caregivers and emphasised the need for support for the entire family, and mentioned that community services for relatives of those experiencing MHCs would be beneficial. Participants in Fischer et al.'s (2015) study also referred to the need for systemically-oriented interventions and services. Mokoena et al. (2019) called for increased emotional and social support for asymptomatic partners. In this regard, Crowe (2004) suggested that group psychotherapy for partners can be helpful.

Abela et al. (2016) argued that the shift from services focused only on the diagnosed person, to being focused on the family at large, does not yet seem to have occurred in local MH services. Services that cater for family members are still relatively scarce in Malta, with the exception of Suicide Prevention, Outreach and Therapeutic Services (SPOT) by Victim Support Malta; who offer support to those who attempted suicide, their families and other individuals who have been affected by suicide; and the Mental Health Association Malta.

Caritas Malta also offer a service which aims to support the family members of those struggling with SUD. Abela et al. (2016) further argued that such a shift is imperative if the aim of reducing distress for family members is to be met. Borg et al. (2022) stated that Malta's Mental Health Strategy 2020–2030 includes greater recognition of the family's role in caregiving and of the burden carried by the family when one experiences MHCs. The document also recognizes the importance of improving the support offered to family members and significant others, which in turn helps the bearer of the condition become more resilient (Borg et al., 2022).

Therapeutic Interventions

The following sections outline the therapeutic interventions; suggested by research and supported by randomised control trials' results; for relational distress, MHCs and the comorbidity of the two. Reference is also made to how these interventions fit into the counselling psychology approach to human distress.

Psychoeducation

Counselling psychology takes into consideration the complex interplay between one's history, experiences, relationships, and social contexts when considering one's experience of distress (Vetere, 2012). Thus, counselling psychology focuses on addressing the person's context and social world, and emphasises importance of relationships for one's wellbeing.

Counselling psychology has long advocated for prevention of distress, with Morgan and Vera (2011) claiming that prevention is a central component to the identity of counselling psychology. Morgan and Vera (2011) emphasised that psychoeducation and prevention are closely related, especially in relation to MHCs. Thus, it can be argued that psychoeducation can aid in the prevention of negative repercussions on both the asymptomatic partner on a personal level, and on the couple relationship.

Psychoeducation helps correct any misconceptions and provide the relevant and necessary information regarding the condition, symptoms, treatment, consequences, personal control over the condition, causes and chronicity (Scerri et al., 2018). Lucksted et al. (2012) argued that family psychoeducation is an effective intervention when a family member or partner experiences MHCs. Moreover, by providing psychoeducation, families and partners can feel more equipped to support their loved ones and understand their experience better (Lucksted et al., 2012). Fenech and Scerri (2013) as well as Carr (2018) corroborated the importance of psychoeducation and suggested that such interventions occur in a group setting such as in the format of support groups or counselling groups.

Mokoena et al. (2019) suggested that psychoeducation and problem solving skills can be useful when one partner is experiencing MHCs. Fenech and Scerri (2013), and van der Sanden et al. (2016) accentuated the need to support caregivers and family members with developing adaptive coping strategies. This is also in line with the counselling psychology ethos, in that counselling psychology takes into consideration not only the distress being experienced, but also considers people's competencies, strengths, resources, and resilience (Vetere, 2012).

Couple Therapy

Counselling psychology and couple therapy approaches are similar, in that they both take into account more than the presenting problem, but look beyond the manifestation of symptoms (Woolfe, 2016). Snyder and Balderrama-Durbin (2020) posited that couple therapy is becoming an indispensable component of MH services. This is partially due to the bidirectional relationship between MHCs and couple distress (Bodenmann & Randall, 2013). This bidirectional relationship echoes counselling psychology's focus on one's context, social world and relationships.

There is also an increasing body of literature which evidences the effectiveness of couple based interventions for MHCs and comorbid relational distress (Baucom et al., 2012; Bodenmann et al., 2008; Denton & Brandon, 2011; Lebow et al., 2012; Leff et al., 2000; & Leff & Schwarzenbach, 2012; Whisman, 2012; Whisman et al., 2012; Whisman & Beach, 2012).

Benson et al. (2012) proposed five principles which are at the basis of couple-based interventions. They suggested that couple-based interventions alter the couple's view of the presenting problem to a more dyadic and contextualized view; decrease dysfunctional emotionally driven behaviour; elicit emotion-based, avoided, private behaviour (which are interaction patterns and behavioural responses which occur due to emotional suppression), improve communication patterns; emphasise strengths and reinforce gains.

Denton and Brandon (2011) applied the systemic concept of feedback loops to instances where one member of the couple dyad experiences MHCs. Watzlawick et al. (1967) put forward the concept of feedback loops, which are patterns of interaction within the family system. They postulated that one's behaviour triggers a response in another person, which in turn triggers another response, and eventually lead back to the starting point, creating a circular pattern of interaction (Watzlawick et al., 1967). Denton and Brandon (2011) argued that symptoms of MHCs manifest externally and become communication to the partner, who then responds accordingly in a circular manner. For instance, when one experiences depressive symptoms, the other may respond with frustration, causing the other person to experience further depressive symptoms, thereby maintaining the condition's symptoms.

Leff et al. (2012) posited that increased understanding from the asymptomatic partner's end leads to a decrease in critical attitude and responses towards the diagnosed partner. Denton and Brandon (2011) suggested the use of Emotionally Focused Therapy (EFT) when treating couples where MHCs are present, since it focuses on internal

experiences and how these contribute to feedback loops. EFT is also based on attachment theory, in that it also focuses on how communication patterns trigger one's attachment behaviours based on one's attachment injuries (Johnson & Zuccarini, 2010). This shifts the focus from the symptomatic partner to the wellbeing of both partners and the relationship at large (Baucom et al., 2012; Wittenborn et al., 2020). Research has indicated that EFT is effective in treating couple distress, including when couple distress is caused by the presence of MHCs in one of the partners (Dalton et al., 2013; Denton et al., 2012; Wiebe & Johnson, 2016).

Conclusion

This chapter has provided a review of the salient literature available on MH, couple relationships and their dissolution, the comorbidity of the MHCs and relational distress, and their bidirectional relationship. Therapeutic considerations were also discussed.

The following chapter provides an overview of the methodology and research design used in this study.

Chapter Three: Methodology

Introduction

This chapter outlines the study's research design and methodology. This qualitative study used an in-depth semi-structured interview schedule to understand the participants' experience of being in a relationship with someone who has a MHC. An interpretative phenomenological approach was adopted in order to achieve a deep understanding of the participants' experience, as it aims to get as close as possible to the participants' idiosyncratic experience.

The rationale for the choice of methodology and the theoretical and philosophical underpinnings of IPA are presented. Details regarding participant recruitment, sample size, data collection and data analysis are also outlined. Additionally, this chapter attends to the study's ethical considerations. The student researcher's reflexivity and trustworthiness in qualitative research are also addressed.

Research Rationale

The introductory chapter emphasised that MHCs are increasing locally and internationally (Grech & Grech, 2020; Pizzuto et al., 2021; WHO, 2019; WHO, 2022b). Therefore, the likelihood that one is in a romantic relationship with someone who experiences MHCs is not improbable. Being the partner of someone who has MHCs can have a significant impact on the relationship and the partner (Abela et al., 2016; Scerri et al., 2018; van der Sanden et al., 2016). Despite the increase in MHCs, it appears that this subject has yet to be explored within the Maltese context. Since local research on the perceived needs of partners of those experiencing MHCs has not been conducted, they may be a clinically underserved population.

This study aims to answer the following research questions:

- What is it like to be in a romantic relationship with someone who has MHCs?

- How does being in a romantic relationship with someone who has MHCs impact the person and his or her life and in what ways?
- How does being romantically involved with someone who has MHCs impact the actual relationship from the perspective of the asymptomatic partner?

Rationale for Research Design

Quantitative research focuses on eliciting factual data, while qualitative research focuses on a more in-depth understanding of human behaviour, thoughts and experiences (Austin & Sutton, 2014; Barnham, 2015). Thus, qualitative research is used to answer questions about experience, the meaning attached to experiences and participants' views (Hammarberg et al., 2016). Counselling psychology has been at the forefront of calling for research which focuses on the depth and complexity of people's experiences (Morrow, 2007).

This study aimed to achieve an in-depth understanding of the experience of people who were in a romantic relationship with someone who experienced MHCs. Therefore, a research design that would highlight the participants' experiences and meaning-making process was necessary (Coyle, 2007). Thus, a qualitative approach was chosen to elicit the desired data and findings.

The student researcher considered Narrative Analysis (NA) and IPA as possible methodologies for this study. Polkinghorne (1988) postulated that NA could be used to understand personal experiences of a particular phenomenon whilst also considering the individual's social and cultural contexts. IPA is a qualitative research approach that seeks to understand people's lived experiences of a phenomenon, how they make sense of experiences and attach meaning to them, whilst taking into account personal and social contexts (Smith & Nizza, 2022). According to Allan and Eatough (2016) due to its focus on personal experience and meaning-making processes, IPA is ideal for research within the field of couple relationships and couple therapy. Thus, although NA could have been adopted, IPA was

selected as a methodology since it aligned with the study's aim of understanding the experience of people who have been in a romantic relationship with someone who has MHCs, as well as how this experience impacted them and their relationship.

Ontological and Epistemological Stance

When conducting a research study, one must consider their own position about the nature of knowledge (Willig, 2013). Thus, the researcher must understand the philosophical tenets which are embedded in their approach to the research and make their own ontological and epistemological stances explicit (Ponterotto, 2005).

Ontology

Ontology is concerned with the nature of reality, and is driven by questions such as 'What is there to know? How can reality be understood? How do we classify knowledge about the world?' (Ponterotto, 2005; Willig, 2013). Thus ontology in the context of research is concerned with what knowledge can be considered as 'real.'

There are two main ontological perspectives; positivism and constructivism (Willig, 2013). Positivism assumes that there is an objective reality that can be measured and observed (Scotland, 2012). Constructivism holds that reality is subjective, and is constructed through meanings attached to experiences and their interpretations (Ponterotto, 2005; Scotland, 2012).

The student researcher in this study adopted a postmodern constructivist-interpretive perspective, and a relativist ontological position. A postmodern constructivist-interpretative perspective places importance on the understanding of subjective human experiences and the social and cultural contexts in which they occur (Scotland, 2012). From this perspective, knowledge is socially constructed through the influence of language, social interactions, societal norms and cultural beliefs on how people make sense of their experiences (Guba & Lincoln, 1994). Similarly, a relativist ontological position maintains that reality is subjective

and dependent on the social context and culture in which a phenomenon occurs (Gergen, 2001; Richardson, 2012).

These ontological positions complement the aims of IPA research studies, of understanding people's lived experiences in a given context (Smith & Osborn, 2008).

Epistemology

Epistemology is concerned with knowledge about reality, what can be known, and how (Willig, 2013). Ontology and epistemology are linked, according to Guba and Lincoln (1994). Thus, if one adopts the ontological view that reality is subjective; as the student researcher has in this study, then one's understanding of reality, will also be subjective and influenced by multiple factors, including the researcher's own bias on the phenomenon (Guba & Lincoln, 1994). This makes the understanding of the phenomenon a co-construction of the subjective interpretation of the researcher and the participant (Guba & Lincoln, 1994). Thus, in line with Guba and Lincoln (1994) and Ponterotto (2005) the epistemological stance adopted in the research study is a transactional/subjectivist one.

A transactional/subjectivist epistemological stance assumes that one's understanding of the world is actively constructed through interaction with one's environment, thus also putting importance on social and cultural contexts (Hiller, 2014). It also acknowledges that knowledge is constructed according to one's experiences and the meaning attached to them (Denzin & Lincoln, 2018; Pernecky, 2016). This epistemological position is congruent with the IPA methodology that was adopted for this study. The theoretical foundations of IPA, provided in the next section, demonstrate this.

Theoretical Underpinnings of IPA

IPA is an experiential methodology which is embedded in three theoretical frameworks with a long standing history - phenomenology, hermeneutics, and idiography (Biggerstaff & Thompson, 2008; Smith et al., 2022).

Phenomenology

IPA is first and foremost phenomenological, meaning that it is concerned with exploring experience on its own terms and what living through specific experiences is like (Smith et al., 2022). In the context of psychological research, phenomenological philosophy allows for the exploration and understanding of lived experiences in greater depth (Smith et al., 2022). Phenomenology is thus one of the main influences underlying IPA and is concerned with one's lived experience together with the meaning and interpretation ascribed to it by the person (Adams & van Manen, 2008). Its origin lies in the work of Husserl, and of other philosophers such as Heidegger, Merleau-Ponty and Sartre (Cohen 1987; Shinebourne, 2011).

Phenomenology, according to Husserl, is the careful study of human experience (Smith et al., 2022). He was especially interested in discovering a method by which someone could come to fathom their own experience of a particular phenomenon, and to identify the fundamental qualities of that experience (Langdridge & Hagger-Johnson, 2009). Lived experiences fall readily into our pre-existing categorisation framework, however, Husserl notably advocated that we should revert back to the nature of things themselves (Smith et al., 2022). Husserl claimed that in order to understand the core essence of experience, one must bracket their own beliefs and biases (Langdridge & Hagger-Johnson, 2009). However, Heidegger, Merleau-Ponty and Sartre, built on Husserl's theory and expanded it to include an interpretative stance (Smith et al., 2022). This leads us to the second theoretical underpinning of IPA - hermeneutics.

Hermeneutics

IPA is based on the assumption that humans are sense-making beings, and thus the participants' accounts of their experiences are not merely narratives but are combined with their attempts to make sense of their experiences (Smith & Osborn, 2008). Since IPA

research attempts to understand people's experiences and the meaning attributed to them, its process is an interpretative one (Smith et al., 2009). In this sense, IPA is informed by hermeneutics, the theory of interpretation (Larkin & Thompson, 2011).

Hermeneutics stresses the significance of understanding the underlying assumptions and presuppositions that shape our worldview and how these influence the meaning we give to lived experiences (Heidegger, 1962). Heidegger postulated that the understanding of lived experience is something which is personal but is constructed in the context of our relationship to the world (Usher & Jackson, 2014). Thus, one's interpretation of events is affected by one's societal background, language, social norms, and personal experience (Shinebourne, 2011).

Moreover, in IPA, a double hermeneutic is involved since "the participants are trying to make sense of their world; [and] the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2008, p. 53). The interpretation is thus based on an integration of the participant's account and the researcher's perceptions on the phenomenon in question (Shinebourne, 2011). Smith et al. (2009) posited that it is highly unlikely that researchers will be able to completely bracket their own presumptions and therefore, transparency with regards to the researcher's own biases is imperative.

Idiography

A significant proportion of psychological research is nomothetic, meaning that it is focused on making general inferences about human behaviour (Smith et al., 2022). In contrast, IPA is considered to be an idiographic mode of inquiry (Smith & Osborn, 2008). Idiography is concerned with the particular (Shinebourne, 2011). IPA is dedication to the particular in two ways (Smith et al., 2022). Firstly, IPA involves an in-depth analysis of the gathered data (Smith et al., 2022). Moreover, IPA research is focused on a particular phenomenon in a specific group of people and in a specific context (Smith, 2004). In other

words, the aim of an IPA study is not to make general claims, but rather to "make specific statements about those individuals" (Smith & Eatough, 2007, p.37). This means that inferences made through an IPA study would only be relevant to the population being investigated rather than to the general population (Smith et al., 2009).

Idiography also refers to the detailed analysis of each individual case in its own right (Smith et al., 2022). IPA's analytical process starts by making a detailed examination of each case, and then moves to a cross-examination which involves looking at differences and similarities across the cases (Smith et al., 2009). This leads to a fine tuned account of patterns of meaning given to the experience by participants (Smith et al., 2022).

Sample Criteria

Since IPA research aims to achieve an in-depth understanding of the individual's perceptions and experiences, rather than to make general claims, a small sample size was opted for (Smith & Osborn, 2008). Smith and Nizza (2022) suggested five participants for a Master Level IPA study. Opting for a slightly larger sample (six to eight participants) ensured the availability of participants in the eventuality that any of them withdrew from the study.

In line with what literature suggests for an IPA study, the sample was a homogeneous one; recruited through non-probability and purposive sampling, based on the predefined criteria described below (Crossman, 2020; Smith et al., 2022).

In order to be eligible for participation in the study, participants needed to have been in a romantic relationship with someone who was formally diagnosed with a MHC. The student researcher was aware that MHCs are very diverse and thus, their influence on the romantic relationship will likely also vary. Individuals who were partners of someone diagnosed with a personality disorder were excluded from the study to maintain homogeneity of the sample. However, the student researcher was mindful that some MHCs and their symptoms may occur in conjunction with or as part of the presentation of personality

disorders. Thus, participants were carefully screened before participation through asking a series of questions to ensure that they met the inclusion criteria.

Furthermore, this research only included heterosexual individuals. This was done in order to ensure further homogeneity, and so that differences elicited through the findings are not attributed to other factors such as challenges experienced solely by non-heteronormative couples (Green & Mitchell, 2015). Given the importance that social and cultural contexts have on sense-making, it was decided that only Maltese nationals would be recruited (Ponterotto, 2005; Smith et al., 2022). This ensured that the study generated results that would be relevant to the context in which the study was being carried out (Smith et al., 2022).

Another criterion for participation in the study was that the relationship needed to have ended at least six months before participating in the study; in order for them to have had time to process the termination of the relationship; and not more than five years prior to the research, so that the experience would not have occurred in the distant past.

Prospective participants were given a detailed information sheet outlining the inclusion and exclusion criteria, and the student researcher carefully screened those who expressed interest in participating to ensure they met the inclusion criteria.

Ethical Considerations

After the Dissertations Committee of the Department of Psychology at University of Malta approved the research proposal, ethical clearance was sought from the Social Wellbeing Faculty Research Ethics Committee (SWB FREC). Given the phenomenon being researched, some interview questions pertained to the participants' sexual relationship with their former partners. Despite this not being the main focus of the study, the student researcher wanted to approach the experience of being in a romantic relationship with someone who experiences MHCs holistically. Thus, ethical clearance was also required from

the University Research Ethics Committee (UREC). Ethical clearance was granted by both SWB FREC and UREC. This is evidenced in Appendix A.

Following ethical clearance, seven local MH organisations were approached and asked to share information about the study with their members. Two of these organisations agreed and after ethical clearance by SWB FREC and UREC, these organisations were sent an information sheet about the study to be disseminated among their members. English and Maltese versions of this information sheet can be found in Appendices B and C respectively. This meant that potential participants were not approached directly but rather could contact the student researcher of their own volition.

Since the student researcher used to work at one of the organisations contacted and at the time of the research was still working there on a part-time basis (not directly with service users), the organisation was also asked to ensure that the information sheet was not sent to past partners of the student researcher's former clients. This measure was taken in order to limit biases during the research process and to avoid the blurring of professional boundaries. Furthermore, it ensured that participants voluntarily chose to participate in the study, and not because they felt obliged to participate due to having a past therapeutic relationship with the student researcher.

Moreover, six Facebook group administrators were sent an information sheet about the study. Permission was sought and granted by five of these group administrators to post information about the study in their Facebook groups.

Researching sensitive topics may potentially elicit participant distress (Harper & Thompson, 2011). It is recommended that the researcher is able to stay with heavy emotions and to facilitate the participant's choice as to whether to carry on with the participation (Harper & Thompson, 2011). The student researcher worked in the MH field for over six years, and had the opportunity to learn how to work with challenging cases and stay with

heavy emotions. Furthermore, a list of free therapeutic services that could be accessed was provided to the participants in the eventuality that the interview elicited distress and further support was needed. To further ensure that participants were well supported in the event of severe distress, the student researcher tried as much as possible to recruit participants who were engaged in a community service.

Moreover, the student researcher recruited participants who were not in personal therapy or being followed by a psychiatrist, and who did not experience MHCs themselves. Adshead (2008) emphasised the importance of considering how a study can impact the participants, rather than assuming that MHCs make them vulnerable. However, the principles of beneficence and non-maleficence must also be honoured (Thompson & Chambers, 2011). Considering the phenomenon being studied, participation in this study could cause distress to anyone, however it could cause greater distress to someone who was receiving psychiatric or psychological support, or who has MHCs. Therefore, the above mentioned exclusion criterion was agreed upon by the student researcher and the research supervisor.

Furthermore, the student researcher recruited participants who were former partners of individuals who experience MHCs, in order to ensure that participating in the study did not potentially impact negatively an existing relationship.

Since participants were asked about their relationship with a third party; i.e. someone who is not participating in the research but whose potentially sensitive information could be reported; the question of whether the third party needed to consent was considered (Margolin et al., 2005). Botkin (2001) suggested that this depends on whether the third party is identifiable and whether private information is disclosed. The researcher ensured that all participants and their former partners remained unidentifiable. This was done through the use of pseudonyms and through safe storage of their information. Any identifiable information

was altered or omitted. Moreover, questions were mainly focused on the participants' experience rather than on personal information about their partner.

The student researcher ensured the safe storage of the collected data and informed participants about these storage practices. Participants were made aware that the student researcher and the research supervisor had access to the data and that the thesis examiners could access the data for verification purposes. Participants were also informed that the student researcher had a duty to report any disclosures regarding self-harm, harm to others, or illegal behaviour. They were also informed that verbatim quotations from the transcripts may be used in the dissertation, which would eventually be available at the University of Malta library. Participants were informed of their right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify, and request that data concerning them is erased, up until this was technically possible (by February 2023).

Participant Recruitment

Following ethical clearance by SWB FREC and UREC, local MH organisations were asked to disseminate a brief information sheet about the study among their members, and the student researcher posted information about the study in Facebook groups that had granted permission to post (Appendices B and C).

Interested participants were asked to contact the student researcher via email or by phone. After ensuring that they fit the inclusion criteria, participants were sent a more detailed information sheet in English or Maltese according to their preference (Appendices F and G respectively), for their perusal. The information sheet clearly explained that participation is voluntary and that they can withdraw from the study without having to provide a reason, until this is technically possible. This was also explained verbally.

Once participants were identified, an interview was scheduled according to their availability. Participants were given a consent form and their written consent was obtained. The consent form can be found in Appendices H and I in English and Maltese respectively.

In total, nine people contacted the student researcher. However, only six met the inclusion criteria. Further information about the participants will be presented in the Findings chapter to contextualise the findings.

Data Collection Tool

This study used a semi-structured interview schedule to elicit rich data on the participant's experience (Smith et al., 2022). This tool is frequently used in IPA studies since it provides detailed insight into participants' experiences (Smith & Nizza, 2022). It provides the researcher with flexibility to probe for more information where needed (Braun & Clarke, 2013). This facilitates the researcher's understanding of how participants interpret their experiences (Willig, 2013).

In IPA, the participant is considered to be the expert on their own experience, thus open-ended questions were used, to allow the participant to freely express themselves and to produce data which reflects their experience (Smith & Osborn, 2008). Following Biggerstaff and Thompson's (2008) recommendation, the student researcher was careful to avoid leading questions. The interview schedule included a balance of descriptive, narrative and reflective questions (Smith & Nizza, 2022).

A semi-structured interview schedule was developed by the student researcher to be used as a general guide, including open-ended probes to help participants develop their answers (Noon, 2018). The questions in the interview schedule were informed by literature and was developed in English (Appendix J) and Maltese (Appendix K).

Initially, participants were asked to share their overall experience. Prompts covered topics such as meeting their partner, learning about their partner's MHC, their knowledge of

MH prior to the relationship, and the impact on their emotional wellbeing, other relationships, sexual relationship, and couple dynamics. Questions on the type of support provided to their partner, concerns they had, and how the relationship ended, were also included. Participants were also asked about their perceived need for support, what would have been helpful, and any services they used or would recommend for others in similar situations.

Data Collection

Participants were contacted through their preferred mode of communication (by phone or email) to schedule the interview. Participants were informed that interviews could be scheduled at a time and place convenient for them and would last around 45 to 60 minutes.

Two participants opted to hold the interview in a private room at their workplace; while another two opted to hold it in their own home. Another two interviews were held at the University of Malta's psychology lab. The interviews lasted between an hour and an hour and a half.

The student researcher was careful not to steer the interview in a specific direction based on preconceived biases and assumptions (Thomas & Magilvy, 2011). Clarification was also sought from participants when needed during the interviews (Thomas & Magilvy, 2011).

The researcher debriefed and thanked the participants at the end of each interview. The student researcher asked all participants if they felt the need for follow-up support, however, none of the participants requested this. Furthermore, participants were informed that they could request a copy of the final dissertation.

Data Analysis

Consent was obtained from participants to audio-record the interviews, which were then transcribed verbatim manually by the student researcher. Despite being a time-consuming process, it aided the student researcher to familiarise herself with the data elicited.

Data was analysed using IPA following the stages suggested by Smith et al. (2022) and Smith and Nizza (2022).

Due to IPA's idiographic stance, each transcript was initially analysed individually (Smith & Nizza, 2022). The process detailed below was repeated for each transcript. After transcription, each transcript was repeatedly read while listening to the audio recordings (Smith & Nizza, 2022). A table with three columns was added to a Word document to facilitate and organise the analysis process. The transcript was placed in the middle column.

Initial comments were noted in the right margin, focusing on important or interesting points. The student researcher tried to stay with the participant's words and suspend assumptions as much as possible (Smith & Nizza, 2022). Additional comments were made with each subsequent reading. Keywords or phrases in the transcription were also highlighted (Smith et al., 2022).

Smith et al. (2009) identified three types of comments: descriptive, linguistic, and conceptual. Descriptive notes summarise participants' statements, while linguistic notes analyse word choice and manner of speech (Smith et al., 2022). Linguistic notes help the researcher to arrive at a deeper understanding of the participant's cognitive and affective states (Smith & Nizza, 2022). Conceptual notes focus on understanding the participants' words from their perspectives (Smith et al., 2022). The researcher's knowledge, experiences, and curiosity inevitably influence this process (Smith & Nizza, 2022).

Descriptive comments were jotted down first in bold. Subsequently, linguistic were added in red and finally, conceptual comments were noted and highlighted in yellow.

The next step involved writing experiential statements in the left margin (Smith & Nizza, 2022). Experiential statements provide a snapshot of the information about the meaning of the participant's experience being given in that portion of the transcript (Smith & Nizza 2022). It is worth noting that experiential statements were previously referred to as

‘emergent themes’ (Smith et al., 2009). The student researcher tried to identify at least one experiential statement for each time the participant spoke.

The experiential statements for a transcript were then compiled into a list and printed out. The printed papers were cut out so that each statement was on a separate slip of paper, as shown in Appendix L. This facilitated the clustering of experiential statements, as shown in Appendix M. After clusters were identified, a table of Personal Experiential Themes (PETs) developed (Smith et al. 2022). A theme was identified for each cluster and PETs were included for each theme. Smith and Nizza (2022) recommend a table with three to five themes and three to five experiential statements per theme. This was at times difficult, with some interviews generating seven PETs with three to six experiential statements each.

The PETs of each participant were compared to produce a set of Group Experiential Themes (GETs) (Smith et al., 2022). The final table of GETs is presented in the following chapter (Table 2). As per Smith et al. (2022), the student researcher looked for similarities and differences in the participants' PETs. Smith et al. (2022) stressed that the GETs table is a synthesis of the researcher's interpretative analysis of all participants' accounts. The student researcher's interpretation of the findings is presented in the following chapter.

Reflexivity

Listening to participants describe their relationships with individuals who experience MHCs was emotional for me, as I also experience a MHC as previously mentioned. During the interviews, I tried my best to stay with the participants’ words and with their emotions. Personally, some moments were more challenging than others. Expressions like 'I was relieved when the relationship ended' or 'I dodged a bullet' made me feel bad. It saddened me to hear about how their partners' MHC impacted the participants and their relationships.

In qualitative research, the researcher plays an active part in constructing the findings, particularly in IPA (Dodgson, 2019). The researcher's position on the phenomenon being studied is undeniably and inevitably present, thus making researcher reflexivity imperative (Smith et al., 2022). Reflexivity refers to the process of assessing the impact of one's own preconceptions and assumptions about the phenomenon being studied on the research process and findings (Levitt et al., 2017). Since IPA research involves a double hermeneutic; and hence the end product is a result of the researcher's interpretation of the participants' own interpretations; researcher transparency increases credibility and creates a deeper understanding of the presented work (Dodgson, 2019).

As previously mentioned, my personal experiences sparked my interest in this research topic. As someone with a MHC, I have developed my own understanding of how my struggles affect those around me and my interpersonal relationships, particularly romantic ones. My self-perception is that my MHC can make me challenging for others to be with. I am beyond grateful to have found someone who has chosen to love me, despite my MHC. However, I sometimes wonder if being in a relationship with me would be easier for my partner if I did not experience MHCs. I am also aware that my MHC has negatively impacted my past relationships.

Moreover, I have encountered people, both personally and professionally, who were unable to cope with their partner's MHC and ended the relationship to safeguard their MH. I recognised that conducting this research could prove to be emotionally challenging for me. As I interviewed former partners of individuals who experienced MHCs, I anticipated that some may attribute the dissolution of their relationship to the repercussions their partner's MHC had on the relationship. Although it is painful for me, I empathise with the decision and wish to understand further the hardships of being in a relationship with someone who experiences MHCs.

I had preconceived assumptions of what participants might share with me as the interviewer, which were undeniably shaped by my personal and professional experiences. I was not expecting positive descriptions of the relationship, and I expected the conversation to focus on how their partner's MHC led to the end of their relationship.

Despite being aware that completely bracketing my personal biases was not possible, I remained conscious of their potential impact on my research (Finlay, 2008). I followed Berger's (2015) suggestion to keep a journal to record my reflections and reactions to the participants' stories and to the literature reviewed for this dissertation. Compiling the literature review was an emotional process. Researching MHCs' impact on romantic partners made me aware of my partner's potential experiences. It also prompted me to reflect on my past relationships and the role of my MHC in their dissolution.

These notes helped me to make sense of my own interpretation of the participants' experiences and to bracket personal biases as much as possible. My supervisor's guidance was crucial in this regard especially when formulating interview questions and throughout data analysis and interpretation (Larkin & Thompson, 2011).

Berger (2015) called for awareness on unconscious biases, including the influence of gender and age on data interpretation and how the participants relate to the researcher. As a female researcher, I assumed that male participants may not feel comfortable discussing intimate aspects of their relationships with me. However, all participants appeared comfortable during the interviews. One participant spoke more informally than others. This could have led me to unconsciously feel that this participant was less concerned with social desirability and more concerned with speaking her truth than others.

Dodgson (2019) claimed that the researcher's identity affects the study's outcomes. This prompted me to consider how being myself can potentially impact my results. Over the years, I have participated in several public videos and articles aimed to reduce the stigma

surrounding MH. Thus, participants could have recognised me. I wondered if participants may have been cautious in disclosing information to me to avoid offending or hurting me, or perhaps avoided contacting me altogether.

Validity and Trustworthiness

To enhance the quality of the research, Yardley's (2000, 2008, 2017) four dimensions of quality in qualitative research were followed. The four domains are sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. Sensitivity to context requires the researcher to be aware of the participants' perspectives and sociocultural and linguistic contexts (Yardley, 2017). Sociocultural and linguistic context influence what participants share, how they phrase their words, and how researchers interpret data (Yardley, 2017). The student researcher kept a journal to track her own thoughts and reactions to the participants, their stories, data elicited, and literature reviewed. This helped to be aware of and bracket preconceived biases in order to stay close to participants' experiences and perspectives.

Yardley (2000, 2008, 2017) identified commitment and rigour as the second domain. These are achieved through engagement with the data collected, the method used to analyse the data, and a detailed, in-depth analysis. With regards to engagement with the data, the student researcher went through each transcript several times. The same processes of data collection and analysis were repeated following the same stages for all participants. The data collection and analysis have been described in detail earlier in this chapter, thus achieving what Yardley (2000, 2008, 2017) referred to as transparency and coherence. Furthermore, a paper trail was kept so that readers can follow how the student researcher arrived at the final interpretation of findings (Lincoln & Guba, 1985).

Yardley (2017) also posited that a qualitative study's validity is also determined through the degree to which the research has generated useful knowledge which can be

applied practically. This constitutes Yardley's (2000, 2008, 2017) final domain of research validity – impact and importance. In this regard, this study can inform therapeutic practice with clients who are in a relationship with someone who experiences MHCs, and may enhance knowledge regarding the unique needs and support necessary for individuals in a relationship with someone who has MHCs. Additionally, this study may indicate gaps in MH services in Malta which include support for the family and partners of service users. Abela et al. (2016) called for family-inclusive services; however, support for partners and family members remains scarce. This study may inform therapeutic practice in supporting couples when one member is struggling with MHCs.

In their seminal work on naturalistic inquiry, Lincoln and Guba (1985) proposed a model of trustworthiness in qualitative research consisting of four components: credibility, transferability, dependability, and confirmability.

Credibility allows for the participants' experiences to come to light through the interpretation of data (Lincoln & Guba, 1985). This was achieved by reviewing each transcript individually prior to the comparison across all transcripts (Thomas and Magilvy, 2011). Direct quotations from participants' interviews were included in the findings chapter to illustrate the student researcher's analytic claims and to present the participants' direct voices. The student researcher's reflexivity helped to bracket as much as possible biases and assumptions, thus remaining as close as possible to the participants' experience. The supervisor's guidance was indispensable in this regard.

Transferability refers to the applicability of findings in different contexts (Lincoln & Guba, 1985). As suggested by Thomas and Magilvy (2011), demographic data of participants and a description of the Maltese context were provided in order to establish transferability.

Dependability refers to the extent to which the researcher's decision-making process can be followed by the reader (Lincoln & Guba, 1985). This is referred to as the audit trail

and is achieved by including rich descriptions of the study's purpose, sample criteria, participant recruitment, data collection, data analysis and interpretation, and of how credibility of data was ensured (Lincoln & Guba, 1985).

Finally, Lincoln and Guba (1985) postulated that confirmability is achieved when the other three constructs are established.

Conclusion

This chapter provided a detailed description of IPA's theoretical underpinnings, data collection and analysis, together with the ethical considerations undertaken in this research study. Reflexivity was also discussed together with self-disclosure from the student researcher's end in order to enhance the study's credibility.

The following chapter presents the findings elicited from the participants' interviews and data analysis.

Chapter Four: Findings

Introduction

This chapter presents the findings obtained following data analysis. These will inevitably be interlaced with the student researcher's interpretative understanding of the participants' accounts (Smith et al., 2022).

Each participant shared their own unique experience. However, similar commonalities emerged through the data analysis process, together with some differences within the participants' accounts. The findings will be presented through five GETs and their associated sub-themes. A summary of the findings is presented in the table of GETs (Table 2). A more detailed table of GETs is presented in Appendix P, including illustrative verbatim quotes for each GET and sub-theme.

Throughout this chapter, direct verbatim quotes from the transcripts are included in English. Quotations from interviews held in Maltese have been translated into English and are also presented in English. The original verbatim quotes in Maltese can be found in the detailed table of GETs in Appendix P. Line numbers from the transcripts are included for each quote, as suggested by Smith et al. (2022).

Salient Participant Information

Brief participant information is presented below to contextualise the findings, whilst ensuring that any identifying information is excluded in order to safeguard the participants' identity.

The participants' ages ranged between 19 and 33. This study included six participants, four of whom were females and two were males.

Three of the participants had relationships which lasted from three to five years. The other three had short-term relationships, lasting from three to ten months. None of these

relationships were marital ones and none of the participants had any children from the relationships in question.

Two of the participants were aware of their partners' MHC before they entered the relationship, while the others found out about their partners' MHC during the relationship. Conditions experienced by their partners included depression, anxiety, SUD, bipolar disorder and psychosis.

Three participants were MH professionals and worked directly in the field of MH. The other three had professions which were unrelated to any of the helping professions.

Group Experiential Themes

The table below captures the main findings of this research study. Each GET and sub-theme will be discussed in detail throughout this chapter.

Table 2

Table of GETs

Theme 1: Understanding the Journey	1. Encountering the condition 2. "I used to struggle to understand […]" (Sarah:174) 3. A complex experience
Theme 2: "[…] what's coming my way?" (Carl:70)	1. Instability 2. Building a family 3. Fearing for their partner's life 4. Wishing it was different
Theme 3: Yes, ... but...	1. Not a "[…] deal breaker […]" (Faye:145) 2. "[…] I didn't sign up for that" (Faye:105)

	3. A professional in the relationship 4. Internal conflict 5. Ramifications and Coping Strategies
Theme 4: Being in the relationship	1. Supporting the Partner 2. Change in roles 3. "[…] I didn't want to" (Nick:894) 4. "[…] I was no help" (Mila:546) 5. Feeling Trapped
Theme 5: Support the support system	1. "I went in blind" (Faye:1000) 2. Misconceptions 3. Isolated and forgotten 4. […] Time to withdraw […] (Lara:352)

Theme 1: Understanding the Journey

Participants recounted that their relationship changed with the passage of time. Participants spoke of the changes they observed in their partners, and how their feelings changed accordingly. Additionally, they recounted difficulties in understanding their partners.

Encountering the Condition

As the relationships progressed, participants who were unaware of their partner's MHC prior to starting the relationship began noticing changes in their partner's affect and behaviour.

Carl expressed how his girlfriend isolated herself from him. He said: "[…] I began […] to observe things which worried me. She was withdrawing, spending all day […] not speaking to me." (Carl:77-79). He explained that "She changed completely […]. At first she was someone who sought my comfort continually […]; we did everything together. All of a sudden, she started to […] withdraw" (Carl:134-136).

This was very confusing for Carl, who was unaware that his girlfriend experienced depression. This led him to experience self-blame and doubt about himself and his girlfriend. He had thoughts such as: "[…] 'what did I do wrong? What can I do? What's going on? Is there someone else?'" (Carl:283). Upon becoming aware of his girlfriend's condition, Carl felt betrayed by her for hiding her diagnosis from him: "The depression was something that was ***never*** mentioned in the beginning. I'll say it again. I'll emphasise it again" (Carl: 75-77).

Similarly, Nick explained that he "[…] started to notice that sometimes she would be extremely sad" (Nick:20-21). He also noticed that "[…] there would be days where she barely texts me […]" (Nick:118). Nick also experienced confusion and self-blame due to these changes, and said: "[…] sometimes I used to kind of blame myself or say, 'listen am I doing something wrong?'" (Nick:21-22).

Participants who were aware of their partners' MHC prior to entering the relationship, claimed that the relationship and their feelings started to change upon encountering the reality of their partner's MHC. Sarah strongly illustrated this shift:

> […] after a year together he had the first manic episode, and from there […] I'm not going to say it went downhill, because we still experienced good times, but from then on, I think I never felt secure again. (Sarah:199-201)

"I used to struggle to understand […]" (Sarah:174)

As participants observed these changes and their partner's MHCs became more apparent, they struggled to understand their partners, despite desperately wanting to.

Carl expressed that he felt very frustrated when his girlfriend experienced "overthinking *(pause)* that does not make sense" (Carl:45); as he could not understand her irrational thoughts. Carl was often left in the dark, as his girlfriend did not open up to him. Fuelled by a desire to understand her, he resorted to look for hints about her emotional wellbeing on social media, and claimed that he was "[…] constantly checking her social media *(deep sigh)* maybe I can figure out what is going on; what is going through her mind" (Carl:727-728).

Moreover, watching her make an effort for friends and family, but not for him, possibly made Carl feel that he was not worth making an effort for and it hurt him to feel this way. He explained that "[…] there is a sense of betrayal. Sort of 'listen, if you can be […] that social *(pause)* with my friends or family, um, how come you don't manage or don't try to be that way with me?'" (Carl:784-786). Eventually he came to understand that "[…] she used to feel very safe with me and trusted me a lot" (Carl:787). Thus, it appeared that when she was with him, she did not have to hide how she was truly feeling.

For Nick and Faye, this was the first time that they encountered someone who experienced MHCs, therefore they struggled to understand their partner's thoughts, behaviours and experiences. Faye struggled to understand the lack of motivation and apathy her boyfriend experienced which led him to depend on others, especially because she was extremely different to him. She exclaimed "[...] I am not used to things being that way. If I want something done, I do it myself!" (Faye:722).

Nick too struggled to understand his girlfriend's reactions and thought processes. He explained that despite claiming to need her space when she was unwell, she would still want him to message her often. He stated: "[...] I think that if I send one message it's enough for you to know that I'm thinking of you. There is no need to send you twenty messages" (Nick:145-146).

Those participants who were MH professionals had MH knowledge and awareness. However, they still felt that they were in unchartered territory. Sarah explained that reading about MHCs and coming face to face with the condition in her personal life "It's completely different" (Sarah:34), and despite her knowledge, "[…] certain things (*pause*) kind of (*pause*) they shocked me a bit" (Sarah:35-36). She recounted an instance where she really struggled to understand her partner's actions, where "[…] he spent I don't know how long saving this money, and then […] in a summer he spent them all on unnecessary things." (Sarah:148-150).

Lara, whose partner experienced visual and auditory hallucinations daily, found it hard to put herself in his shoes. The timing of his episodes led her to doubt her partner. She recounted an instance where they had two events in a week. While he attended the event his family organised, he felt too unwell to attend the one her family organised. Lara explained: "I was not hearing and seeing what he was hearing and seeing, so I used to say *(pause)* maybe he's not making enough effort? […] but he didn't choose when to have the episode he had" (Lara:232-236).

A Complex Experience

The participants spoke extensively about the hardships that they encountered in their relationships. Sarah and Faye's first words in describing their experience were "It was not easy" (Sarah:9), and "I can't say it was a pleasant experience because it was not" (Faye:5). However, it appeared that the nature of their experience, was a multifaceted one.

Lara captured the polarity she experienced in her relationship: "[…] the highs were very high. The good moments were excellent, some of the nicest in my life, to this day. […] on the other hand, the lows were very low" (Lara:817-818).

Sarah too expressed that her relationship was inundated with polarities. She spoke about how her boyfriend's episodes of mania eclipsed the many milestones that they shared

together: “We did a lot of things, so we were at university together […] we spent a lot of firsts together. […]; but when those times used to come, then it used to come crashing down.” (Sarah:26-28)

Theme 2: “[…] What’s coming my way?” (Carl:70)

At a certain point in the relationship, the participants realised what their relationship would entail should they continue their relationship. This prompted them to reflect on potential future difficulties. Participants also expressed that at the time, they wished things were different in their relationship.

Instability

A common experience shared by the participants was the level of uncertainty and unpredictability that their relationship included.

During times where their partner’s MHC was stable, the relationship would be thriving. Nick explained that: “When she is doing okay, everything goes smoothly […]” (Nick:608). However, as their partner’s MH deteriorated, the relationship was impacted negatively. Lara explained that when her boyfriend was experiencing depressive symptoms alongside the psychosis, “[…] the day was harder. So the relationship was harder as well […]” (Lara:674).

With disappointment in his voice, Nick spoke about how a flare up of his girlfriend’s depression sometimes meant that they had to cancel plans at the last minute, resulting in him letting go of his friends over the years: “[…] at the last minute she told me to cancel, […] because she was not feeling well and did not want to go. […] I ended up withdrawing from her [*his friend*]” (Nick:238-240).

Upon discovering that his partner experienced anxiety and depression, Carl reflected on how her MHCs could prevent him from having the stable relationship that he desired. He

had thoughts such as "[…] What's coming my way?" (Carl:70), and also admitted to thinking that her condition was a "[…] red flag […]" (Carl:60). He elaborated and said:

> Red flag because […] I was looking to build something with this person, […] something stable (*pause*), and upon hearing this, um, I already started envisioning what problems we could encounter in the future. […] for example […] a conflict, or […] a family death, anything can happen. I used to think, but what is this going to bring with it? (Carl:64-68).

Looking into her future, Sarah too was concerned about the instability her partner's condition brought to their lives. She experienced anxiety regarding her partner's next manic episode, and struggled to come to terms with the fact that the relationship was too unstable to plan ahead, and explained: "[…] my mum always told me, 'you can't plan with this person, you either accept it because you know who you're with, or you don't'. At the same time, okay, I accept it, but I was like, still, I'm human […]" (Sarah:265-267).

Moreover, Sarah often worried about her partner's impulsiveness during episodes of mania. This made her question the possibility of a future with her boyfriend. She stated: "[…] imagine we're saving up together and he spends our savings" (Sarah:151-152).

Mila and Nick expressed feeling as though they were walking through a minefield, never knowing what was going to happen. Mila expressed that her experience taught her that "[…] the good times were not going to last for a very long time […]" (Mila:49-50). Mila also reflected that: "[…] when I wake up in the morning, I'd be like 'I wonder what mood he's going to be in today'" (Mila:533-534). Nick tried to be more positive and claimed that he used to think: "I hope that it [*the good times*] will last" (Nick:616).

Building a Family

This uncertainty and instability led some participants to question whether they could build a future with their partner. Sarah expressed this fear that both her and her partner shared in the quote below:

> […] we were together for five years, so […], I wished that in the future, […] we get a loan, find a place, get married and have children. But I used to say, how much can I actually plan (*pause*) with such a condition. So, it wasn't just my fear, it was his as well, because he used to tell me. He told me, I don't know how I can ever have children when I can't even take care of myself sometimes. It used to scare me because I used to say (*pause*) I can't really build much. (Sarah:135-140)

Carl too was concerned about how his partner's condition might impact milestones in their future together and explained that he worried about "[…] what will happen when it comes to having children? And after we have children?" (Carl:495-496).

Lara considered the fact that her partner's condition is genetic and could be passed on to any children they may have had in the future. She kept this in mind and seemed to be mentally preparing herself for this eventuality, and said: "In the future, apart from him, there will be…(*pause*) there might be the same thing in my children" (Lara:158-159).

Fearing for the Partner's Life

Nick, Faye and Mila never considered a long-term future with their partner. Nevertheless, they still experienced concerns and anxiety about what could be coming their way.

Nick and Faye were in a relationship with someone who experienced depression and feared the possibility of suicide, and the responsibility they felt in this regard. Nick stated: "I used to feel responsible for certain things. If I'm not there for her, I don't know, what is she

capable of doing?" (Nick:545-546). Faye expressed her fear too and said: "[…] there will come a day where he completes suicide, and I don't want to be there for it." (Faye:905-906).

Mila, who was in a relationship with someone who struggled with SUD, expressed that she feared "[…] that he would OD [*overdose*]" (Mila:450).

She also considered the impact on her own wellbeing and was afraid she would eventually "[…] ending up wanting to take [drugs] myself" (Mila:432). Moreover, she also expressed being afraid for her life due to her partner's behaviour:

> […] I'd be scared that, […] we would be driving and he would be high, um, for example if he'd be nodding on the steering wheel, I'd always be scared that we were going to crash. Or sometimes the way he would be driving to go get a fix, […] he would be driving like a maniac. (Mila:441-444)

Wishing It Was Different

The participants' accounts indicated an underlying wish for their relationship to be different or that their partner did not experience MHCs. During his interview, Nick emphasised several times how young he was at the time of the relationship. He repeatedly used the phrase "[…] for that age […]" (Nick:96), as if to say that he wished he could enjoy his youth like his peers. He claimed that: "Especially at that age, […], at 16 you would still be very immature." (Nick:43-44), and expressed that he felt "She used to depend too much on me" (Nick:96).

Carl emphasised the disappointment he felt when he found out that his partner, whom he described as otherwise almost perfect, experienced MHCs. Speaking about her he said: "Obviously I was not looking for perfection, but…(*pause*). Um, she ticked many boxes." (Carl:200). He explained that "I used to say, '[…] Why did I have to meet a person who (*pause*) every now and then experiences depression […]?'" (Carl:205).

Sarah referred to the sense of unfairness she felt in the relationship. She appeared to yearn for a relationship which did not bring so much responsibility to care for her partner, especially so early on in the relationship. She exclaimed: "[…] I mean; our first 5 years it shouldn't be this!" (Sarah:403). Moreover, Sarah wished that she did not have to sacrifice so much and struggled to accept that planning was difficult for them.

She also mentioned that she wished things were different for her boyfriend and alluded to the pain it caused her to see her boyfriend distressed. She explained: "[…] I used to say, 'poor him', I mean, you don't wish it upon anyone. It's such a condition […]" (Sarah:598-599).

Mila shared the sentiment of wishing she was not in the situation she was in and wished her boyfriend did not struggle with SUD. She craved 'normality' as she put it, and found a way to experience a glimpse of it:

> […] his sister had two kids. So I used to spend a lot of time with the kids as well. And that was really nice. Because kids you know, they had absolutely no idea, and even seeing him with the kids when we would play with them, that was actually really beautiful to watch because it was some (*pause*) normality. (Mila:634-638)

Theme 3: Yes, ... But...

Despite their concerns, none of the participants ended the relationship upon discovering that their partner experienced MHCs. The participants seemed to have wanted to be accepting and open-minded in light of their partner's MHCs, yet at times they felt frustrated and judgemental in their partner's regard. This duality was rather complex for the participants to navigate. This internal conflict was even stronger for the participants who were MH professionals, who adopted a professional role in the relationship. This theme also addresses the impact the relationship had on the participants and their coping strategies.

Not a "[…] Deal Breaker […]" (Faye:145)

Lara and Sarah were aware of their partners' MHC when they entered the relationship. Lara observed that, as with any relationship, "[…] with or without the diagnosis, there will be good times and there will be bad times" (Lara:372-373). She accepted the fact that in their relationship, there would be times where she would need to support her partner due to his condition. She captured this commitment towards her partner as follows: "[…] this will happen. This is a part of our relationship. This is what I'm in for. And I was in it." (Lara:497-498).

The other participants found out about their partner's MHCs as the relationship progressed. Faye claimed that her partner's diagnosis did not lead her to change her mind about being with him. Similarly, Nick stated that: "[…] I didn't say, 'oh so we need to break up, I won't be with her anymore'." (Nick:425-426)

Mila was shocked when she found out that her partner struggled with SUD. It felt so unreal to her that she described it "[…] like I was in a movie […]" (Mila:406). However, she opted to stay with him and thought that they will be okay, as long as they "[…] won't go to parties anymore" (Mila:308).

"[…] I Didn't Sign Up for That" (Faye:105)

All the participants alluded to experiences in their relationships which they felt were unfair on them or which they felt should not occur in a relationship.

Faye's blunt words used as this sub-theme's title, captured how she felt when the relationship turned out to be much more demanding than she had expected or desired. She explained that "He could not go very long without having me by his side, like even if I'm at work, I have to spend my break with him" (Faye:10-11), leaving her with no time for herself. Thus, she felt that she was sacrificing what she really wanted to do. She recounted an instance where a friend who lived overseas came to Malta and she planned to spend time with her friend. However, she explained that: "I couldn't. I had to take him with me" (Faye:74).

This left her feeling like she became a mother to her partner, when being a mother was one of her biggest fears in life. “That is one of the reasons why I don’t want children. Because I don’t want anyone to depend on me” (Faye:564-565), she said. Thus, she felt that her partner was too dependent on her and felt almost responsible for her boyfriend’s emotional wellbeing, fearing that he might “kill himself […]” (Faye:43) if she withdrew her support.

Sarah too felt that the relationship placed a lot of responsibility on her. Implying that she was in a one-sided caring relationship, Sarah said “[…] a relationship should not be that you take care of someone. It shouldn’t be that way” (Sarah:437-438). Sarah claimed that the relationship was so focused on her partner that eventually she felt that she even lost track of “[…] who I am” (Sarah:547-548).

Other participants also alluded to a sense of being in a one-sided relationship which often required their needs to take a back seat while priority was given to their partner’s needs. Nick, who was a student at the time of the relationship, often skipped lectures in order to support his partner. Mila refrained from sharing what was on her mind with her partner because she “[…] felt that there was so much on his plate” (Mila:857).

Lara described how she wanted her boyfriend’s support, but he was not in a position where he could offer it to her because he was unwell. She spoke about how differently they coped with difficult moments, with a sense of feeling it was unfair in her voice, she said “[…] I’m there for him and he doesn’t want me there, and I want him to be there for me and he can’t come!” (Lara:446-447). Sarah reported feeling lonely in the relationship, while Nick went as far as saying that at times “I used to feel that I was almost not in a relationship eh.” (Nick:132).

A Professional in the Relationship

Carl, Sarah and Lara were MH professionals. This part of them seeped into their relationships due to the fact that their partners experienced MHCs.

Carl resorted to taking the professional approach with his girlfriend, thus becoming a MH professional in his personal life as well, and claimed that "[…] it was very tiring" (Carl:366). He saw the relationship as a continuation of his work, which was a draining experience. He explained this lack of work-life balance as his partner seemingly became a client:

> That was ***very very*** tiring. That is where I realised that in the long run, um, my work involves 40 hours a week of dealing with MH. I go home, we were living together, and I face the same thing. (Carl:350-352)

Both Sarah and Carl appreciated the differences in working professionally with someone who experiences MHCs, and being romantically involved with someone who experiences MHCs. Sarah found it challenging to be understanding towards her boyfriend and questioned her problems in this regard, since understanding others was a primary skill that she used as a MH professional. She reflected that "But the difference was that he was my boyfriend, he was not a patient […]" (Sarah:168). Carl expressed that this experience made him aware of the difference between having a therapeutic relationship and having a personal relationship with someone who has MHCs.

> […] it taught me the distinction between seeing a client once a week, and living with him. (*pause*) And it also taught me to understand, um, (*pause*), who the client is (*pause*) outside of therapy at the end of the day. (Carl:519-521)

Their romantic relationships became more like therapeutic relationships, which had several implications. Carl stated that he began keeping his emotions bottled up. He explained that while "[…] there were times where I felt like (*pause*) shouting and screaming" (Carl:446-447), he expressed his feelings very gently. This led him to feel that "[…] you still have to keep a lot of energy bottled up inside" (Carl:465). Sarah expressed that with regards

to the support partners should offer each other, she felt she used to "give more than I get back […]" (Sarah:329-330), to the point that it no longer felt like a relationship to her.

Carl seemed to suggest that his girlfriend may have been attracted to him because he was a MH professional. He explained: "[…] she believed my work was an advantage" (Carl:329). Perhaps this too could have made the relationship feel like less of a romantic one and more like a therapeutic one.

Lara expressed that supporting her partner gave her a "[…] sense of purpose" (Lara:697). Moreover, being in a relationship with someone who was very vocal about his diagnosis, gave her an opportunity to engage in formal psychoeducation in schools and she used this as an opportunity to help remove the stigma surrounding MH in Malta.

Internal Conflict

All participants spoke about feeling torn and experiencing internal conflicts in different ways.

In Carl's case, he felt torn between his professional and personal self. He stated that: "[…] I rarely felt in a position to address the situation from the perception of a human being, of a boyfriend" (Carl:345-346), since "[…] I had to be very gentle. I had to be very containing" (Carl:378). This led him to "[…] continually feel torn between these two aspects of myself" (Carl:453).

Sarah experienced this conflict too and explained how she felt when her boyfriend told her he had been unfaithful to her during a manic phase:

> […] he told me it was a time where he was feeling manic. And I was kind of torn. I said, one, (*pause*), um, I was angry, upset, […]. At the same time, I used to say, but if he was unwell, I should be more understanding. […] if I'm not going to be understanding with him, how can I ever be a professional in the field of MH? (Sarah:163-168)

Sarah often excused her partner's behaviours and his attitude towards her due to the fact that he was unwell, until eventually she realised that she needed to put herself first.

> You need to find a balance between being understanding; at the same time, I used to end up excusing a lot of his actions. Kind of, how much am I going to protect him versus how much I am going to protect myself. (Sarah:310-312)

Some of the participants appeared to have experienced a conflict between being understanding and non-judgemental, and accepting how they were feeling. Mila expressed that she is "[…] quite the free spirit" (Mila:321) and did not want to judge others based "[…] on what they do and what they take […]" (Mila:321-322). She also stated that she "[…] didn't want to ***leave*** him because of it." (Mila:306-307). However, there was a sense of internal conflict in that sentence, almost implying that she wanted to leave, but felt that she should not because doing so would be judgemental of her. Mila's conflict was further amplified by being "[…] madly in love with him" (Mila:407).

Ramifications and Coping Strategies

The ramifications that their partners' MHCs had on the participants were evident throughout their interviews.

When she came face to face with the reality of her boyfriend's condition, Sarah said that "[…] the first time he had a manic episode, I didn't really take it well, so even I was feeling a bit depressed" (Sarah:526-527). Nick also felt that his emotional wellbeing was affected, and explained that: "[…] I was not the happiest person" (Nick:829).

Mila spoke about the impact the relationship had on her health and said: "[…] I literally was not eating. Um, I was constantly anxious […]" (Mila:491). Anxiety was also experienced by Lara in relation to the suicidal ideations her boyfriend experienced and the unpredictability of his condition. Lara disclosed that at one point in her relationship, she was taking antidepressants and other medications which helped her contain her anxiety.

Mila appeared to cope by escaping and avoiding her reality. She reflected "[…] I just wanted to sleep. I just wanted to work […]" (Mila:494-495), as if to suggest that sleep and work were the only things which offered her relief from the reality of being in a relationship with someone who experienced SUD. Faye too opted for avoidance and claimed that "[…] I tried to do everything in my power to avoid speaking to him" (Faye:863-864).

Theme 4: Being in the relationship

As the participants recounted their experiences, a desire to support their partners emerged. However, this was not without consequences. They spoke about how their partners' MHCs shaped the relationship, which often led them to experience a change in their role within the relationship. Some also considered how they themselves may have contributed to their partner's MHCs. A notable point which was common for three participants, was the desire to end the relationship, but stayed out of fear of how their partner will react.

Supporting the Partner

All of the participants wanted to support their partners and tried their best to do so. Nick stated: "I always tried to find a way to help her and to always be that person for her, to be there for her, yes" (Nick:423-424).

Participants spoke about having to make some adjustments on their part in order to support their partner and to avoid exacerbating their partner's difficulties. The theme of communication with caution came up in several accounts. Lara stated that she would need to weigh her words carefully: "If I say this will I upset him more? Will this help? Will this be counterproductive?" (Lara:56-57). Sarah too felt that she had to censor herself, and explained that: "Certain behaviour […] it used to upset me. But then you have to be careful. Because if you make him angry, then he will get more short tempered […]" (Sarah:175-176). Thus, they had to refrain from expressing themselves, possibly making them feel like their feelings were unimportant.

Mila was open to making sacrifices in order to support her boyfriend, and she was also willing to miss out on events she enjoyed. She claimed that since parties were a trigger for him, "I said 'okay we'll stop going to parties'" (Mila:137).

Change in Roles

In the process of supporting their partners, the participants experienced a change in their roles in the relationship. Participants who were MH professionals, felt that they became MH professionals in their relationships, as already discussed.

The other participants shared recollections that mirrored a parent-child relationship, rather than that of a couple relationship.

Nick felt a lot of pressure and responsibility for his girlfriend's wellbeing. He claimed: "I used to feel responsible for certain things. If I'm not there for her, I don't know, what is she capable of doing?" (Nick:545-546), implying that he felt he had to be almost constantly present with her in order to ensure her safety, much like a parent would do with a child.

Faye was more explicit about feeling like a mother to her partner, and very early on in the interview claimed that "[…] I ended up like his mother" (Faye:5-6). She explained that the over-dependence on her was what caused her to feel this way, and said: "[…] it's like you're someone's mother […]. You need to do everything for him" (Faye:95-96). Mila too felt that she had to plan everything for her boyfriend and said that she became "[…] the planner" (Mila:416). Speaking about her multiple commitments, Faye laughed and said that on top of it all, she also had "[…] my son (*laughs*)" (Faye:296), indicating that she viewed him as an added responsibility rather than as a romantic partner.

"[…] I didn't want to" (Nick:894)

As the dynamic of the relationship changed, the participants shared how their sexual relationship with their partner was also impacted.

Nick, Mila and Sarah described a reduction of romantic feelings and sexual attraction from their end as the relationship progressed and they took on caring roles. Nick explained that "[…] towards the end; I didn't even want her to touch me […]" (Nick:886). Sarah too expressed that "[…] I wasn't really attracted to him anymore. […] The fact… that I saw him (*pause*) unwell in a certain way, it kind of put me off. […] It wasn't a romantic sexual relationship anymore […]" (Sarah:731-733), and explained that the relationship became more like "[…] patient-carer […]" (Sarah:464). This reality was also alluded to by Nick, who claimed: "So there was not that intimate part, […], in the relationship. Towards the end, I mean, I didn't want to." (Nick:893-894).

On the other hand, Carl seemed disappointed that his girlfriend's MHCs led her to experience a reduction in libido: "[…] she told me 'Carl, I don't have, (*pause*), I don't have; I don't have any libido left. I don't have any drive left'" (Carl:260-261).

"[…] I was no help" (Mila:546)

Throughout the interviews, participants also reflected on how they may have contributed towards their partner's deterioration of their MH.

Mila reflected on how both the relationship and her anxiety about her partner and his condition could have contributed to her partner's SUD. She explained: "[…] probably I was no help as well, because I would be so anxious (*pause*), he ended up just wanting to take more" (Mila:546-547). She also gave some thought to how an argument between them could possibly lead him to "[…] go and use" (Mila:32). Realising that he had used again would in turn affect Mila's emotional wellbeing, thus resulting in circular cycle of causality.

Carl's relationship moved at a fast pace, and "after four days […]. I went to live with her" (Carl:622-623). His account gave the impression that he was immediately smitten by his girlfriend and soon felt ready to settle down and build a life together. There also appeared to be a strong desire on his end for the relationship to work out in the long term.

Carl explained that a few months before they started their relationship, his girlfriend had ended a six-year relationship after not feeling comfortable living with her former boyfriend. Carl explained how living with him, "[…] reminded her of when she used to live with her ex-boyfriend" (Carl:635). In fact, he explained that the depressive symptoms started to emerge shortly after they started living together. During the interview he reflected on how the fast pace of the relationship was counterproductive and also considered that it may have contributed to or exacerbated his girlfriend's MHC.

Feeling Trapped

Some participants described feeling trapped in the relationship, despite feeling the need to end the relationship.

Supporting his girlfriend to the best of his ability felt like the right thing to do for Nick, however, eventually he started feeling trapped in the relationship, as leaving her felt wrong and perhaps unkind. He claimed: "I'm not someone who likes leaving people alone especially when they are going through a difficult period in their life" (Nick:432-433). Faye also experienced a sense of being trapped in a relationship she no longer wanted to be in. However, what kept her in the relationship was the fear that if she ended the relationship, her boyfriend will harm himself or end his own life.

Sarah wanted to end the relationship but stayed out of guilt and sympathy for her boyfriend. She claimed that "[…] of those five years [*that they spent together*], I spent a lot of time thinking I should have ended it, but I felt a certain guilt […]" (Sarah:447-448). Moreover, she hoped that they would serve as role models to other couples who experienced MHCs, and challenge MH stigma, almost as if breaking up with him would indicate that couple relationships cannot survive in the context of MHCs. She stated: "I wished to succeed and raise awareness through our experience. I had this idea, this dream (*pause*). So […] for me it was like I failed […]" (Sarah:757-760).

Theme 5: Support the Support System

A common theme among participants was the lack of support that they experienced. This resulted in them feeling alone and forgotten. Sarah made reference to the importance placed on the support system of the person experiencing MHCs by MH professionals. She also commented on the importance of supporting that support system, and said: "And like the first thing you look at in a patient is the support system. But if that support system is not being taken care of as well, I mean, it will fail" (Sarah:855-857).

"I Went in blind" (Faye:1000)

For three of the participants, this was the first time they came in contact with MHCs. They spoke about how they felt lost and not knowing what was expected of them or how they should act. Mila explained that she did not have any knowledge about SUD, and neither did anyone around her. Thus she was left with no reference point as she "[…] didn't really have anyone, to talk to about it." (Mila:376). Faye considered enrolling for the Mental Health First Aid course offered by Richmond Foundation, in the hope that it would prepare her for cases of emergency. The possibility of suicidality generated significant anxiety in both Faye and Nick. Nick explained that "[…] if the element of suicidality became more present […] I had no clue on how to deal with all of this on my own" (Nick:982-984).

Faye expressed that she felt helpless, as she wished she could guide her boyfriend towards professional help, but did not know how to approach it. She stated: "I did not know what I was doing. Maybe if I was a bit more equipped, […], maybe one way or another, I would have taken him to a therapist […]" (Faye:1000-1001). Helplessness was also experienced by Nick, who stated that he believes that "[…] school should prepare you more for such circumstances" (Nick:397).

Faye raised the point that she lacked any knowledge about the side effects of psychotropic medication that may impact aspects of the couple relationship. Faye described

that at times, her partner struggled with sexual functioning difficulties. She explained that she was rather upset about this "until I understood why […] because […] it's a bit of a hit to your self-esteem." (Faye:755-756).

Misconceptions

A striking element in some of the participants' accounts, was the presence of misconceptions about MHCs, especially where participants had no prior knowledge of MH. This led them to experience significant worry, disappointment, and refraining from expressing how they felt.

Mila thought that she could change her partner. Eventually, she realised that it was something much bigger than that, and realised that "[…] you can't just say 'I'm gonna quit'" (Mila:767).

Faye also appeared to have quite a lot of fear that her boyfriend might self-harm or attempt suicide in order to manipulate her, even though he never behaved in this way with her. This prompted her to comply to his demands even if she felt like saying no, and led her to feel trapped in the relationship with seemingly no way out. She expressed fear that "he ends his own life or tries to do something to keep me there. Kind of to trap me, to make me feel guilty" (Faye:43-44). Nick too expressed feeling worried that his girlfriend might end her life if he were not there to offer his support, despite her never expressing suicidal ideations.

Faye also appeared to view her partner as being rather fragile and vulnerable. She expressed how when they broke up, he spoke to her in an unkind way. Despite not accepting such treatment from others, she stated: "[…] because I know that he has a MHC, I held back" (Faye:964).

Isolated and Forgotten

Participants expressed that local MH services seem to be rather focused on the person experiencing MHCs. Thus, participants felt forgotten and unsupported throughout their

relationship. Sarah exclaimed "[…] it takes a toll on the couple. It's not just the person" (Sarah:584-585).

Sarah found a local support group for people diagnosed with her partner's MHC and their partners, which she found helpful. However, Sarah mentioned that she would have preferred if there was a support group available for partners alone, as this would have allowed her to speak more freely. On the other hand, Lara wished that there was a support group which she and her partner could attend in order to share their experience and meet other people like them. She explained that "[…] I was not aware that there were other people who had their own experience […] it would have been nice if we could meet these […] people […]" (Lara:802-804).

On a personal level, Faye stated that "Luckily, I have close friends who work in this sector" (Faye:167), who could offer her support. Moreover, she claimed that she had a strong support system even with regards to other things going on in her life during the relationship. She stated: "I have a decent support system, so the fact that he did not listen to me, does not mean that no one did" (Faye:892-893), implying that he did not express interest in her life. This was also Carl's experience, who found a lot of support and stated that:

> […] I used to speak to my colleagues; […] my friends; […] my sister, with my sibling (*pause*), um, and […] her mother as well. And I think that was the most helpful, when I used to speak to her mother (*pause*) because […] she could understand me. (Carl:536-539)

In contrast, Sarah found herself feeling very alone and said she: "[…] did not really feel they [*her friends*] understood me" (Sarah:367). Sarah and Mila both refrained from reaching out to their friends about their relationship because of shame and fear that they would be judged. Sarah claimed: "I used to be ashamed (*pause*) of what others might think, so I used to keep certain things to myself" (Sarah:677-679). Mila stated that: "[…] I didn't

want them to know. Even now, like she [*her mother*] doesn't know. My older sister doesn't know. I wouldn't tell them" (Mila:178-179).

[…] Time to Withdraw […] (Lara:352)

The participants described that they eventually came to feel that the relationship and all they were experiencing became too much to handle.

Realising that she had neglected herself for too long, Sarah felt that she "[…] can't go on like this" (Sarah:506), and that "[…] I needed to take care of myself" (Sarah:436). Sarah described that at the end of the day, she felt that there were certain things which, in her words, "[…] I couldn't live with them. I couldn't accept them" (Sarah:468-469), referring to her partner having been unfaithful during an episode of mania.

Lara spoke about how, towards the end of her relationship, she encountered a situation which made her question her relationship. She explained that during a very difficult moment in her life, her partner's MH was deteriorating. She emotionally stated:

> This was at a point where I needed support, and I didn't have any… maybe if he couldn't give me his support, (*pause*), it would have been best if I just stayed without his support. But the fact that this happened as well, it was really difficult. (Lara:297-299)

She led her to wonder: "Do I want to handle this together? Um, (*pause*) and do I want to (*pause*) experience this again?" (Lara:316-317). This led her to end the relationship that she spoke so fondly of in the remainder of the interview. Lara reflected that "[…] it was time to withdraw from it" (Lara:352-354).

Similarly, Mila recognised that "He wasn't going to stop for me [*taking drugs*]. That's when I finally realised […]" (Mila:655-656) which prompted her to evaluate whether or not she could see a future for herself in this relationship. For Faye, the anxiety she experienced

about the possibility of suicidality got to a point where she could not take it anymore and said: “[…] no! This cannot go on” (Faye:904).

Nick eventually started to withdraw from his girlfriend as her MHC became more intense. When asked about how the relationship ended, Nick recounted how his girlfriend was going through a depressive period, during which she often withdrew from him. Constantly texting her yielded no answer from her end, and eventually Nick gave up and stopped reaching out to her. From her end, she never reached out to him either and thus the relationship came to an abrupt and unexplained end, which left him feeling confused, but at the same time relieved that the relationship was over.

When his relationship ended, Carl too experienced a sense of relief and captured this in an emotional way: “Despite that there was lots and lots and lots of heartache […] at the same time […] I said […] I dodged a bullet” (Carl:488-490). He claimed, with a hint of disappointment in his voice, that despite losing the woman he thought would be with him forever, losing her was “[…] in the long run, […] an investment.” (Carl:498).

Conclusion

This chapter presented the main GETs that emerged through the data analysis. The following chapter discusses the above findings in relation to the relevant literature and empirical research.

Chapter Five: Discussion

Introduction

This chapter discusses the most salient findings from the participants' accounts. Reference is made to the theoretical framework underpinning this research together with literature that was presented in chapter two, and other research that was accessed following data analysis. The student researcher's own understanding of the participants' experiences, together with her own position and perceptions regarding the phenomenon being researched, is inevitably interlaced throughout this chapter (Shinebourne, 2011).

The Experience of Being in the Relationship

The participants spoke extensively about their experience of being in a relationship with someone who experiences MHCs. These experiences are discussed in detail in the following sections.

Taking on a New Role

Participants reported feeling as though they were the ones keeping the relationship afloat. They also expressed feeling responsible for their partner's wellbeing. Mokoena et al. (2019) also found that partner of individuals experiencing MHCs felt increased responsibility towards their partners. Participants in the present study experienced a shift in their role in the relationship due to this increased responsibility. Some participants likened the relationship to one of a parent and child, whereas others felt like professional carers. Lawn and McMahon (2014) explored the experience of spouses who cared for partners experiencing MHCs and detailed how they felt that they had to shift their role from that of a partner to that of a caregiver. Thus, the relationship was no longer romantic in nature. This was also noted by participants in the present study and in ÖStman and Björkman's (2013) study.

Participants who were MH professionals, found themselves becoming MH professionals in their relationships too. The non-judgemental approach adopted with clients

was extended to the couple relationship, resulting in partners feeling unable to tell their partners when they were overwhelmed. Råbu et al. (2016) examined how being a psychotherapist affects personal life and relationships, revealing both positive and negative impacts. Participants reported that they became accepting of things which they felt they should not tolerate. This was also noted by the current study's participants. Råbu et al.'s (2016) participants expressed the need to withdraw from their partners after work. The participants in the current study who were MH professionals were not able to do this, since they found themselves offering MH support to their partner too.

A One-Sided Relationship

Participants spoke about changes that occurred in their relationship due to their partner's condition. These changes led the participants to feel that their relationship was one-sided rather than the joint venture they wanted it to be. Some refrained from sharing their thoughts and emotions with their partner, while another participant claimed that she wanted her boyfriend's support but he was not in a position to support her due to being unwell. Similarly, Lawn and McMahon (2014) found that asymptomatic partners often felt that their partner's needs became more salient than their personal needs. Similar to what participants in the current study expressed, Sharabi et al.'s (2015) study on the impact of depression on romantic relationships, found a tendency to withhold thoughts and feelings from the symptomatic partner in order to protect their feelings. Overall et al. (2010) emphasised the importance of supporting and encouraging one's partner to achieve personal goals, and of understanding and validating each other's experiences and needs. Piscopo (2014) proposed that being responsive to a partner's needs is crucial for healthy romantic relationships. However, this appeared to be missing in the experience of the current study's participants.

The SRHT proposed seven traits of successful relationships, which stand on two pillars: trust and commitment (Gottman & Gottman, 2017). In this model, trust refers to the feeling of security when one's partner offers support, especially during difficult times (Cole & Cole, 2020). Some of the participants in this study lacked this security in their relationships, and knew they had to support themselves. This led them to experience a significant degree of loneliness in their relationship. Loneliness was also experienced by participants in Sharabi et al.'s (2012) study. Furthermore, unreciprocated support can lead to resentment towards the other (Priestley et al., 2018). Several participants in the current study expressed a sense of unfairness regarding their partner being unresponsive to their needs.

Castellano et al. (2014) proposed that love in romantic relationships involves receiving and offering protection, comfort and support; and being, and remaining, sexually attracted to each other. For participants in the current study, the balance between these components seemed to have been disrupted due to the partner's MHC, since comfort and protection were often given but not received. Moreover, several of the participants claimed that they no longer felt sexually attracted to their partner, thus resulting in a platonic relationship.

The Sexual Relationship

Participants in this study claimed that caregiving led to a reduction in romantic and sexual feelings toward their partner. Hence, the sharing fondness and admiration towards one's partner aspect of successful relationships in the SRHT by Gottman and Gottman (2017), was impacted negatively in the participants' relationships. Sharing fondness and admiration towards one's partner refers to the expression of positive feelings and affect, including non-verbal expressions such as being affectionate towards each other (Cole & Cole, 2020).

Johnson and Zuccarini (2010) suggested that sexual problems are likely related to relationship problems in the absence of physical causes. Perel (2017) argued that getting to know a partner on a very deep level can remove the mystery from the relationship, and thus desire decreases. It is possible that as the participants' awareness of how their partners' condition affected them increased, and they took on the caregiver role, the mystery from the relationship was removed since they saw their partner at their 'worst.'

Johnson and Zuccarini (2010) posited that sexual problems create distance between partners. However, findings in this study indicated that the lack of sexual activity occurred due to the distance between participants and their partners, rather than the cause of the distance between the couple.

Some of the participants expressed that their partners experienced decreased libido as a symptom of depression. This was corroborated by Mokoena et al. (2019), who found that a decrease in libido may occur as a result of MHCs. Donnelly and Burgess (2008) explored the implications of involuntary celibacy in relationships, meaning a relationship where one partner does not wish to engage in sexual activity. They argued that this can lead to depressive symptoms, feelings of rejection, low self-esteem, and relationship dissatisfaction. These were also experienced by some of the participants in the current study.

Uncertainty and Unpredictability

Participants in this study expressed concern about potential future difficulties their partner's MHC could bring for them as a couple. This was also a finding in Power et al.'s (2016) study on family resilience in the context of MHCs. In the current study, some described how their relationships changed when their partners relapsed. In their study about the long-term effects of MHCs on marital outcomes, Mojtabai et al. (2017) also highlighted that the onset or relapse of a MHC in one partner causes major changes in the relationship.

Due to the uncertainty and instability experienced as a result of the partners' MHC, some participants questioned whether they could build a future with their partner and have their own family. One participant expressed concerns about the hereditability of her partner's condition. Other studies found this to be a common concern among partners of individuals who experience MHCs (Azorin et al. 2021; Shpigelman et al.,2018). Participants in the current study, similar to participants in Shpigelman et al. (2018), also expressed concern regarding their partner's condition and how this may impact children.

One participant expressed that her partner warned her that his condition might not let him be a father. While she wished to have a family and a home with her partner, she felt that she had to let go of that dream. In the SRHT, the final two levels focus on making life dreams come true and creating shared meaning (Gottman & Gottmann, 2017). Making life dreams come true is about being genuinely interested in each other's goals, dreams and needs, and seeking ways to realise them (Gottman & Gottman, 2017). Moreover, the couple finds shared meaningful goals, thus reaching the level of creating shared meaning (Cole & Cole, 2020). Thus it can be argued that these two levels were severely impacted for this study's participants, as most of them, much to their dismay, could not plan future couple-based goals, due to the unpredictability of their partner's condition.

Rowe and Morris (2012) contended that the instability and unpredictability in the relationship due to the partner's MHC can contribute to the relationship's dissolution. Similarly, participants in the current study also mentioned that this was one of the factors which concerned them the most about remaining in the relationship.

Wanting to Break Free

Some participants explained that they contemplated ending the relationship for a significant period of time. They spoke about withdrawing from their partner, with one participant recounting that she avoided conversations with her partner. One participant also

expressed that her partner appeared to not be interested in her life. The idea of turning away rather than turning towards, as discussed in the SRHT by Gottman and Gottman (2017), refers to dismissing the partner's words or attempts for connection, which can contribute to emotional distance and disengagement. The participants' experience of their partners expressing no interest in their life, and the participants' withdrawal from their partners, align with this concept, indicating a pattern of turning away from emotional and relational engagement, which led them to feel unhappy in their relationships.

The participants also disclosed feeling trapped in the relationship. Priestley et al.'s (2018) participants expressed a sense of loyalty towards their partner but simultaneously felt a sense of being trapped in the relationship. Research has suggested that relationship dissatisfaction can negatively impact one's emotional wellbeing (Abela et al., 2020; Waite et al., 2009). This was indeed the experience of participants in the current study, which ultimately led them to feel that they could no longer bear to be in the relationship.

Notably, some participants in the current study stayed in the couple relationship longer than they wanted to because they feared that if they left, their partners might complete suicide, despite there being no indication that their partner would harm themselves. Rasouli et al. (2019) contended that there is a strong association between MHCs and deaths by suicide. However, research suggests that most people who experience MHCs do not die by suicide (Brådvik, 2018). The lack of knowledge about MHCs appears to have led participants to view their partners as fragile and vulnerable, thus leading them to feel trapped in the relationship.

Other participants expressed struggling between being non-judgmental towards their partner and wanting to end the relationship. Taylor-East (2019) asserted that Malta has made significant efforts to reduce the stigma associated with MHCs. Perhaps the consistent messages to break the stigma against MH might have led some of the participants to feel as though the way they were feeling was wrong, leading them to remain in the relationship.

Some of the participants described how their view of their partner changed as their partner's MH deteriorated. Thus, the positive perspective level of the SRHT; which refers to positive thoughts and feelings towards one's partner; was also compromised, which further exacerbated the feeling of growing apart as a couple (Gottman & Gottman, 2017). In turn, these enable the couple to work through difficult moments (Cole & Cole, 2020). Hence, reduced positive feelings towards the partner may have contributed to the participants' feeling that they could no longer bear being in the relationship, especially during their most difficult moments.

Impact on the Participants' Emotional Well-Being

The participants described the impact that the relationship left on their emotional wellbeing. Snyder and Balderrama-Durbin (2020) suggested that relationships have a substantial impact on one's psychological wellbeing. Moreover, the negative effects of relationship distress and dissolution on psychological and physical wellbeing have been documented by other studies (Abela, 2020; Lyngstad & Jalovaara, 2010).

This study's findings indicated that anxiety was a common experience among the participants. A study by Leach et al. (2013) revealed that there is an association between couple relationship difficulties and poorer MH, particularly in women involved in distressed romantic relationships. Interestingly, the participants who claimed that they experienced anxiety in the current study were also women. One participant asserted that her anxiety was related to her partner's condition and the responsibility it placed on her. Scerri et al. (2018) investigated the presence of anxiety and depression in caregivers of people who experienced depression and concluded that caregiving was a predictor of anxiety. While not all of the partners of the participants in this study were diagnosed with depression, some partners also experienced depressive symptoms and suicidal ideations, which contributed significantly to the participants' anxiety.

Other participants mentioned that they experienced a significant degree of sadness and depressive symptoms caused by the instability of the relationship and the increased responsibility they experienced. A study by Priestley et al. (2018) on the impact of chronic depression on couple relationships revealed that asymptomatic partners also experienced depressive symptoms.

Shpigelman et al. (2018) found that partners of individuals diagnosed with MHCs often felt an array of emotions, including love, anger and sadness. The present study's participants experienced similar emotions, generating an internal conflict for some. One participant claimed that while she was very much in love with her partner, she was also ashamed of the relationship. Another exhibited a sense of disappointment about the relationship not being what he was looking for. This disappointment was accompanied by a notable degree of anger and frustration towards his partner for her lack of effort, and towards life in general, almost as if he was asking ‘why did this have to happen to me?’. Others also experienced frustration towards their partner. A study conducted by Mokoena et al. (2019) found that frustration was a prevalent emotion among participants.

Furthermore, Carl described his experience in the relationship as very tiresome, often feeling like it was an extension of his work in the MH field. As discussed by Crowe (2004), partners of individuals who experience MHCs may require substantial reassurance regarding anxiety and intrusive thoughts; which can be emotionally demanding for the asymptomatic partner.

Some of the participants wished to support their partner but simultaneously felt lost and helpless, which often left them feeling frustrated. This was consistent with Lawn and McMahon’s (2014) finding that the asymptomatic partners frequently experienced feelings of powerlessness and helplessness when they were unable to help alleviate their partner's distress.

Sarah's reaction to her partner's bipolar disorder was one of shock upon encountering the reality of the condition. Similarly, Azorin et al. (2021) highlighted the lack of readiness among partners in dealing with manic episodes experienced by their partners.

Sarah also reported feeling lonely in the relationship and feeling misunderstood by everyone. The findings of Mokoena et al.'s (2019) study support the notion that partners of individuals with MHCs may experience feelings of isolation and loneliness, which can have a negative impact on their own MH (Imlay, 2015).

The Impact of Stigma Around MH

Two of the participants in the current study were aware of their partner's condition prior to the start of the relationship. In contrast, Elkington et al. (2012) found that some might avoid dating someone who has MHCs, out of fear that they might be emotionally unstable, manipulative and promiscuous.

The other participants found out about their partner's condition early on in the relationship. However, none of them chose to end the relationship following this revelation. In contrast, Shpigelman et al. (2018) researched the disclosure of MHCs to the partner during the relationship, and found that participants expressed that they were likely to end the relationship if they became aware of their partner's MHC early on in the relationship.

Agius et al. (2016) and Grech (2019) claimed that stigma around MH is still prevalent in the Maltese Islands. In the current study, disclosure of the MHC did not prevent participants from entering or continuing the relationship with their partner. Given that the current study's participants were all relatively young, it is possible that their age contributed to making them more open towards MH. However, a survey by the APA (2019) did not support this assertion, indicating that people aged 18 to 34 were less likely than older cohorts to be open about MH. Taylor-East (2019) asserted that Malta has made significant efforts to

reduce the stigma associated with MHCs, and thus it could be that these efforts are what contributed to the participants' openness.

One participant expressed her disappointment and distress when she saw other people making fun of her partner and excluding him when he was unwell. Crowe (2004) claimed that one's friends and family, and society at large may not be as accepting and as open minded to relationships with people experiencing MHCs due to the stigma surrounding MHCs. This may result in loss of friendships, loneliness and isolation for the partner (Priestley et al., 2018). This was indeed this participant's experience, who felt that no one could really understand her and her situation.

Circular Causality

Participants in this study reflected on the impact they themselves and the relationship had on their partner's MHC.

According to systems theory, the various elements within a system are interconnected, and each system is also connected to other systems (Dallos & Draper, 2010). Systems theory posits that problems arise from the interactions between these systems and elements, rather than being solely intrapersonal (Dallos & Draper, 2010). This is because each part of the system influences the others, leading to circular patterns of causality that are maintained through feedback loops and problem-maintaining patterns (Dallos & Draper, 2010; Metcalf, 2011). Therefore, systems theory views problems as being interpersonal in nature, and not attributable to a single individual (Metcalf, 2011).

For instance, Carl reflected on how the fast pace of the relationship was counterproductive and also considered that it may have contributed to or exacerbated his girlfriend's MHC. On the other hand, Mila reflected on how both the relationship and her anxiety could have also contributed to her partner's MHC. In line with this, Crowe (2004) postulated that environmental factors, including the couple relationship, play a central part in

the onset, maintenance and prognosis of one's MHC. Thus, the partner of someone diagnosed with a MHC, is both impacted by the condition as well as influences the condition's maintenance, development, and recovery.

Lack of Support

The participants tended to report inadequate support from professionals regarding their partner's MHC. Research has suggested that support may be required when one member of the couple relationship experiences MHCs (Denton & Brandon, 2011; Mokoena et al., 2019). A study by ÖStman and Björkman (2013) revealed that although professional support for the couple is crucial for both the asymptomatic partner and the diagnosed partner, such support was insufficient at the time of writing. In the local context, Abela et al. (2016) also proposed the expansion of MH services to include family members.

Participants in the current study reported a lack of guidance on their partners' MHC, leading to uncertainty in supporting both themselves and their partners. This also contributed to their worries and frustrations. Scerri et al. (2018) contended that psychoeducation is an effective method to address misconceptions and provide the relevant and necessary information about the condition, symptoms, treatment, consequences, personal control over the condition, causes and chronicity. Lucksted et al. (2012) supported the claim that family psychoeducation is an effective intervention since it can equip families and partners with a better understanding of the condition and become better equipped to support their loved ones. In this regard, Fenech and Scerri (2013), as well as Carr (2018), emphasised the importance of psychoeducation and suggested that these interventions occur in a group setting, such as support groups or counselling groups.

Some participants in the present study also outlined their need for space to express themselves, feel understood, and meet others in similar positions. One participant reported that while she found attending a support group helpful, she expressed a desire for it to be

tailored specifically to asymptomatic partners rather than couples. Another participant also put forward the idea that a group would have been helpful in supporting her to not feel so alone. Similarly, participants in Abela et al.'s study (2016) highlighted the need for support for the entire family, and suggested that a community service catering to the needs of relatives of those diagnosed with MHCs would be beneficial. A study conducted by Fischer et al. (2015) found that participants emphasised the importance of interventions and services that are systemically oriented. Mokoena et al. (2019) also called for increased emotional and social support for asymptomatic partners.

Conclusion

The present study offers an understanding of the subjective experience of individuals in a romantic relationship with a partner who experiences a MHC, including their relationship, the interactions with their partners and the increased sense of responsibility they felt. This study also shed light on the needs of people who are in a romantic relationship with someone who has a MHC. The following chapter provides an overview of the key findings, together with the study's limitations, recommendations for future research, and implications for clinical practice.

Chapter Six: Conclusion

Introduction

This final chapter presents this study's main findings, limitations and implications for clinical practice, as well as recommendations for future research.

Overview of the Study

The aim of this study was to understand the experience of individuals who were formerly in a romantic relationship with someone diagnosed with a MHC. It also emphasised the complexity inherent in this experience. This study shifted the focus from those diagnosed with a MHC to their romantic partners. A seemingly prevalent misconception is that people who experience MHCs are less likely to be in a romantic relationship (Perry & Wright, 2006). This has possibly resulted in the asymptomatic partners of people with MHCs being overlooked in research and MH services.

Summary of Findings

The data analysis generated five GETs, each featuring four to five sub-themes. Although the relationships differed in both duration and their partners' MHC, all the participants shared similar accounts.

The findings highlighted how the participants' relationship dynamic changed over time, and how the MHC eventually took a toll on both the relationship and the participants' emotional well-being. Upon realising what their partner's condition entailed, participants reflected on the potential difficulties they could encounter, such as planning a future together. The possibility of suicide also appeared to be daunting for some, fearing both their partner's death and the consequences they themselves would endure. Throughout the interviews, there was a discernible sense of desire for a different relationship dynamic that did not necessitate such significant sacrifice and responsibility.

Most of the participants appeared to be open minded towards their partner's MHC, and none of them ended the relationship upon discovering their partner's struggles. However, participants also referred to their internal struggle in wanting to end the relationship and not wanting to be judgemental. This internal conflict was amplified in participants who were MH professionals. Additionally, some participants described feeling trapped in the relationship, despite wanting to end it.

A recurrent theme was the feeling of being in a one-sided relationship, where participants felt their needs were secondary to those of their partner. Some compared the relationship to a parent-child, or a patient-caregiver relationship, and not a romantic one. Participants who were also MH professionals, reported that this role carried over to their romantic relationships. Additionally, participants reported that they experienced a reduction of romantic feelings and sexual attraction as the relationship progressed and they adopted caregiver roles.

The participants reflected on their potential contribution to the deterioration of their partner's MH. They referenced the limited support they received from professionals, leading them to feel isolated and forgotten. Eventually, the relationship became too much to handle. Finally, the participants expressed relief about the end of their relationship with seemingly no regrets.

Limitations

None of the participants in this study were married or had children. Although no criteria for age was set, all participants were relatively young, with ages ranging from 19 to 33. Most participants were recruited through social media and this potentially excluded individuals who do not use social media. Therefore, this study did not capture the experience of older individuals, those who were married to someone who has a MHC, or who shared children with their former partners.

Since this was an IPA study, specific inclusion and exclusion criteria were set in order to ensure a homogenous sample (Smith et al., 2022). Individuals who did not meet the inclusion criteria could have provided different insights into the phenomenon in question. Although this study focused on the experience of former partners of people experiencing a MHC, personality disorders were excluded, to ensure homogeneity of the sample.

Thus, this study's findings may have limitations regarding their transferability. Furthermore, this study focused on past couple relationships for ethical reasons and it is possible that participants in ongoing couple relationship may have different experiences to the ones described by the participants.

My previous work experience within a local mental health organisation, served as both an asset and a limitation. My work centred on supporting adults experiencing a MHC. Thus, at times I found myself leaning towards the experience of the diagnosed partner. This was also due to my personal experience with MH struggles. This researcher's bias was addressed through supervision and self-reflection, particularly during data collection and analysis.

Dzenis and Faria (2020) claimed that society places significant emphasis on political correctness. Since the phenomenon being explored is a sensitive subject, perhaps participants feared they might say something that could be considered to be politically incorrect during the interview. This might have affected self-disclosure.

Implications for Clinical Practice

It is hoped that this study's findings generate awareness on the need to support asymptomatic romantic partners when their partner experiences a MHC. Similar to Abela et al.'s (2016) suggestion, it is also hoped that this study prompts local MH services to be more inclusive and sensitive to the needs of partners. The lack of support, highlighted by the participants, shed light on the need to provide partners with a safe space to explore issues

encountered in their relationships. Fenech and Scerri (2013), and Carr (2018) proposed that group psychotherapy or support groups for partners can be helpful. Since participants highlighted that groups aimed to support partners of individuals who have MHCs are lacking, the development of such services is recommended.

The findings showed that the participants' lack of awareness about MHCs led to increased stress and anxiety due to their misconceptions. In line with Lucksted et al.'s (2012) and Scerri et al.'s (2018) suggestion, this study captures the importance of psychoeducation as an intervention. Therefore, it is suggested that MH professionals are aware of the impact that one's MHC can have on the romantic partner, so they are better equipped to support asymptomatic partners.

Couple therapy is recommended for couples where a MHC is present (Snyder & Balderrama-Durbin, 2020). This facilitates mutual understanding between partners, with the asymptomatic partner gaining insight into their partner's experience and the diagnosed partner gaining perspective of the asymptomatic partner's experience (Benson et al., 2012). Thus, interventions would aim to prevent couple relationship dissolution in cases of MHC within the couple dyad.

Applying the systemic notion of feedback loops, Denton and Brandon (2011) observed that symptoms of MHCs are expressed outwardly and serve as a form of communication to the partner, who then responds in a circular manner. Couple-based interventions can modify perceptions of the issue at hand and promote a more dyadic and contextualised view of relational dynamics (Benson et al., 2012). These interventions can reduce dysfunctional emotionally driven behaviour, encourage the expression of avoided private behaviour (interaction patterns and behavioural responses which occur due to emotional suppression), and improve communication patterns (Benson et al., 2012).

Denton and Brandon (2011) proposed EFT as a suitable approach for couples where MHCs are present, due to its focus on internal experiences and their role in feedback loops. EFT is based on attachment theory, since it addresses attachment behaviours triggered by communication patterns (Johnson & Zuccarini, 2010). This approach prioritises both partners' well-being and the overall relationship (Wittenborn et al., 2020).

Recommendations for Future Research

This was the first local study to consider the experience of partners of individuals diagnosed with a MHC. Given the dearth of local literature and research on this phenomenon, it is recommended that further research into this area is conducted, using different participant samples. For instance, it would be beneficial to explore the same study with same-sex couples, since their experience might vary due to additional challenges related to being in a non-heteronormative relationship. This study can also be explored through the different perspectives of individuals with a MHC. This can be explored through both quantitative and qualitative methods. Quantitative approaches would allow for greater samples and thus increase generalisability of findings, while qualitative studies would allow for a greater in-depth understanding of the phenomenon. It would also be salient to consider the perspectives of MH professionals to further understand why partners have been overlooked by local MH services. It would also be interesting to involve present couples, including married ones, and couple relationships in the context of personality disorders.

Prevalence studies on how many people experiencing MHCs have been or are currently in a relationship would also be beneficial, since they can increase awareness and advocate for the need of systemic inclusive MH services.

Conclusion

Reaching the end of this research endeavour, I realised that this process has not only strengthened my academic skills, but also supported my growth as a counselling psychology

practitioner. Since I aspire to engage in therapeutic work within the field of MH, taking on this study, has broadened my understanding of the impact MHCs can have on the couple relationship.

In conclusion, I am honoured that participants have trusted me with their stories, which have motivated me to advocate for more family inclusive MH services, and to incorporate what I have learned into my practice as a future counselling psychologist.

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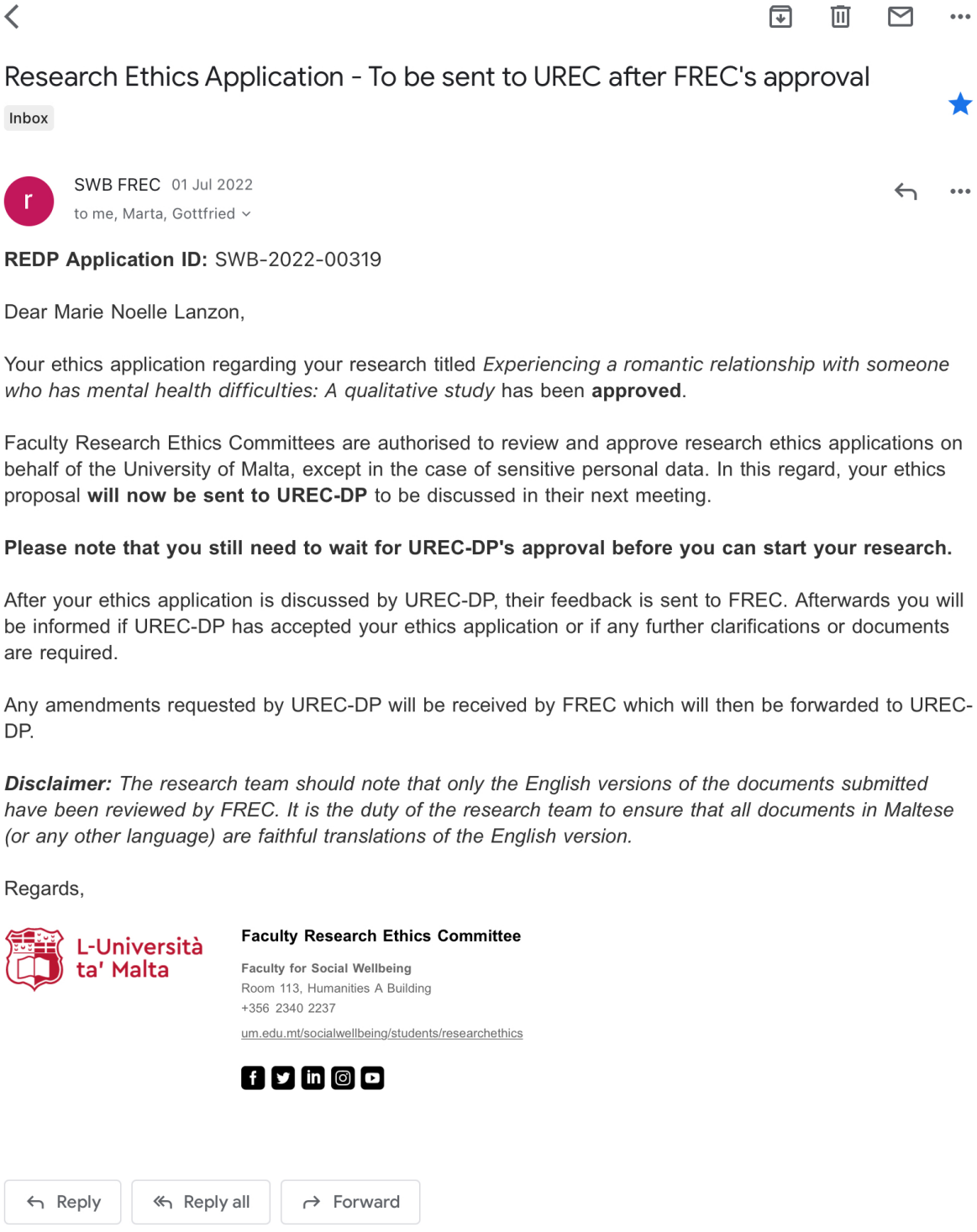
Appendix A

Ethical approval by SWB FREC and UREC



Research Ethics Application - To be sent to UREC after FREC's approval

Inbox

SWB FREC 01 Jul 2022
to me, Marta, Gottfried

REDP Application ID: SWB-2022-00319

Dear Marie Noelle Lanzon,

Your ethics application regarding your research titled *Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study* has been **approved**.

Faculty Research Ethics Committees are authorised to review and approve research ethics applications on behalf of the University of Malta, except in the case of sensitive personal data. In this regard, your ethics proposal **will now be sent to UREC-DP** to be discussed in their next meeting.

Please note that you still need to wait for UREC-DP's approval before you can start your research.

After your ethics application is discussed by UREC-DP, their feedback is sent to FREC. Afterwards you will be informed if UREC-DP has accepted your ethics application or if any further clarifications or documents are required.

Any amendments requested by UREC-DP will be received by FREC which will then be forwarded to UREC-DP.

Disclaimer: *The research team should note that only the English versions of the documents submitted have been reviewed by FREC. It is the duty of the research team to ensure that all documents in Maltese (or any other language) are faithful translations of the English version.*

Regards,

L-Università ta' Malta

Faculty Research Ethics Committee

Faculty for Social Wellbeing
Room 113, Humanities A Building
+356 2340 2237
um.edu.mt/socialwellbeing/students/researchethics

Reply Reply all Forward

Research Ethics Application – Approved following amendments requested by UREC-DP Inbox

SWB FREC 01 Dec 2022
to me, Marta, Gottfried

REDP Application ID: SWB-2022-00319

Dear Marie Noelle Lanzon,

Reference is made to the **submitted amendments** which were **requested by UREC-DP** regarding your research titled *Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study.*

Your ethics application has been **approved** and **you may now start your research**.

Regards,

L-Università ta' Malta

Faculty Research Ethics Committee

Faculty for Social Wellbeing
Room 113, Humanities A Building
+356 2340 2237/3689/3220
um.edu.mt/socialwellbeing/students/researchethics

Reply Reply all Forward

Appendix B

Information sheet in sent to organisations and Facebook group administrators

Name of Student Researcher: Marie Noelle Lanzon

Course: Master of Psychology in Counselling Psychology

Student Researcher's Contact Email: marie.n.lanzon.13@um.edu.mt

Student Researcher's Contact Number: 79315844

Name of Research Supervisor: Dr. Marta Sant

Research Supervisor's Contact Email: marta.sant@um.edu.mt

Research Supervisor's Contact Number: 23402312

Title of Research Study: Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study.

Dear Sir/Madam,

My name is Marie Noelle Lanzon and I am a postgraduate student at the University of Malta, currently reading for a Master of Psychology in Counselling Psychology. I am presently conducting a research study for my dissertation entitled *Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study*. This project is being conducted under the supervision of Dr. Marta Sant.

I am hereby seeking your permission to share/post information about this research in your organization/the Facebook group which you administer, in the hope of reaching potential participants.

This study aims to explore the lived experiences of individuals who were in a romantic relationship with someone who has a mental health problem and to understand how this contributes to one's psychological well-being and how the relationship is impacted. This

study also aims to contribute to a better recognition of the unique needs and support required by individuals who are in a relationship with someone who has a mental health condition.

Furthermore, this study may indicate possible gaps in available mental health services in Malta, which include the family as well as the partners of service users. This study may also inform therapeutic practice with regards to supporting the couple when one member of the dyad is struggling with a mental health condition. Any data collected from this research will be used solely for purposes of this study.

In order to be eligible for participation in this study, participants are required to be a consenting adult (age 18 or over); a Maltese national; identify as heterosexual; and to have been in a romantic relationship with someone who was formally diagnosed with a mental health condition (excluding Personality Disorders). Furthermore, the relationship needs to have ended at least 6 months before participating in the study, and not more than 5 years prior to the research. The student researcher shall also ensure to recruit participants who are not vulnerable by ensuring that participants are not in therapy, being followed by a psychiatrist or have a diagnosed mental health problem themselves.

My data collection method will involve a one to one semi-structured in-depth interview, which is expected to last around 45 to 60 minutes. During the interview, participants will be asked questions about their previous relationship with a partner who was diagnosed with a mental health condition, how the relationship impacted them and their psychological well-being, as well as their relationship with their partner was affected. During the interview, participants will only be asked to share data that is necessary for the research study. The interviews will be audio-recorded and then manually transcribed verbatim by the Student Researcher. Data shall then be analysed using Interpretative Phenomenological Analysis (IPA), which is a qualitative research methodology. Participants will also have the

option of holding their interviews on Zoom. Participants will all be given a pseudonym and any identifying information will be edited or deleted and will not feature in the study.

I would be very grateful if your organisation/Facebook group would kindly forward information about my study to registered members, in order to facilitate my recruitment process. Should you require further information, please do not hesitate to contact me or my supervisor; both our contact details are provided below.

Thank you for your kind consideration of this request.

Sincerely,

Marie Noelle Lanzon

marie.n.lanzon@um.edu.mt

Dr. Marta Sant

marta.sant@um.edu.mt

23402312

Appendix C

Information sheet disseminated by organisations to potential participants in English

Name of Student Researcher: Marie Noelle Lanzon

Course: Master of Psychology in Counselling Psychology

Student Researcher's Contact Email: marie.n.lanzon.13@um.edu.mt

Student Researcher's Contact Number: 79315844

Name of Research Supervisor: Dr. Marta Sant

Research Supervisor's Contact Email: marta.sant@um.edu.mt

Research Supervisor's Contact Number: 23402312

Title of Research Study: Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study.

I am Marie Noelle Lanzon, a postgraduate student at the University of Malta, presently reading for a Master of Psychology in Counselling Psychology. I am conducting a research study for my dissertation entitled *Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study*; which is being supervised by Dr. Marta Sant.

The aim of my study is to explore the lived experiences of individuals who were in a romantic relationship with someone who has a mental health problem, how this contributes to one's psychological well-being and how the relationship is impacted.

I am looking to recruit individuals who:

- Are aged 18 or over.
- Are Maltese nationals.
- Identify as heterosexuals.

- Were in a romantic relationship with someone who was formally diagnosed with a mental health condition (excluding Personality Disorders). The relationship needs to have ended at least 6 months before participating in the study, and not more than 5 years prior to the research.
- Are not in therapy, followed by a psychiatrist or have a diagnosed mental health condition.

Your participation in this study would help contribute to a better understanding of the unique needs and support required of individuals who are in a relationship with someone who has a mental health condition. Furthermore, this study may indicate possible gaps in available mental health services in Malta which include the family as well as the partners of service users. This study may also inform therapeutic practice with regards to supporting the couple when one member of the dyad is struggling with a mental health condition. Any data collected from this research will be used solely for purposes of this study.

Participants will be asked to share their experiences during an audio-recorded one to one semi-structured in-depth interview of approximately 45 – 60 minutes. Participation will be purely voluntary. Participants will all be given pseudonyms and any identifying information will be deleted or edited and will not feature in the study. Interested individuals are kindly asked to send an email on marie.n.lanzon.13@um.edu.mt or call on 79315844 for further information.

I look forward to hearing from you and thank you for your kind consideration.

Appendix D

Information sheet disseminated by organisations to potential participants in Maltese

Isem ta' l-Istudenta Riċerkatura: Marie Noelle Lanzon

Kors: Master tal-Psikoloġija fil-*Counselling Psychology*

Imejl ta' l-Istudenta Riċerkatura: marie.n.lanzon.13@um.edu.mt

Numru tat-Telefon ta' l-Istudenta riċerkatura: 79315844

Isem ta' min Jissorvelja r-Riċerka: Dr. Marta Sant

L-imejl ta' min Jissorvelja r-Riċerka: marta.sant@um.edu.mt

Numru tat-Telefon ta' min Jissorvelja r-Riċerka: 23402312

Titlu ta' l-Istudju-Riċerka: L-esperjenza ta' relazzjoni romantika ma' persuna li għandha diffikultajiet ta' saħħa mentali: Studju kwalitattiv.

Jiena, Marie Noelle Lanzon, studenta fl-Università ta' Malta, u bħalissa qed insegwi Master tal-Psikoloġija fil-*Counselling Psychology*. Qiegħeda nagħmel studju-riċerka għad-dissertazzjoni tiegħi jisimha: *L-esperjenza ta' relazzjoni romantika ma' persuna li għandha diffikultajiet ta' saħħa mentali: Studju kwalitattiv*. Dan l-istudju-riċerka huwa issorveljat minn Dr. Marta Sant.

L-għan tal-istudju hu l-esplorazzjoni tal-esperjenza mgħixha ta' individwi li kienu f'relazzjoni romantika ma' persuna li tesperjenza problemi ta' saħħa mentali; kif dan jikkontribwixxi għall-benesseri psikoloġiku tal-individwu; u kif ir-relazzjoni tiġi affettwata.

Qed infittex individwi li:

- Għandhom 18-il sena jew aktar
- Huma ta' nazzjonalita' Maltija.
- Jdentifikaw bħala eterosesswali.

- Kienu f'relazzjoni romantika ma' persuna li kellha dijanjosi formali ta' kundizzjoni ta' saħħa mentali (esklużi id-Disturbi tal-Personalità). Ir- relazzjoni trid tkun spiċċat minn tal-inqas 6 xhur qabel il-parteċipazzjoni f'dan l-istudju, u mhux aktar minn 5 snin qabel.
- M'humiex jattendu terapija, m'humiex segwiti minn psikjatra jew għandhom dijanjosi ta' kundizzjoni ta' saħħa mentali.

Parteċipazzjoni f'dan l-istudju tgħin sabiex ikun hawn iżjed għarfien dwar il- bżonnijiet uniċi u is-sapport neċessarju għal individwi li qiegħdin f'relazzjoni ma' persuna li tesperjenza problema ta' saħħa mentali. Barra minn hekk, dan l-istudju jista' jindika lakuni fis-servizzi disponibbli ta' saħħa mentali f'Malta li jinkludu il-familja u anka is-sieħba tal- utenti tas-servizzi. Dan l-istudju jista' jinforma ukoll il-prattika terapewtika fir-rigward tas- sostenn tal-koppja meta wieħed mill-membri tal-koppja ikun qed jesperjenza kundizzjoni ta' saħħa mentali. L-informazzjoni kollha li tinġabar tintuża biss għall-fini ta' dan l-istudju.

Il-parteċipanti ser ikunu mitluba jaqsmu l-esperjenza tagħhom waqt intervista individuwali, fil-fond u semi-strutturata, ta' madwar 45 – 60 minuta. Din l-intervista tkun awdjo-rekordjata. Il-parteċipazzjoni f'dan l-istudju tkun għalkollox volontarja u il-parteċipanti kollha jingħataw isem fittizju. Informazzjoni ta' identifikazzjoni tiġi imħassra jew mibdula u ma tintużax fl-istudju. Individwi interessati huma ġentilment mitluba jibagħtu imejl fuq marie.n.lanzon.13@um.edu.mt jew icemplu fuq 79315844 għal aktar informazzjoni.

Nistenna bil-ħerqa li nisma' mingħandkom u nirringrazzjakom tal-konsiderazzjoni tagħkom.

Appendix E

Facebook blurb in English

I am Marie Noelle Lanzon, a postgraduate student at the University of Malta, presently reading for a Master of Psychology in Counselling Psychology. I am conducting a research study for my dissertation entitled *Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study*; which is being supervised by Dr. Marta Sant.

The aim of my study is to explore the lived experiences of individuals who were in a romantic relationship with someone who has a mental health problem, how this contributes to one's psychological well-being and how the relationship is impacted.

I am looking to recruit individuals who:

- Are aged 18 or over.
- Are Maltese nationals.
- Identify as heterosexuals.
- Were in a romantic relationship with someone who was formally diagnosed with a mental health condition (excluding Personality Disorders). The relationship needs to have ended at least 6 months before participating in the study, and not more than 5 years prior to the research.
- Are not in therapy, followed by a psychiatrist or have a diagnosed mental health condition.

Your participation in this study would help contribute to a better understanding of the unique needs and support required by individuals who are in a relationship with someone who has a mental health condition. Furthermore, this study may indicate possible gaps in available mental health services in Malta which include the family as well as the partners of

service users. This study may also inform therapeutic practice with regards to supporting the couple when one member of the dyad is struggling with a mental health condition. Any data collected from this research will be used solely for purposes of this study.

Participants will be asked to share their experiences during an audio-recorded one to one semi-structured in-depth interview of approximately 45 – 60 minutes. Participation will be purely voluntary and participants will all be given pseudonyms. Identifying information will be deleted or edited and will not feature in the study. Interested individuals are kindly asked to send an email on marie.n.lanzon.13@um.edu.mt or contact me via private message for further information.

I look forward to hearing from you and thank you for your kind consideration.

Appendix F

Facebook blurb in Maltese

Jiena Marie Noelle Lanzon, studenta fl-Università ta' Malta, u bħalissa qed insegwi Master tal-Psikoloġija fil-*Counselling Psychology*. Qiegħeda nagħmel studju-riċerka għad-dissertazzjoni tiegħi jisimha: L-esperjenza ta' relazzjoni romantika ma' persuna li għandha diffikultajiet ta' saħħa mentali: Studju kwalitattiv. Dan l-istudju-riċerka huwa issorveljat minn Dr. Marta Sant.

L-għan tal-istudju hu l-esplorazzjoni tal-esperjenza mgħixha ta' individwi li kienu f'relazzjoni romantika ma' persuna li tesperjenza problemi ta' saħħa mentali; kif dan jikkontribwixxi għall-benesseri psikoloġiku tal-individwu; u kif ir-relazzjoni tiġi affettwata.

Qed infittex individwi li:

- Għandhom 18-il sena jew aktar
- Huma ta' nazzjonalita' Maltija.
- Jidentifikaw bħala eterosesswali.
- Kienu f'relazzjoni romantika ma' persuna li kellha dijanjosi formali ta' kundizzjoni ta' saħħa mentali (eskluża id-Disturbi tal-Personalità). Ir- relazzjoni trid tkun spiċċat minn tal-inqas 6 xhur qabel il-parteċipazzjoni f'dan l-istudju, u mhux aktar minn 5 snin qabel.
- M'humiex jattendu terapija, m'humiex segwiti minn psikjatra jew għandhom dijanjosi ta' kundizzjoni ta' saħħa mentali.

Parteċipazzjoni f'dan l-istudju tgħin sabiex ikun hawn iżjed għarfien dwar il- bżonnijiet uniċi u is-sapport neċessarju għal individwi li qiegħdin f'relazzjoni ma' persuna li tesperjenza problema ta' saħħa mentali. Barra minn hekk, dan l-istudju jista' jindika lakuni fis-servizzi disponibbli ta' saħħa mentali f'Malta li jinkludu il-familja u anka is-sieħba tal- utenti tas-

servizzi. Dan l-istudju jista' jinforma ukoll il-prattika terapewtika fir-rigward tas- sostenn tal-koppja meta wieħed mill-membri tal-koppja ikun qed jesperjenza kundizzjoni ta' saħħa mentali. L-informazzjoni kollha li tinġabar tintuża biss għall-fini ta' dan l-istudju.

Il-parteċipanti ser ikunu mitluba jaqsmu l-esperjenza tagħhom waqt intervista individuwali, fil-fond u semi-strutturata, ta' madwar 45 – 60 minuta. Din l-intervista tkun awdjo-rekordjata. Il-parteċipazzjoni f'dan l-istudju tkun għalkollox volontarja u il-parteċipanti kollha jingħataw isem fittizju. Informazzjoni ta' identifikazzjoni tiġi imħassra jew mibdula u ma tintużax fl-istudju. Individwi interessati huma ġentilment mitluba jibagħtu imejl fuq marie.n.lanzon.13@um.edu.mt jew jibagħtu messaġġ privat għal aktar informazzjoni.

Nistenna bil-ħerqa li nisma' mingħandkom u nirringrazzjakom tal-konsiderazzjoni tagħkom.

Appendix G

Detailed information sheet in English

Name of Student Researcher: Marie Noelle Lanzon

Course: Master of Psychology in Counselling Psychology

Student Researcher's Contact Email: marie.n.lanzon.13@um.edu.mt

Student Researcher's Contact Number: 79315844

Name of Research Supervisor: Dr. Marta Sant

Research Supervisor's Contact Email: marta.sant@um.edu.mt

Research Supervisor's Contact Number: 23402312

Title of Research Study: Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study.

Information Sheet for Participants

Dear Sir/Madam,

My name is Marie Noelle Lanzon and I am a postgraduate student at the University of Malta, presently reading for a Master of Psychology in Counselling Psychology. I am conducting a research study for my dissertation entitled *Experiencing a romantic relationship with someone who has mental health difficulties: A Qualitative study,* which is being supervised by Dr. Marta Sant. This letter is an invitation to participate in this study. Below you will find information about the study and about what your involvement would entail, should you decide to take part.

Aim of the Study

The aim of my study is to explore the lived experiences of individuals who were in a romantic relationship with someone who has a mental health problem in order to understand how this contributes to one's psychological well-being, and how the romantic relationship is

impacted. Your participation in this study would help contribute to a better understanding of the unique needs and support required for individuals who are in a romantic relationship with someone who has a mental health condition. Furthermore, this study may indicate possible gaps in available mental health services in Malta which include the family as well as the partners of service users. This study may also inform therapeutic practice with regards to supporting the couple when one member of the dyad is struggling with a mental health condition. Any data collected from this research will be used solely for purposes of this study.

Eligibility Criteria

In order to be eligible for participation in this study one must be a consenting adult (age 18 or over); a Maltese national; identify as heterosexual; and have been in a romantic relationship with someone who was formally diagnosed with a mental health condition (excluding Personality Disorders). Furthermore, the relationship needs to have ended at least 6 months before participating in the study, and not more than 5 years prior to the research.

It is possible that recalling and talking about your experiences of being in a relationship with someone who has a mental health condition might be upsetting. Therefore, if you feel that taking part in this study might be detrimental to your well-being, then I would like to thank you for your time and your interest in this study, but it is advised that you do not take part in this study in order to safeguard your wellbeing.

Furthermore, if you have been diagnosed with a mental health condition or are under the care of a mental health professional, then you are requested not to take part in this study, as doing so might be detrimental to your well-being.

Data Collection

Should you choose to take part in this study, you will be asked to participate in a one to one semi-structured in-depth interview, which is expected to last around 45 to 60 minutes.

The interview will be held in a confidential setting at a date and time of your choice. During the interview, you will be asked questions about your previous relationship with your partner who was diagnosed with a mental health condition, how the relationship impacted you and your psychological well-being, as well as the impact on your relationship with your partner. During the interview you will be only asked to share data that is necessary for the research study. The interviews will be audio-recorded and then manually transcribed verbatim by the Student Researcher**.** Data shall then be analysed using Interpretative Phenomenological Analysis (IPA), which is a qualitative research methodology.

You will also have the option of holding your interview on Zoom. Should your interview be held on Zoom, the Student Researcher will download the Cloud recording and store this in a password encrypted folder in her computer, and that the Cloud recording will be deleted from the Cloud hence no data will be stored online. The Student Researcher will use Zoom and will activate the *Require Encryption for 3rd party endpoints SIP/H-323* function. The Student Researcher will *only audio record* the session. You can also switch off your camera if you feel more comfortable doing so.

Should you decide to participate in this study, you will be provided with a detailed consent form for your perusal, and which you will be asked to sign prior to participating in the study.

As a participant, you may also request a copy of the audio-recording of your interview, a copy of your verbatim transcript and the final dissertation once it has been completed and assessed. I will ensure that the transfer of such data is secure. Any files that are sent to participants via email will be password-protected and encrypted. Otherwise, if participants do not use emails, the Student Researcher will hand these files in person on a data storage drive.

Handling of Data

Data will be stored in a password-protected file on a password-protected device and

shall be accessible to the Student Researcher, as well as by my Research Supervisor and the thesis examiners for verification purposes. Data will not be uploaded on any online storage cloud. A backup copy of the data shall be stored on an external hard drive, which willbe kept in a locked cabinet by the Student Researcher. Any hard-copy materials will be placedin a locked cabinet/drawer. Data will be destroyed by December 2025.

Data will be pseudonymised and any information which may render you identifiable shall be altered or omitted from the verbatim transcripts. Pseudonymised verbatim transcripts will be stored securely and separately from the audio recordings. Personal data will be stored securely and separately from the pseudonymised data.

Kindly note that as a Student Researcher, I am duty bound to report any disclosure pertaining to risk of harm to self and/or others or illegal behaviour.

Kindly also note that verbatim quotations from the verbatim transcript may be used in the Findings chapter in the dissertation. The dissertation will be accessible at the University of Malta library. There is also the possibility that this study may published in the future. Please also note that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased, up until this is technically possible (by February 2023).

Voluntary Participation

Participation in this study is entirely voluntary; in other words, you are free to accept or refuse to participate, without needing to give a reason. You are also free to withdraw from the study, without needing to provide any explanation and without any negative repercussions for you. Should you choose to withdraw, any data collected from your interview will be erased as long as this is technically possible (by February 2023), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in a pseudonymised form.

Benefits and Potential Risks

Your participation would help contribute to a better understanding of the unique needs and support required of individuals who are in a romantic relationship with someone who has a mental health condition, as well as raise awareness on the matter.

Talking about your past romantic relationship with someone who was diagnosed with a mental health condition might be upsetting for you in different ways and for different reasons. In order to mitigate the risks, a list of free services shall be provided to you for your perusal should you feel the need for further support. I will also be able to support you in accessing these services if necessary. I shall also constantly check that you are comfortable with the research process. You will also have the option to not answer questions you do not feel comfortable answering and can terminate the interview at any point, without having to give a reason for this. Any information collected will be deleted and will not be featured in the study. Furthermore, the interview questions were formatted in as sensitive a manner as possible. You will also be asked if you need a break/s during the interview, and you are encouraged to ask for a break/s should you feel the need.

A copy of this information sheet is being provided for you to keep and for future reference.

Finally, I would like to thank you for your interest and time in reading this. If you would like to participate in this study or require more information, then please do not hesitate to contact me by e-mail on marie.n.lanzon.13@um.edu.mt; you can also contact my supervisor via email on marta.sant@um.edu.mt.

Sincerely,

Marie Noelle Lanzon

marie.n.lanzon.13@um.edu.mt

Dr. Marta Sant

marta.sant@um.edu.mt

23402312

Appendix H

Detailed information sheet in Maltese

Isem ta' l-Istudenta Riċerkatura: Marie Noelle Lanzon

Kors: Master tal-Psikoloġija fil-*Counselling Psychology*

Imejl ta' l-Istudenta Riċerkatura: marie.n.lanzon.13@um.edu.mt

Numru tat-Telefon ta' l-Istudenta riċerkatura: 79315844

Isem ta' min Jissorvelja r-Riċerka: Dr. Marta Sant

L-imejl ta' min Jissorvelja r-Riċerka: marta.sant@um.edu.mt

Numru tat-Telefon ta' min Jissorvelja r-Riċerka: 23402312

Titlu ta' l-Istudju-Riċerka: L-esperjenza ta' relazzjoni romantika ma' persuna li għandha diffikultajiet ta' saħħa mentali: Studju kwalitattiv.

Informazzjoni għall-Parteċipanti

Għażiż/a Sinjur/a,

Jiena Marie Noelle Lanzon, studenta fl-Università ta' Malta, u bħalissa qed insegwi Master tal-Psikoloġija fil-*Counselling Psychology*. Qiegħeda nagħmel studju-riċerka għad-dissertazzjoni tiegħi jisimha: *L-esperjenza ta' relazzjoni romantika ma' persuna li għandha diffikultajiet ta' saħħa mentali: Studju kwalitattiv.* Dan l-istudju-riċerka huwa issorveljat minn Dr. Marta Sant.

B'din l-ittra nixtieq nistiednek tipparteċipa f'din ir-riċerka. Hawn taħt għandek issib aktar informazzjoni fuq l-istudju li qed nagħmel u fuq xi jkun l-involviment tiegħek jekk tiddeċiedi li tieħu sehem.

Għan tal-Istudju

L-għan tal-istudju hu l-esplorazzjoni tal-esperjenza mgħixha ta' individwi li kienu f'relazzjoni romantika ma' persuna li tesperjenza problemi ta' saħħa mentali; kif dan

jikkontribwixxi għall-benesseri psikoloġiku tal-individwu; u kif ir-relazzjoni tiġi affettwata. Għan ieħor ta' dan l-istudju huwa li jgħin sabiex ikun hawn iżjed għarfien dwar il-bżonnijiet uniċi u is-sapport neċessarju għal individwi li qiegħdin f'relazzjoni ma' persuna li tesperjenza problema ta' saħħa mentali. Barra minn hekk, dan l-istudju jista' jindika lakuni fis-servizzi disponibbli ta' saħħa mentali f'Malta li jinkludu il-familja u anka is-sieħba tal-utenti tas-servizz. Dan l-istudju jista' jinforma ukoll il-prattika terapewtika fir-rigward tas-sostenn tal-koppja meta wieħed mill-membri tal-koppja ikun qed jesperjenza kundizzjoni ta' saħħa mentali. L-informazzjoni kollha li tinġabar fir-riċerka tintuża biss għall-fini ta' dan l-istudju.

Kriterji ta' Eliġibilta'

Sabiex tkunu eliġibbli għall-parteċipazzjoni f'dan l-istudju, wieħed iridu ikollu 18-il sena jew aktar; ikun ta' nazzjonalita' Maltija; jidentifika bħala eterosesswali; u kien f'relazzjoni romantika ma' persuna li kellha dijanjosi formali ta' kundizzjoni ta' saħħa mentali (esklużi id-Disturbi tal-Personalità). Barra minn hekk, ir-relazzjoni trid tkun spiċċat minn tal-inqas 6 xhur qabel il-parteċipazzjoni f'dan l-istudju, u mhux aktar minn 5 snin qabel.

Huwa possibbli li il-fatt li tfakkar u titkellem dwar l-esperjenza tiegħek li tkun f'relazzjoni ma' xi ħadd li jesperjenza kundizzjoni ta' saħħa mentali, taffettwak b'mod mhux mixtieq. Għalhekk, jekk tħoss li jekk tipparteċipa f'dan l-istudju ser ikun ta' detriment għal benesseri tiegħek, nixtieq nirringrazzjak tal-ħin u l-interess tiegħek f'dan l-istduju, imma huwa irrakomandat li ma tipparteċipax f'dan l-istudju sabiex tħares il-benesseri tiegħek.

Barra minn hekk, jekk inti għandek dijanjosi ta' kundizzjoni ta' saħħa mentali jew tinsab taħt il-kura ta' professojista tas-saħħa mentali, inti mitlub/a biex ma tipparteċipax f'dan l-istudju, għaliex dan jaf ikun ta' detriment għal benesseri tiegħek.

Ġbir ta' Dejta

Jekk tagħżel li tipparteċipa f'dan l-istudju, ser tintalab biex tieħu sehem f'intervisita

individuwali, fil-fond u semi-strutturata, ta' madwar 45 – 60 minuta. L-intervista issir f'post kunfidenzjali f'ħin u data tal-għażla tiegħek.

Waqt l-intervista, inti ser tkun mistoqsi/ja dwar l-esperjenza tiegħek ta' relazzjoni ma' persuna li għandha dijanjosi ta' kunizzjoni ta' saħħa mentali; dwar kif ir-relazzjoni affettwatek u il-benesseri psikoloġiku tiegħek; kif ukoll dwar kif ir-relazzjoni mas-sieħeb/sieħba tiegħek ġiet affettwata. Waqt l-intervista, inti ser tiġi mistoqsi/ja biss biex taqsam informazzjoni li hija neċessarja għal dan l-istudju. Din l-intervista tkun awdjo-rekordjata u manwalment traskritta kelma b'kelma mill-Istudenta Riċerkatura. Id-dejta ser tiġi analiżżata permezz tal-metodoloġija kwalitattiva *Interpretative Phenomenological Analysis (IPA).*

Ser ikollok ukoll l-għażla li l-intervista issir fuq *Zoom.* Jekk l-intervista tiegħek issir fuq *Zoom* l-Istudenta Riċerkatura tniżżel il-*Cloud recording* u dan jiġi merfugħ ġo *folder* prottet b' password fuq il-kompjuter tagħha, li huwa protett b'password ukoll. Il-*Cloud recording* jiġi imħassar mill-*Cloud* u b'hekk l-ebda dejta ma tkun merfugħa onlajn. L-Istudenta Riċerkatura tuża *Zoom* u tuża il-funzjoni *Require Encryption for 3rd party endpoints SIP/H-323*. L-Istudenta Riċerkatura tirrekordja biss l-awdjo tal-intervista. Inti tista' ukoll titfi l-*camera* jekk tħossok aktar komdu/a li tagħmel dan.

Jekk tagħżel li tipparteċipa f'dan l-istudju, inti ser tiġi provdut/a b'formala ta' kunsens dettaljata u tkun mitlub/a tiffirma din il-formola qabel ma tieħu sehem f'dan l-istudju.

Bħala parteċipant/a, inti tista' ukoll titlob kopja tal-awdjo-*recordin*g tal-intervista tiegħek, kopja tat-traskrizzjoni kelma b'kelma tal-intrvista tiegħek, u kopja tad-dissertazzjoni finali la darba din tkun lesta u evalwata. L-Istudenta Riċerkatura ser tkun ċerta li it-trasferiment ta' din id-dejta ikun sigur. Fajls mibgħutin lil parteċipanti permezz ta' imejl ser ikunu protetti b'*password* u *encrypted.* Inkella, jekk il-parteċipanti ma juzawx imejl, l-Istudenta Riċerkatrici tagħti dawn il-fajls lil parteċipanti personalment permezz ta' *data*

storage drive.

Immaniġjar tad-Dejta

Dejta miġbura ser tkun miżmuma ġo *folder* prottet b' *password* fuq il-kompjuter tal-Istudenta Riċerkatura, li huwa protett b'*password* ukoll, u jkun aċċessibbli għaliha kif ukoll għa s-*supervisor* tar-riċerka tagħha u l-eżaminaturi tat-teżi għal skopijiet ta' verifika. L-ebda dejta m'hi ser tinżamm fuq onlajn *Could*. Kopja tad-dejta ser tiżamm fuq *hard drive* esterna, li ser tinżamm mill-Istudenta Riċerkatura ġewwa kabinett li jissakkar. Materjal ipprintjat ser ikun qiegħed jinżamm ġewwa kabinett jew kexxun li jissakkar. Id-dejta tiġi imħassra sa l-aħħar Dicembru 2025.

Id-dejta ser tkun psewdonimizzata u kull informazzjoni li tista' tagħmlek identifikkabbli tiġi mibdula jew titħalla barra mit-traskrizjonijiet kelma b' kelma. It-traskrizzjonijiet psewdonimizzati ser jinżammu siguri u separatament mill-awdjo-*recordings.* Dejta personali ser tinżamm sigura u separata mid-dejta psewdonomizzata.

Jekk jogħġbok innota li bħala Studenta Riċerkatura, jiena fid-dmir li nirrapporta kwalunkwe żvelar li għandu x'jaqsam ma' riskju ta' ħsara lilek innifsek u/jew lil ħaddieħor jew imġiba illegali.

Jekk jogħġbok innota ukoll li kwotazzjonijiet kelma b' kelma mit-traskrizzjoni jistgħu jintużaw fil-kapitolu *Sejbiet (Findings)* fid-dissertazzjoni. Id-dissertazzjoni se tkun aċċessibbli fil-librerija tal-Università ta' Malta. Hemm ukoll il-possibbiltà li dan l-istudju jiġi ppubblikat fil-futur.

Bħala parteċipant/a, għandek id-dritt, skont ir-Regolament Ġenerali dwar il-Protezzjoni tad-Dejta (GDPR) u l-leġiżlazzjoni nazzjonali, li taċċessa, tikkoreġi u fejn hu applikabbli, titlob li l-informazzjoni li tikkonċernak titħassar, sakemm dan ikun teknikament possibli (sa Frar 2023). L-informazzjoni kollha li tinġabar fl-istudju tiġi imħassra sa l-aħħar ta' Dicembru 2025.

Parteċipazzjoni Volontarja

Il-parteċipazzjoni f'dan l-istudju hija għal kollox volontarja; fi kliem ieħor, inti liberu/a li taċċetta jew tirrifjuta li tipparteċipa, mingħajr ma jkollok bżonn tagħti raġuni. Int liberu/a ukoll li tirtira mill-istudju, mingħajr ma jkollok bżonn tipprovdi ebda spjegazzjoni u mingħajr ebda riperkussjonijiet negattivi għalik. Jekk tagħżel li tirtira, kwalunkwe dejta miġbura mill-intervista tiegħek titħassar sakemm dan ikun teknikament possibbli (sa Frar 2023), sakemm it- tħassir tad-dejta ma jagħmilx impossibbli jew ifixkel serjament il-kisba tal-għanijiet tar-riċerka, f'liema każ tinżamm f'forma psewdonimizzata.

Benefiċċji u Riskji Potenzjali

Il-parteċipazzjoni tiegħek tikkontribwixxi sabiex nifmhu aħjar il-bżonnijiet uniċi u l-appoġġ meħtieġ minn individwi li huma f'relazzjoni romantika ma' xi ħadd li għandu kundizzjoni ta' saħħa mentali, kif ukoll tqajjem kuxjenza dwar dan.

Li titkellem dwar ir-relazzjoni romantika tiegħek li fil-passat kellek ma' xi ħadd li kellu dijanjosi ta' kundizzjoni ta' saħħa mentali jista' jolqtok b'modi differenti u għal raġunijiet differenti. Sabiex jittaffew ir-riskji, lista ta' servizzi b'xejn ser tiġi pprovduta lilek għall-użu tiegħek f'kas li tħoss il-ħtieġa għal aktar appoġġ. Jien inkun nista' nappoġġjak ukoll biex taċċessa dawn is-servizzi jekk ikun meħtieġ. Ser inkun qed niċċekkja kontinwament li inti komdu/a bil-proċess tar-riċerka. Inti ser ikollok ukoll l-għażla li ma twieġebx mistoqsijiet li ma tħossokx komdu/a twieġeb u tista' ittemm l-intervista f'kwalunkwe punt, mingħajr ma jkollok għalfejn tagħti raġuni għal dan. Kwalunkwe informazzjoni miġbura titħassar u ma tintużax fl-istudju. Barra minn hekk, il-mistoqsijiet tal-intervista ġew ifformulati bl-aktar mod sensittiv possibbli. Inti ser tiġi mistoqsi/ja ukoll jekk għandekx bżonn waqfa/waqfiet waqt l- intervista, u inħeġġek sabiex titlob waqfa/waqfiet jekk tħoss il-bżonn waqt l-intervista.

Kopja ta' din il-folja ta' informazzjoni qed tiġi pprovduta lilek biex inti żżomm bħala

referenza għal futur.

Fl-aħħar nett, nixtieq nirringrazzjak għall-interess u l-ħin tiegħek biex taqra din l-informazzjoni. Jekk tixtieq tipparteċipa f'dan l-istudju jew teħtieġ aktar informazzjoni, jekk jogħġbok ikkuntatjani permezz ta' emejl fuq marie.n.lanzon.13@um.edu.mt; tista' wkoll tikkuntattja lis-*supervisor* tiegħi permezz ta' emejl fuq marta.sant@um.edu.mt.

Grazzi u saħħa,

Marie Noelle Lanzon
marie.n.lanzon.13@um.edu.mt

Dr. Marta Sant
marta.sant@um.edu.mt
23402312

Appendix I

Consent form in English

Name of Student Researcher: Marie Noelle Lanzon

Course: Master of Psychology in Counselling Psychology

Student Researcher's Contact Email: marie.n.lanzon.13@um.edu.mt

Student Researcher's Contact Number: 79315844

Name of Research Supervisor: Dr. Marta Sant

Research Supervisor's Contact Email: marta.sant@um.edu.mt

Research Supervisor's Contact Number: 23402312

Title of Research Study: Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study.

Participant Consent Form

Experiencing a romantic relationship with someone who has mental health difficulties: A qualitative study.

I, the undersigned, give my consent to take part in a study conducted by Marie Noelle Lanzon as part of her Master in Counselling Psychology at the University of Malta. This consent form specifies the terms of my participation in this research study.

1. I have been provided with written information about the purpose of the study. I have had the opportunity to ask questions and any questions that I asked were answered fully and to my satisfaction.

2. I understand that I am free to accept to participate, or to refuse participation without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked in the interview.
3. In the event that I choose to withdraw from the study, any data collected from me will be erased as long as this is technically possible (by February 2023), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in an pseudonymised form.
4. I understand that I have been invited to participate in a one to one semi-structured in-depth interview in which the Student Researcher will ask questions about my previous relationship with someone who experienced a mental health problem in order to explore how this impacted my psychological wellbeing, as well as the impact on my relationship with my partner.
5. I am aware that the interview will take approximately 45 to 60 minutes. I understand that the interview is to be conducted in a place and at a time that is convenient for me.
6. I consent for my interview to be audio recorded.
7. I am aware that following my interview, the audio-recording will be converted to text as it has been recorded (transcribed).
8. I understand that I also have the option of holding my interview on Zoom. Should my interview be held on Zoom, the Student Researcher will download the Cloud recording and store this in a password encrypted folder in her computer, and that the Cloud recording will be deleted from the Cloud hence no data will be stored online.
9. Should my interview be held on Zoom, I am aware that the Student Researcher will activate the *Require Encryption for 3rd party endpoints SIP/H-323* function. The Student Researcher will *only audio record* the session. I also understand that I can also switch off my camera if I feel more comfortable doing so.

10. I understand that as a participant, I may request a copy of the audio-recording of my interview, a copy of the verbatim transcript and the final dissertation once it has been completed and assessed. The Student Researcher will ensure that the transfer of such data is secure. Any files that are sent to me via email will be password-protected and encrypted. Otherwise, the Student Researcher will hand these files in person on a data storage drive.
11. I am aware that data will be stored in a password-protected file on a password-protected device and shall be accessible to the Student Researcher, as well as to the Research Supervisor and the thesis examiners for verification purposes. Data will not be uploaded on any online storage cloud. A backup copy of the data shall be stored on an external hard drive, which will be kept in a locked cabinet by the Student Researcher. Any hard-copy materials will be placed in a locked cabinet/drawer.
12. I understand that data will be pseudonymised i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code will be assigned, and any information which may render me identifiable shall be altered or omitted from the verbatim transcripts.
13. Any information that can identify my former romantic partner will be edited or altered in order to safeguard their identity.
14. Pseudonymised verbatim transcripts will be stored securely and separately from the audio recordings. Personal data will be stored securely and separately from the pseudonymised data.
15. All data will be stored securely for the duration of the study and destroyed by December 2025.
16. I am aware that the Student Researcher is duty bound to report any disclosure pertaining to risk of harm to self and/or others or illegal behaviour.

17. I am aware that verbatim quotations from the verbatim transcript may be used in the Findings chapter of the dissertation. I am also aware that the dissertation will be accessible at the University of Malta library, and that there is also the possibility that this study may published in the future.
18. I am aware that my identity will not be revealed in any publications, reports or presentations arising from this research.
19. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased, up until this is technically possible (by February 2023)
20. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others by contributing to a better understanding of the unique needs and support required of individuals who are in a relationship with someone who has a mental health condition. Furthermore, this study may indicate possible gaps in available mental health services in Malta which include the family as well as the partners of service users. This study may also inform therapeutic practice with regards to supporting the couple when one member of the dyad is struggling with a mental health condition.
21. I understand that talking about my past romantic relationship with someone who was diagnosed with a mental health condition might be upsetting for me in different ways and for different reasons and have been informed of this in writing in the Information Sheet and verbally by the Student Researcher.
22. In order to mitigate the risks of distress, a list of free services shall be provided to me for my perusal should I feel the need for further support. The Student Researcher will also be able to support me in accessing these services if necessary. I will also have the option to not answer questions I do not feel comfortable answering during the interview and can

terminate the interview at any point, without having to give a reason for this. Any information collected will be deleted and will not be featured in the study. I can also take breaks during the interview.

23. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.

I have read and understood the above statements and agree to participate in this study.

Name of participant: _____

Signature: _____

Date: _____

_____ _____

Marie Noelle Lanzon

marie.n.lanzon.13@um.edu.mt

Dr. Marta Sant

marta.sant@um.edu.mt

23402312

Appendix J

Consent form in Maltese

Isem ta' l-Istudenta Riċerkatura: Marie Noelle Lanzon

Kors: Master tal-Psikoloġija fil-*Counselling Psychology*

Imejl ta' l-Istudenta Riċerkatura: marie.n.lanzon.13@um.edu.mt

Numru tat-Telefon ta' l-Istudenta riċerkatura: 79315844

Isem ta' min Jissorvelja r-Riċerka: Dr. Marta Sant

L-imejl ta' min Jissorvelja r-Riċerka: marta.sant@um.edu.mt

Numru tat-Telefon ta' min Jissorvelja r-Riċerka: 23402312

Titlu ta' l-Istudju-Riċerka: L-esperjenza ta' relazzjoni romantika ma' persuna li għandha diffikultajiet ta' saħħa mentali: Studju kwalitattiv.

Formola ta' Kunsens Għal Parteċipanti

L-esperjenza ta' relazzjoni romantika ma' persuna li għandha diffikultajiet ta' saħħa mentali: Studju kwalitattiv.

Jiena, hawn taħt iffirmat/a, nagħti l-kunsens tiegħi li nieħu sehem fl-istudju ta' Marie Noelle Lanzon, bħala parti mill-Master tal-Psikoloġija fil-*Counselling Psychology* fl-Università ta' Malta. Din il-formola tal-kunsens tispjega t-termini tas-sehem tiegħi f'din ir-riċerka.

1. Jiena ġejt ipprovdut/a b'informazzjoni miktuba dwar l-iskop tal-istudju. Kelli l-opportunità li nagħmel mistoqsijiet u kwalunkwe mistoqsija li staqsejt ġiet imwieġba b'mod sħiħ u sodisfaċenti.

2. Nifhem li jien liberu/a li naċċetta li nipparteċipa, jew li nirrifjuta l-parteċipazzjoni mingħajr ma nagħti l-ebda raġuni u mingħajr ebda penali. Jekk nagħżel li nipparteċipa, nista' nagħżel li nirrifjuta li nwieġeb kwalunkwe mistoqsija li ssir fl- intervista.
3. Fil-każ li nagħżel li nirtira mill-istudju, kwalunkwe dejta miġbura mingħandi titħassar sakemm dan ikun teknikament possibbli (sa Frar 2023), sakemm it-tħassir tad-dejta ma jagħmilx impossibbli jew ifixkel serjament il-kisba tal-għanijiet tar-riċerka, f'liema każ id-dejta tinżamm f'forma psewdonimizzata.
4. Jien nifhem li ġejt mistieden/mistiedna biex nipparteċipa f'intervista individwali fil- fond semi-strutturata li fiha l-Istudenta Riċerkatura se tistaqsi mistoqsijiet dwar ir- relazzjoni preċedenti tiegħi ma' xi ħadd li esperjenza problema ta' saħħa mentali, sabiex tesplora kif dan kellu impatt fuq il-benessri psikoloġiku tiegħi, kif ukoll l- impatt fuq ir-relazzjoni tiegħi mas-sieħeb/sieħba tiegħi.
5. Jiena konxju/a li l-intervista se tieħu madwar 45 sa 60 minuta. Nifhem li l-intervista għandha ssir f'post u f'ħin li huwa konvenjenti għalija.
6. Jien naqbel li l-intervista tiegħi tiġi awdjo-rekordjata.
7. Jiena konxju/a li wara l-intervista tiegħi, l-awdjo-*recording* ser jiġi ikkonvertit f'test (traskritta kelma b' kelma).
8. Nifhem li għandi ukoll l-għażla li l-intervista tiegħi issir fuq *Zoom*. Jekk l-intervista tiegħi ssir fuq *Zoom*, l-Istudenta Riċerkaturs se tniżżel ir-*recording* tal-*Cloud* u tpoġġi dan ġewwa *folder* protett b' *password* fil-kompjuter tagħha, u li r-*recording* tal-*Cloud* ser titħassar mill-*Cloud* u għalhekk l-ebda dejta ma tkun merfugħa onlajn.
9. Jekk l-intervista tiegħi issir fuq Zoom, jiena konxju/a li l-Istudenta Riċerkatura ser tattiva l-funzjoni *Require Encryption for 3rd party endpoints SIP/H-323*. L-Istudenta Riċerkatura ser tirrekordja biss l-awdjo tal-intervista. Nifhem ukoll li nista' nitfi l- kamera jekk inħossni aktar komdu/a nagħmel hekk.

10. Nifhem li bħala parteċipant/a, nista' nitlob kopja tal-awdjo-*recording* tal-intervista tiegħi, kopja tat-traskrizzjoni u d-dissertazzjoni finali ladarba tkun tlestiet u evalwata. L-Istudenta Riċerkatura ser tiżgura li t-trasferiment ta' din id-dejta ikun sigur. Kwalunkwe fajl li jintbagħat lili permezz tal-imejl se jkun protett b'*password*. Inkella, l-Istudenta Riċerkatura tgħaddi dawn il-fajls personalment permezz ta' *data storage drive.*
11. Jiena konxju/a li d-dejta se tinħażen f'fajl protett b'password fuq kompjuter protett b'password u għandha tkun aċċessibbli għall-Istudenta Riċerkatura, kif ukoll għas-*supervisor* tar-riċerka u l-eżaminaturi tat-teżi għal skopijiet ta' verifika. Id-dejta mhux se tittella' fuq l-ebda *Cloud* onlajn. Kopja tad-dejta ser tkun miżmuma fuq *hard drive* esterna, li ser tinżamm f'kabinett imsakkar mill-Istudenta Riċerkatura. Kwalunkwe materjal ipprintjat jitqiegħed f'kabinett/kexxun imsakkar.
12. Nifhem li d-dejta se tiġi psewdonimizzata jiġifieri, l-identità tiegħi mhux se tiġi nnotata fuq it-traskrizzjonijiet jew in-noti mill-intervista tiegħi, iżda minflok, se jiġi assenjat kodiċi, u kwalunkwe informazzjoni li tista' tagħmilni identifikabbli għandha tinbidel jew titħalla barra mit-traskrizzjonijiet kelma b'kelma.
13. Kwalunkwe informazzjoni li tista' tidentifika is-sieħeb/sieħba preċedenti tiegħi ser tiġi editjata jew mibdula sabiex tiġi salvagwardjata l-identità tiegħu/tagħha.
14. It-traskrizzjonijiet kelma b'kelma psewdonimizzati ser jinħażnu b'mod sigur u separat mill-awdjo-*recordings*. Id-dejta personali ser tinżamm sigura u separata mid-dejta psewdonimizzata.
15. Id-dejta kollha se tinżamm sigura għat-tul tal-istudju u tinqered sal-aħħar ta' Diċembru 2025.
16. Jiena konxju/a li l-Istudenta Riċerkatura hija fid-dmir li tirrapporta kwalunkwe żvelar li għandu x'jaqsam ma' riskju ta' ħsara lili innifsi u/jew lill-oħrajn jew imġieba illegali.

17. Jiena konxju/a li kwotazzjonijiet kelma b’ kelma mit-traskrizzjoni jistgħu jintużaw fil-kapitolu *Sejbiet (Findings)* tad-dissertazzjoni. Jiena konxju/a ukoll li d-dissertazzjoni ser tkun aċċessibbli fil-librerija tal-Università ta’ Malta, u li hem ukoll il-possibbiltà li dan l-istudju jiġi ippubblikat fil-futur.
18. Jiena konxju/a li l-identità tiegħi mhix se tiġi żvelata fl-ebda pubblikazzjoni, rapporti jew preżentazzjonijiet li joħorġu minn din ir-riċerka.
19. Nifhem li, skont ir-Regolament Ġenerali dwar il-Protezzjoni tad-Dejta (GDPR) u l-leġiżlazzjoni nazzjonali, għandi d-dritt li naċċessa, nikkoreġi, u fejn applikabbli, nitlob biex titħassar id-data li tikkonċernani, sakemm dan ikun teknikament possibbli (sa Frar 2023).
20. Nifhem li m'hemm l-ebda benefiċċju dirett għalija mill-parteċipazzjoni f'dan l-istudju. Nifhem ukoll li din ir-riċerka tista’ tibbenefika lil ħaddieħor billi tikkontribwixxi għal fehim aħjar tal-bżonnijiet uniċi u l-appoġġ meħtieġ ta’ individwi li jkunu f’relazzjoni ma’ xi ħadd li għandu kundizzjoni ta’ saħħa mentali. Barra minn hekk, dan l-istudju jista’ jindika nuqqasijiet possibbli fis-servizzi tas-saħħa mentali disponibbli f’Malta li jinkludu l-familja kif ukoll is-sieħba tal-utenti tas-servizz. Dan l-istudju jista' ukoll jinforma lill-prattika terapewtika fir-rigward tal-appoġġ tal-koppja meta wieħed mill- memberi ikun qed jesperjenza kundizzjoni ta' saħħa mentali.
21. Nifhem li nitkellem dwar ir-relazzjoni romantika passata tiegħi ma’ xi ħadd li jesperjenza kundizzjoni ta’ saħħa mentali jista’ jaffetwani b’modi differenti u għal raġunijiet differenti u ġejt infurmat/a b’dan bil-miktub fil-Folja ta’ Informazzjoni u verbalment mill-Istudenta. Riċerkatura.
22. Sabiex jittaffew ir-riskji, għandi niġi pprovdut/a b’lista ta' servizzi b'xejn għall-użu tiegħi jekk inħoss il-ħtieġa għal aktar appoġġ. L-Istudenta Riżerkatura ser tkun tista’ tappoġġjani biex naċċessa dawn is-servizzi jekk ikun meħtieġ. Ser ikolli ukoll l- għażla

li ma nwieġebx mistoqsijiet li ma nħossnix komdu/a nwieġeb waqt l-intervista u nista' ntemm l-intervista fi kwalunkwe punt, mingħajr ma jkolli nagħti raġuni għal dan. Kwalunkwe informazzjoni miġbura titħassar u mhux se tidher fl-istudju. Nista' ukoll nitlob waqfa/waqfiet waqt l-intervista.

23. Ġejt ipprovdut/a b'kopja tal-Ittra ta' Informazzjoni u nifhem li se ningħata ukoll kopja ta' din il-formola ta' kunsens.

Jiena qrajt u fhimt id-dikjarazzjonijiet ta' hawn fuq u naqbel li nipparteċipa f'dan l-istudju.

Isem tal-Parteċipant/a: _____

Firma: _____

Data: _____

_____ _____

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Appendix K

Interview schedule in English

Interview Schedule

I would like to understand your experience of being in a relationship with someone who experienced a mental health problem.

1. Can you tell me a bit about this experience?

Prompts:

2. How would you describe the relationship?
3. How did you meet your partner?
4. How did you come to know that your partner had a mental health problem?
    - How did this knowledge make you feel?
5. How did being with someone who had a mental health condition make you feel?
6. What, if anything, did you know about mental health before the relationship?
7. How did you support your partner, if at all?
8. Can you tell me about any concerns or worries (if any) you had in relation to your partner's mental health problem? If so, what were some of these concerns?
9. In what ways, if at all, did your partner's mental health condition impact your personal life? If so how?
10. What challenges, if any, did you encounter?
    - How was your emotional well-being impacted, if at all?
    - Were your other relationships such as friendships impacted? If so, how?
    - How did your friends and/or family members feel about the relationship? How did you feel about their reactions/responses?

11. How was the relationship impacted, if at all?
    - Did the relationship change over time? If so, how?
    - Was your sex life affected? If so, how?
    - How would you describe your styles of communicating with one another?
12. Can you tell me how and why the relationship ended?
    - How did you feel when the relationship ended?
13. What is the impact, if any, that this relationship had on your life?
    - If you could turn back time, is there anything you would have changed or done differently, if at all? Is there anything you would keep the same?
14. Did you feel the need for support? If so, what would have been helpful in this circumstance?
15. Were there any services that you made use of or which you think would be helpful for others going through the same experience?

Debriefing:

We are approaching the end of this interview.

16. Is there anything which you would like to add which I have not talked about?
17. Has there been anything you were hoping I might ask you that I did not ask you?
18. How did you feel during this interview?
19. Is there anything else you would like to add before ending?

Appendix L

Interview schedule in Maltese

Skeda tal-Intervista

Nixtieq nifhem l-esperjenza tiegħek ta’ relazzjoni romantika ma' xi ħadd li esperjenza problema ta' saħħa mentali.

1. Tista’ tgħidli ftit dwar din l-esperjenza?

Aktar Mistoqsijiet:

2. Kif tiddeskrivi r-relazzjoni?
3. Kif iltqajt mas-sieħeb/sieħba tiegħek?
4. Kif sirt taf li s-sieħeb/sieħba tiegħek kellu/ha problema ta’ saħħa mentali?
    - Dan l-għarfien kif ġegħlek tħossok?
5. Kif kien iġegħlek tħossok il-fatt li kont f’relazzjoni ma’ xi ħadd li għandu problema ta’ saħħa mentali?
6. X'kont taf, jekk kont taf, dwar is-saħħa mentali qabel din ir-relazzjoni?
7. Kif kont tappoġġja lis-sieħeb/sieħba tiegħek, jekk kont tappoġġjahom?
8. Tista’ tgħidli dwar xi tħassib jew inkwiet (jekk kien hemm) li kellek fir-rigward tal-problema tas-saħħa mentali tas-sieħeb/sieħba tiegħek? Jekk iva, x'kienu xi wħud minn dawn il-ħsibijiet?
9. B’liema modi, jekk kien hemm, il-kundizzjoni tas-saħħa mentali tas-sieħeb/sieħba tiegħek affetwat il-ħajja personali tiegħek?
10. Liema sfidi, jekk kien hemm, iltqajt magħhom?
    - Kif ġie affettwat il-benessri emozzjonali tiegħek, jekk kien affettwat?
    - Ġew affettwati r-relazzjonijiet l-oħra tiegħek bħal ħbiberiji? Jekk iva, kif?

- Kif ħassewhom il-ħbieb u/jew il-membri tal-familja tiegħek dwar ir-relazzjoni? Kif ħassejtek dwar ir-reazzjonijiet/tweġibiet tagħhom?

11. Kif ġiet affettwata r-relazzjoni, jekk kient affetwata?
    - Inbidlet ir-relazzjoni maż-żmien? Jekk iva, kif?
    - Il-ħajja sesswali tiegħek ġiet affettwata? Jekk iva, kif?
    - Kif tiddeskrivi l-istili ta' komunikazzjoni li kellkom ma' xulxin?
12. Tista' tgħidli kif u għaliex spiċċat ir-relazzjoni? • Kif ħassejtek meta spiċċat ir-relazzjoni?
13. X'inhu l-impatt, jekk kien hemm, li kellha din ir-relazzjoni fuq ħajtek?
    - Kieku tista' dawwar il-ħin lura, hemm xi ħaġa li kont tibdel jew tagħmel differenti? Hemm xi ħaġa li iżżomm l-istess?
14. Ħassejt il-ħtieġa għall-appoġġ? Jekk iva, x'kien ikun ta' għajnuna f'din iċ-ċirkustanza?
15. Kien hemm xi servizzi li għamilt użu minnhom jew li taħseb li jkunu ta' għajnuna għal oħrajn li għaddejjin mill-istess esperjenza?

Mistoqsijiet għall-Għeluq tal-intervista*:*

Qed noqorbu lejn it-tmiem ta' din l-intervista.

16. Hemm xi ħaġa li tixtieq iżżid li jien ma tkellimtx dwarha?
17. Kien hemm xi ħaġa li kont qed tittama li nistaqsik li ma staqsejtx?
18. Kif ħassejtek waqt din l-intervista?
19. Hemm xi ħaġa oħra li tixtieq iżżid qabel nieqfu?

Appendix M

Sample Analysis

Experiential Statements	**Transcription**	**Comments**
Challenging experience. **More challenging than it should be.**	**Interviewer:** x'ħin trid ta, nistgħu nibdew. **(***pause***)** Thank you ħafna… **Participant:** (*laughs nervously*) **I: …**Talli aċċettajt li tipparteċipa f'dan l-istudju. *(pause)* Mela, jiena nixtieq nifhem l-esperjenza tiegħek ta' relazzjoni romantika ma' xi ħadd li esperjenza problema ta' saħħa mentali. Tista' tgħidli ftit dwar din l-esperjenza? **P:** Eħe. Em… *(pause)*. Ma kinitx faċli. Naħseb qisu dik… *(pause).* Meta kont narana; aħna kien għadna pjuttost żgħar meta intqajna. Kien għadna kellna qisu 20 u kont ngħid, istra inħoss li għaddejna minn affarijiet flimkien li qisu, koppji li (*pause*) forsi ilhom iżjed, jew iżjed dak… Forsi hemm min naħseb ma għaddiex daqs kemm għaddejna minnha… em, aħna. Speċjalment	**Not an easy experience.** **Went through a lot.** **Relationship was more challenging than typical ones.**

More challenging than typical relationships.	fil-mumenti fejn, em, Luke … nista' nuża ismu? **I:** Iva mela, imbagħad nibdel l-ismijiet.	
Explosive.	**P:** Eżatt. Luke kellu *bipolar*, iġifieri, ovjament kien ikollu żminijiet fejn kien ikun *depressed* u żminijiet fejn kien ikun f' *mania*. Em, (*pause*) speċjalment meta kien ikun hemm iż-żminijiet tal-*mania* u *the weeks leading up to it*, iġifieri ma kinitx tiġi daqshekk *sudden.* Kien ikollu żmien li qisu narawh mhux qed jorqod daqshekk u hekk, imbagħad f'daqqa waħda, kważi, em…(*pause*). Qisu kont narah tiżbroffa.	**Build up to the deterioration of his mental health.** **Slow and then all at once. Tiżbroffa.** **Not sudden, but still disruptive and leaves an impact.**
bad overshadows the good.	**I:** Orrajt qisu kontu tarawha ġejja ftit ftit. **P:** Eżatt. Jiena kont ninduna ħafna għax ovjament konna inqattgħu ħafna ħin flimkien, em… *(pause).* Għamilna ħafna affarijiet, iġifieri konna l-universita' flimkien, em, rajtu kien jibda' xogħol ġdid, *so*, qattajna ħafna affarijiet qisu *firsts*. Rajtu; pero' meta kienu jiġu dawk iż-żminijiet	**Shared many milestones.** **Many memories she is fond of, but memories of relapses**

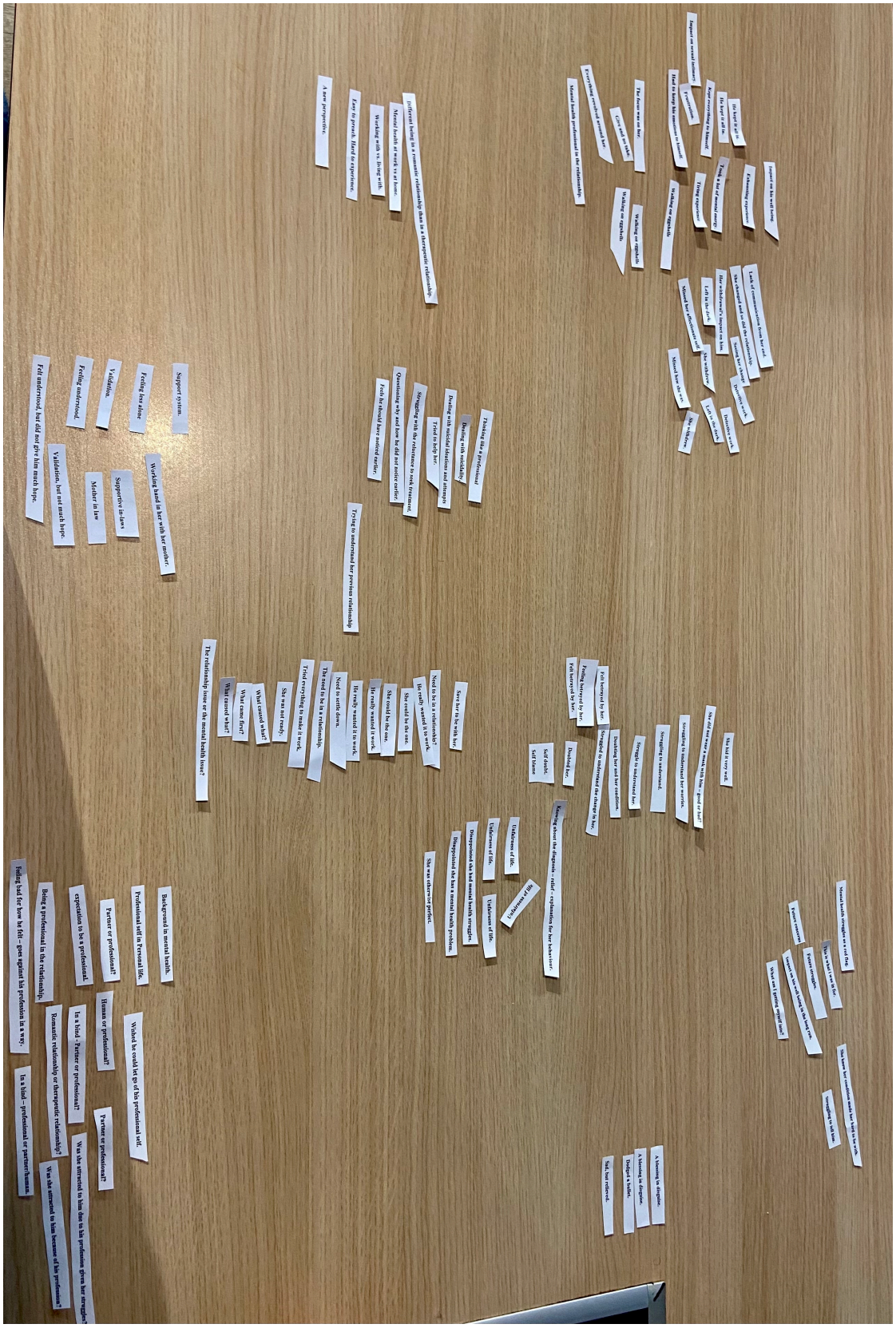
	imbagħad *it used to come crashing down*. Em… (*pause*). Għalija personali ma kinitx faċli għax em (*pause)* tipo jien studjajt is-*psychology* so kont qrajt ċertu affarijiet imma imbagħad li tesperjenza…	**overshadow the good ones.**
	I: Differenti.	**Had some knowledge of mental health.**
Reading vs. reality.	**P:** *It's completely different*. Speċjalment qisu, il-kundizzjoni tiegħu kont qrajt ħafna fuqha imma qatt ma kien kelli esperjenza ma' xi ħadd li kellu *bipolar*. Em, *so* ċertu affarijiet (*pause*) qisu (*pause*) kienu ftit ta' xokk għalija. Ma nafx qisu nibqax sejra, jew kemm…	**Reading about something vs. reality.** **Shocked with the presentation of an illness she had only read about.**
	I: Kif trid. Qisu jien għandi aktar mistoqsijiet qisu imbagħad jekk tkun ilħaqt weġibthom inkunu nistgħu naqbżuhom.	
Choosing to be with the partner regardless of the condition.	**P:** Eżatt, *okay*. Em… (*pause*). Eħe, em. (*Pause*). Jiena meta bdejna ir-*relationship* kont naf bil-kundizzjoni tiegħu iġifieri ma ġietx wara.	**The condition was not a secret.** **She knew and chose to date him anyway.**

Appendix N

Photo of experiential statements on separate slips of paper

Appendix O

Photo of clustering experiential statements



Appendix P

Detailed table of GETs

Theme 1: Understanding the Journey

1. **Encountering the condition**

"But then one day after the other I began […] to observe things which worried me. She was withdrawing, spending all day on the sofa not speaking to me." (Carl:77-79)

"Pero' imbagħad ġurnata wara l-oħra bdejt […] nosserva affarijiet illi bdew jinkwetawni. Tinqata' għaliha, tagħmel ġurnata fuq is-sufan ma tkellimnix." (Carl:77-79)

"She changed a lot. She changed completely, the difference was night and day. At first she was someone who sought my comfort continually; (*pause*) she wanted me to live with her (*pause*); we did everything together. All of a sudden, she started to withdraw and withdraw." (Carl:134-136)

"Inbidlet kompletament minn lejl għal nhar. Filli kienet persuna, tfittixni; kontinwament; (pawża) tridni ngħix magħha (pawża); nagħmlu kollox flimkien. F'daqqa waħda bdiet dejjem tinqata' għaliha, tinqata' għaliha." (Carl:134-136)

"So she led me to constantly think 'what did I do wrong? What can I do? What's going on? Is there someone else?'" (Carl:282-283).

"Allura lili żammitni kontinwament dejjem naħseb jien x'għamilt ħażin, x'nista' nagħmel, x'qed jiġri, hemm xi ħaddieħor fix-xena?" (Carl:282-283)

"The depression was something that was **never** mentioned in the beginning. I'll say it again. I'll emphasise it again." (Carl: 75-77)

*"Id-*depression *kien xi ħaġa li* ***qatt*** *ma issemma' fil-bidu. Ħa nerġa' ngħid. Ħa nerġa' nisħaq fuqha din."* (Carl: 75-77)

"[…] started to notice that sometimes she would be extremely sad" (Nick:20-21).

"[...] sirt ninduna li xi drabi tkun, kienet tkun imdejjqa ħafna." (Nick20-21)

"[…] there would be days where she barely texts me […]" (Nick:118)

"[...] tiġi ġurnata oħra fejn bil-kemm tibgħatli [...]" (Nick:118)

"[…] even the conversation would be very dry…" (Nick:118-119)

"[...] anka il-konverżazzjoni tkun vera dry..." (Nick:118-119).

"[…] sometimes I used to kind of blame myself or say, 'listen am I doing something wrong?'" (Nick:21-22)

"U xi kultant kont qisni jew inweħħel fija innisfi, jew ngħid 'isma' qed nagħmel xi ħaga ħażina?'" (Nick:21-22)

"[…] towards the end of the relationship, there were some months that were almost a year, that were a bit heavier than the others" (Lara:655-656)

"[…] *lejn l-aħħar tar-relazzjoni kien hemm ammont ta' xhur li kienu kważi sena illi kienu daqsxejn iżjed tqal mill-oħrajn*." (Lara:655-656)

"[…] after a year together he had the first manic episode, and from there, sort of, it started […] I'm not going to say it went downhill, because we still experienced good times, but from then on, I think I never felt secure again." (Sarah:199-201)

"[…] wara sena flimkien kellu l-ewwel manic episode *u minn hemmhekk qisu bdiet […] mhux ħa ngħid it-triq tan-niżla, għax* we still experienced good times*, imma minn hemmhekk naħseb qatt ma ħassejtni* secure *erġajt."* (Sarah:199-201)

2. "I used to struggle to understand […]" (Sarah:174)

"Sometimes even overthinking (*pause*) that does not make sense" (Carl:45)

"Xi kultant anka overthinking (*pawża*) *li ma jagħmilx sens*." (Carl:45)

"[…] constantly ruminating, constantly thinking, constantly checking her social media (deep sigh) maybe I can figure out what is going on; what is going through her mind" (Carl:726-728)

"[…] il-ħin kollu newden, il-ħin kollu naħseb; il-ħin kollu nidħol fuq is-social media *tagħha (deep sigh) forsi naqbad tarf ta' dak li qed jiġri; ta' dak li hemm għaddej minn moħħha."* (Carl:726-728)

"[…] there is a sense of betrayal. Sort of 'listen, if you can be […] that social (*pause*) with my friends or family, um, how come you don't manage or don't try to be that way with me.'" (Carl:784-786)

"[…] hemm sens ta' tradiment. Li tipo 'isma' jekk kapaċi tkun […] daqshekk soċjali (pawża) ma' sħabi jew mal-familja, em, kif ma jirnexxielekx jew ma tippruvax tkun miegħi'" (Carl:784-786)

"[…] at the same time, she (*pause*) ironically, she used to say that she used to feel very safe with me and trusted me a lot" (Carl:786-787)

"[…] fl-istess ħin hi (pawża) ironikament kienet tgħid li kienet tħossha safe ħafna miegħi u tavdani ħafna." (Carl:786-787)

"[...] I am not used to things being that way. If I want something done, I do it myself!" (Faye:722).

"[...] m'inhix imdorrija hekk. Jiena irrid nagħmel xi ħaġa nagħmilha jien!" (Faye:722)

"It was very conflicting, and I still cannot understand it" (Faye:441).

"Kienet vera conflicting il-biċċa tax-xogħol u għadni ma nistax nifhem." (Faye:441)

"[...] I think that if I send one message it's enough for you to know that i'm thinking of you. There is no need to send you ***twenty*** messages." (Nick:145-146)

"[...] jekk naħseb bgħatt messaġġ huwa biżżejjed li jien ngħidlek qed naħseb fik hu. M'hemmx ghalfejn nibgħatlek ***għoxrin*** *messaġġ."* (Nick:145-146)

"It's completely different" (Sarah:34)

"I studied psychology so I had read certain things, but then to actually experience them…" (Sarah:29-30).

"[…] jien studjajt is-psychology *so kont qrajt ċertu affarijiet imma imbagħad li tesperjenza…"* (Sarah:29-30)

"[…] certain things (*pause*) kind of (*pause*) they shocked me a bit" (Sarah:35-36).

*"[…] ċertu affarijiet (pawża) qisu (pawża) kienu ftit ta' xokk għalija" (*Sarah:35-36)

"[…] he spent I don't know how long saving this money, and then he had ten thousand and in a summer he spent them all on unnecessary things." (Sarah:148-150).

"[…] għamel ma nafx kemm iġemma dal-flus imbagħad kellu għaxart elef, u in a summer nefaqhom kollha affarijiet li (pawża) banali." (Sarah:148-150).

"I was not hearing and seeing what he was hearing and seeing, so I used to say (*pause*) maybe he's not making enough effort? […] but he didn't choose when to have the episode he had." (Lara:232-236)

"Minn naħa l-oħra jiena li m'hinix qed nisma' u nara li qed jara hu u li qed jisma' hu, kont ngħid, (pawża) forsi mhux qed jagħmel biżejjed effort? […] imma he didn't choose meta ħa jkollu l-episode li kellu." (Lara:232-236)

3. A complex experience

"It was not easy" (Sarah:9)

"Ma kinitx faċli" (Sarah:9)

"I can't say it was a pleasant experience because it was not" (Faye:5)

"Ma nistax ngħid li kienet esperjenza pjaċevoli għax ma kinitx." (Faye:5)

"[…] the highs were very high. The good moments were excellent, some of the nicest in my life, to this day. […] on the other hand, the lows were very low" (Lara:817-818)

"[…] the highs were very high. Il-mumenti tajbin kienu eċċellenti, mill-isbaħ f'ħajti iġifieri, to this day. […] the lows, were very low imbagħad. (Lara:817-818)

"We did a lot of things, so we were at university together, um, I saw him starting a new job, so, we spent a lot of firsts together. […]; but when those times used to come, then it used to come crashing down." (Sarah:26-28)

"Għamilna ħafna affarijiet, iġifieri konna l-universita' flimkien, em, rajtu kien jibda' xogħol ġdid, so, qattajna ħafna affarijiet qisu firsts. Rajtu; pero' meta kienu jiġu dawk iż-żminijiet imbagħad it used to come crashing down." (Sarah:26-28)

Theme 2: "[…] what's coming my way?" (Carl:70) *("[…] x'ġej għalija?")*

1. Instability

"When she is doing okay, everything goes smoothly, you know? We didn't have problems […]" (Nick:608)

"Meta tkun orrajt, kollox ikun sejjer perfett taf inti? M'għandniex problemi […]" (Nick:608)

"[…] the day was harder. So the relationship was harder as well […]" (Lara:674).

"[…] il-ġurnata kienet itqal. Allura ir-relazzjoni kienet ukoll itqal […]" (Lara:674)

"Even when my friends used to ask, like 'how are you doing in your relationship?' I'd be like, 'I don't know!' Because one week we'd be doing really well and another not so much" (Nick:326-327).

"Anka meta ġieli sħabi kienu isaqsuni, like isma' kif sejjer fir-relazzjoni? Like ma nafx ta! Għax like ġimgħa vera tajjeb u ġimgħa insomma." (Nick:326-327)

"[…] at the last minute she told me to cancel, because, yes, because she was not feeling well and did not want to go. Slowly slowly I ended up withdrawing from her [his friend]." (Nick:238-240)

"[…] sa l-aħħar minuta qaltli biex nikkanċellaw iġifieri, għax, ijwa, għax ma bdietx tħossha sew u ma riditx tmur. Li spiċċajt bil-mod il-mod naqtagħha." (Nick:238-240)

"[…] What's coming my way?" (Carl:70)

"[…] x'ġej għalija?" (Carl: 70)

"[…] red flag […]" (Carl:60)

"Red flag because you're (*pause*) at least I was looking to build something with this person, to have something stable (*pause*), and upon hearing this, um, I already started envisioning what problems we could encounter in the future. I don't know, for example there is a conflict, or there is a family death, anything can happen. I used to think, but what is this going to bring with it?" (Carl:64-68).

"Red flag għax inti (pawża) almenu jiena, jien kont qed infittex illi nibni xi ħaġa ma' dil-persuna; ikolli xi ħaġa stabbli (pawża) u malli smajt hekk (pawża) em, diġa bdejt qisu nara xi problemi jista' jkun hemm fil-futur. Jien naf, per eżempju jkun hemm kunflitt, jew ikun hemm mewt fil-familja; kollox jista' jinqala. Tipo kont ngħid imma dan x'ħa jġib miegħu?" (Carl:64-84)

"[…] my mum always told me, 'you can't plan with this person, you either accept it because you know who you're with, or you don't'. At the same time, okay, I accept it, but I was like, still, I'm human […]" (Sarah:265-267)

"[...] il-mama kienet dejjem tgħidli dal-bniedem ma tistax tippjana miegħu, issa jew ħa taċċettaha għax taf qisu ma' min qiegħda. Fl-istess ħin, orrajt naċċettahha imma kont ngħid xorta, I'm human […]" (Sarah:265-267)

"[…] I used to say, imagine we're saving up together and he spends our savings. I used to have such thoughts every now and then" (Sarah:151-152)

"[…] kont ngħid da immaġina inkunu qed nissejvjaw flimkien u jmur jonfoq is-savings tagħna. Ġieli kienu jiġuni f'moħħi affarijiet bħal dawn." (Sarah:151-152)

"[…] the good times were not going to last for a very long time […]" (Mila:49-50)

"[…] when I wake up in the morning, I'd be like 'I wonder what mood he's going to be in today'" (Mila:533-534).

"[…] how long will this last, I used to say, I ***hope***. I hope that it will last. […]. Rather than when will it stop. I try to not look at the negative." (Nick:616-617)

"Mhux how long will this last, kont ngħid anzi ***nispera****. Aktar hope that it will last. […] Milli meta ħa tieqaf. Qatt ma nipprova noqgħod nara in-negattiv."* (Nick:616-617)

2. Building a family

"[…] we were together for five years, so at some point, I wished that in the future, maybe I don't know, we get a loan, find a place, get married and have children. But I used to say, how much can I actually plan (*pause*) with such a condition. So, it wasn't just my fear, it was his as well, because he used to tell me. He told me, I don't know how I can ever have children when I can't even take care of myself sometimes. It used to scare me because I used to say (*pause*) I can't really build much." (Sarah:135-140)

"[…] domna ħames snin iġifieri at some point *kont ngħid nixtieq li fil-futur, forsi ma nafx nieħdu* loan*, insibu post, niżżewgu u ikollna it-tfal. Imma kont ngħid kemm* actually *nista'*

nippjana (pawża) with such a condition. *Iġifieri ma kinitx biża' tiegħi biss, kienet tiegħu ukoll, għax ġieli qalli. Qalli qisu jien ma nafx kif jista' qatt ikolli it-tfal meta qisni qas nista' nieħu ħsieb lili innifsi f'ċertu żminijiet. Kienet tbeżżani għax kont ngħid (pawża) qisu ma tantx nista' nibni." (Sarah:135-140)*

"[…] kept in mind that this person; if she has the tendency to experience or go into um, (*pause*) in phases of depression, (*pause*), what will happen when it comes to having children? And after we have children?" (Carl:494-496)
"Żammejt f'moħħi li dil-persuna; jekk dil-persuna, għandha tendenza tesperjeza jew tidħol em, (pawża) f'fażijiet ta' dipressjoni, (pawża), da x'ħa jiġri jekk tiġi biex ikollha it-tfal? Wara it-tfal?" (Carl:494-496)

"in the future, apart from him, there will be… (*pause*) there might be the same thing in my children" (Lara:158-159)
"Il-quddiem apparti lilu, ħa jkun hemm… (pawża) jista' jkun li jkun hemm l-istess ħaġa fit-tfal tiegħi." (Lara:158-159)

3. Fearing for their partner's life

"I used to feel responsible for certain things. If I'm not there for her, I don't know, what is she capable of doing?" (Nick:545-546)
"Kont inħossni responsabbli qisu għal ċertu affarijiet. Li jekk ma inkunx hemm għaliha, ma nafx, x'kapaċi tagħmel?" (Nick:545-546)

"[…] there will come a day where he completes suicide, and I don't want to be there for it." (Faye:905-906).

"[…] għidt da, ħa tiġi ġurnata fejn jagħmel suwiċidju u jien ma irridx inkun hemm għaliha dil-biċċa tax-xogħol." (Faye:905-906)

"Worry and scared; worry and scared" (Mila:452-453)

"[…] or; (*pause*) you know that he would OD *[overdose]*. (*pause*) There were times he wouldn't shoot up in front of me and he'd leave me waiting in the car for two hours. Cause he'd be shooting up and I'd be there waiting." (Mila:450-452)

"[…] ending up wanting to take [*drugs*] myself" (Mila:432)

"[…] I'd be scared that, even when we would be driving and he would be high, um, for example if he'd be nodding on the steering wheel, I'd always be scared that we were going to crash. Or sometimes the way he would be driving to go get a fix, or to go, so he doesn't miss his methadone, um, he would be driving like a maniac." (Mila:441-444)

4. Wishing it was different

"[…] for that age […]" (Nick:96)

"[...] għal dik l-eta' [...]" (Nick:96)

"Especially at that age, at 16, I mean, at 16 you would still be very immature." (Nick:43-44)

"She used to depend too much on me […]" (Nick:96)

"Kienet tiddependi naħseb ħafna fuqi […]" (Nick:96)

"Obviously I was not looking for perfection, but…(*pause*). Um, she ticked many boxes." (Carl:200)

"Ovjament ma fittixtx il-perfezzjoni, imma… (pawża). Em, laqtet ħafna kaxxi." (Carl:200)

"It felt like (*pause*), she could be the one. (*pause*). Um, so I felt betrayed by life as well" (Carl:194-195).

"It felt like (pause), she could be the one. (pause). Em, allura ħassejtni tradut ukoll mill-ħajja." (Carl:194-195)

"I used to say, 'but why is life so unjust? Why did I have to meet a person who (*pause*) every now and then experiences depression […]'?" (Carl:204-205).

"Kont ngħid imma għalxiex daqshekk inġusta il-ħajja? Għalfejn kelli nintaqa' ma' persuna li (pawża) every now and then toħroġilha depression […]?" (Carl:204-205)

"[…] I mean; our first five years it shouldn't be this!" (Sarah:403)

"[…] I used to say, 'poor him', I mean, you don't wish it upon anyone. It's such a condition […]" (Sarah:598-599)

"[…] jien kont ngħid,' miskin', fis-sens, ma tixtieqha fuq ħadd. It's such a condition *[…]"* (Sarah:598-599)

"[…] his sister had two kids. So I used to spend a lot of time with the kids as well. And that was really nice. Because kids you know, they had absolutely no idea, and even seeing him

with the kids when we would play with them, that was actually really beautiful to watch because it was some (*pause*) normality." (Mila:634-638)

Theme 3: Yes, ... but...

1. **Not a "[…] deal breaker […]" (Faye:145)**

"[…] with or without the diagnosis, there will be good times and there will be bad times" (Lara:372-373).

"[…] bid-diagnosis u mingħajrha ħa jkun hemm żminijiet tajbin u ħa jkun hemm żminijiet ħżiena." (Lara:372-373)

"[…] this will happen. This is a part of our relationship. This is what I'm in for. And I was in it." (Lara:497-498)

"[…] di ħa tiġri. Din hija parti mir-relazzjoni tagħna. This is what I'm in for. And I was in it." (Lara:497-498)

"So, I'm not saying that I didn't feel bad, I felt bad for her don't get me wrong, but I didn't say, 'oh so we need to break up, I won't be with her anymore.'" (Nick:425-426)

"Iġifieri, mhux qed ngħidlek, ma ħassejtnix ħażin, ħassejtni ħażin għaliha tifhimnix ħażin, imma m'għidtx 'il-allu mela irridu niefqu, mhux ħa nibqa' magħha.'" (Nick:422-426)

"[…] like I was in a movie […]" (Mila:406).

"[…] won't go to parties anymore" (Mila:308).

2. **"[…] I didn't sign up for that" (Faye:105)**

"He could not go very long without having me by his side, like even if I'm at work, I have to spend my break with him. After work I have to go to his place. If I don't go, he'd make a scene." (Faye:10-12)

"Ma setgħax joqgħod mingħajr ma jkollu lili miegħu tipo' anke jekk inkun ix-xogħol, waqt il-break irrid inqattgħu miegħu. Wara ix-xogħol irrid immur ġandu. Jekk ma immurx, ħafna biki u xenati." (Faye:10-12)

"Every second of free time I had, I had to spend it with him" (Faye:77).

"Kull sekonda free time li kelli, kelli inqattagħha miegħu." (Faye:77)

"I couldn't. I had to take him with me" (Faye: 74).

"Ma stajtx. Kelli nieħdu miegħi." (Faye:74)

"That is one of the reasons why I don't want children. Because I don't want anyone to depend on me" (Faye:564-565)

"Dik hija waħda mir-raġunijiet għala jien ma irridx tfal. Għaliex ma irrid lil ħadd isserraħ fuqi." (Faye:564-565)

"[…] was afraid he might do something." (Faye:39)

"[...] bdejt nibża' li ħa jagħmel xi ħaġa." (Faye:39)

"I don't know! Kill himself […]" (Faye:43).

"Jien naf! Joqtol lilu innifsu b'idejh [...]" (Faye:43)

"I used to feel responsible for certain things. That if I'm not there for her, I don't know, what is she capable of doing?" (Nick:545-546)

"Kont inħossni responsabbli qisu għal ċertu affarijiet. Li jekk ma inkunx hemm għaliha, ma nafx, x'kapaċi tagħmel?" (Nick:545-546)

"[…] was too serious, especially it being summer, we were still young…" (Nick:100-101)

"[...] kienet qed tkun wisq serja, speċjalment is-sajf, għadna żgħar..." (Nick:100-101)

"[…] I feel that it was an experience that forced me to grow up and mature earlier than expected" (Nick:582)

"[...] inħoss li kienet esperjenza fejn ġiegħlitni aktar nimmatura qabel." (Nick:582)

"[…] a relationship should not be that you take care of someone. It shouldn't be that way" (Sarah:437-438)

"[...] relationship, m'għandix tkun li inti tieħu ħsieb lil xi ħadd. It shouldn't be that way." (Sarah:437-438)

"[…] who I am" (Sarah:547-548)

"[...] jien min jien" (Sarah:547-548)

"[…] felt that there was so much on his plate" (Mila:857)

"[…] I'm there for him and he doesn't want me there, and I want him to be there for me and he can't come" (Lara:446-447)

"[…] jiena inkun hemmhekk għalih u ma jridnix u jiena irridu jkun hemmhekk għalija u hu ma jistax jiġi." (Lara:446-447)

"I used to feel that I was almost not in a relationship eh." (Nick:132)

"Kont inħossni, qisni kważi kważi mhux qiegħed f'relazzjoni hux." (Nick:132)

3. A professional in the relationship

"[…] it was very tiring" (Carl:366)

"That was **very very** tiring. That is where I realised that in the long run, um, my work involves 40 hours a week of dealing with mental health. I go home, we were living together, and I face the same thing. Even worse because there are your own emotions at play […]" *(*Carl:350-353)

*"That was **very very** tiring. Hemmhekk imbagħad fejn indunajt in the long run illi, ee, ix-xogħol tiegħi għandi 40 siegħa fil-gimgħa fis-saħħa mentali. Immur id-dar, konna ngħixu flimkien u qed nerġa' nintaqa' ma' l-istess ħaġa. Terġa' agħar għax hemm l-emozzjonijiet tiegħek involuti […]"* (Carl:350-353)

"But the difference was that he was my boyfriend, he was not a patient or someone I met as a professional" (Sarah:168-169)

"Imma id-differnza kienet li hu kien l-għarus tiegħi, ma kienx patient jew xi ħadd li intqajt miegħu bħala professional." (Sarah:168-169)

"[…] it taught me the distinction between seeing a client once a week, and living with him. (*pause*) And it also taught me to understand, um, (*pause*), who the client is (*pause*) outside of the therapy at the end of the day." (Carl:519-521)

"[…] għallmitni id-distinzjoni bejn li tara klijent darba fil-ġimgħa għal li tgħix miegħu. (pawża) u għallmitni ukoll nifhem, em, (pawża), min hu il-klijent (pawża) barra it-terapija fl-aħħar mill-aħħar." (Carl:519-521)

"[…] there were times where I felt like (*pause*) shouting and screaming" (Carl:446-447)

"[…] kien hemm drabi fejn kien ikolli aptit (pawża), naqbad ngħajjat u inwerżaq." (Carl:446-447)

"[…] you still have to keep a lot of energy bottled up inside" (Carl:465)

"[…] tispiċċa, xorta waħda ikollok iżżomm ħafna enerġija ġo fik" (Carl:465)

"[…] give more than I get back at the end of the day […]" (Sarah:329-330)

"[…] she believed my work was an advantage" (Carl:329)

"[…] kienet temmen li kellha vantaġġ għax-xogħol li nagħmel." (Carl:329)

"[…] he was the person I used to support. It used to (*pause*), in hindsight, I realised thatit used to give me a sense of purpose" (Lara:697)

"[…] dan kien il-persuna illi kont nissapportja. Qisu kienet ittini (pawża), in hindsight, irrealizzajt illi kienet ittini sense of purpose." (Lara:696-697)

4. Internal conflict

"[…] I rarely felt in a position to address the situation from the perception of a human being, of a boyfriend" (Carl:345-346)

"[…] rarament ħassejtni, ħassejtni fil-pożizzjoni li irrid nindirizza is-sitwazzjoni mill-perċezzjoni ta' bniedem; ta' boyfriend." (Carl:345-346)

"[…] I had to be very gentle. I had to be very containing" (Carl:378)

"[…] continually feel torn between these two aspects of myself" (Carl:453).

"[…] kontinwament qisu maqbud bejn dawn iż-żewg aspetti tiegħi" (Carl:453)

"[…] he told me it was a time where he was feeling manic. And I was kind of torn. I said, one, (*pause*), um, I was angry, upset, obviously it's not something nice. At the same time, I used to say, but if he was unwell, I should be more understanding. In my line of work especially, I think I had this on my mind, that… I kind of used to say, if I'm not going to be understanding with him, how can I ever be a professional in the field of mental health?" (Sarah:163-168)

"[…] kien qalli li kien żmien fejn kien qed iħossu manic. U qisni I was torn. Kont bdejt ngħid, one, (pawża). Em, I was angry, upset, ovjament mhux xi ħaġa sabiħa. Fl-istess ħin kont ngħid, jekk kien ma jiflaħx, I should be more understanding. Fil-linja tiegħi speċjalment, naħseb kelli dik f'moħħi, li… Qisni kont ngħid jekk mhux ha inkun understanding miegħu, how can I ever be a professional in the field of mental health?" (Sarah:163-168)

"You need to find a balance between being understanding; at the same time, I used to end up excusing a lot of his actions. Kind of, how much am I going to protect him versus how much I am going to protect myself." (Sarah:310-312)

"Trid issib bilanċ bejn tkun understanding, fl-istess ħin kultant kont nispiċċa niskuża ħafna affarijiet li jagħmel. Qisu, kemm ħa nipprotegi lilu versus how much I am going to protect myself at the same time." (Sarah:310-312)

"[…] quite the free spirit" (Mila:321)

"[…] on what they do and what they take […]" (Mila:321-322)

"[…] didn't want to **leave** him because of it." (Mila:306-307).

"[…] I felt ashamed. And it's a horrible thing to say *ta*, I know it's a really horrible thing to say because you know it's not easy to get out of addiction and he started at a very young age, but, (*pause*) but I did feel really ashamed." (Mila:397-399)

"[…] I just wanted to get out, it wasn't easy for me either because I was, I felt that I was madly in love with him." (Mila:406-407)

5. Ramifications and Coping Strategies

"[…] the first time he had a manic episode, I didn't really take it well, so even I was feeling a bit depressed." (Sarah:526-527)

"[…] l-ewwel darba li kellu il-manic episode qisu ma tantx kont ħadtha sew, iġifieri anka jien kont qisu sirt ftit depressed." (Sarah:526-527)

"[…] especially towards the end, I was not the happiest person." (Nick:829)

"[…] speċjalment lejn l-aħħar, ma kontx l-aktar persuna kuntenta, kuntent." (Nick:829)

"[…] I literally was not eating. Um, I was constantly anxious […]" (Mila:491)

"[…] *[her anxiety]* was triggered in this relationship" (Mila:587)

"[…] I just wanted to sleep. I just wanted to work, you know, I used to love going to work" (Mila:494-495)

"Honestly, at one point, I tried to do everything in my power to avoid speaking to him" (Faye:863-864).

"Onestament, at one point, just *pruvajt nagħmel minn kollox basta ma nitkellmux […]."* (Faye:863-864)

Theme 4: Being in the relationship

1. **Supporting the Partner**

"[…] I'm not a person who will judge or anything. It could have been her, it could have been me, it could have been any other person. I always tried to find a way to help her and to always be that person for her, to be there for her, yes." (Nick:422-424)

"[…] jiena mhux persuna li ħa niġġudika jew xi ħaġa. Setgħat tkun hi, setgħat tkun jien, setgħat tkun any other person. Anzi dejjem rajt kif nista' ngħinha u biex xorta nibqa' inkun dik il-persuna għaliha, hemmhekk għaliha, ijwa." (Nick:422-424)

"If I say this will I upset him more? Will this help? Will this be counterproductive?" (Lara:56-57)

"Jekk ħa ngħidlu hekk, will I upset him more? Will this help? Will this be counterproductive?" (Lara:56-57)

"Certain behaviour […] it used to upset me. But then you have to be careful. Because if you make him angry, then he will get more short tempered […]" (Sarah:175-176)

"Ċertu behaviour, [...] it used to upset me. Imma trid toqgħod attenta imbagħad. Għax if you make him angry, qisu iżjed titlalu it-tempra imbagħad [...]" (Sarah:175-176)

"I said 'okay we'll stop going to parties'" (Mila:137)

"[…] ended up skipping a lecture, yes, to go meet her" (Nick:185-186)

"[...] mhux l-ewwel darba li spiċċajt ġieli naqbeż lecture, ijwa, biex immur nintaqa' magħha." (Nick:185-186)

2. Change in roles

"I used to feel responsible for certain things. If I'm not there for her, I don't know, what is she capable of doing?" (Nick:545-546)

"Kont inħossni responsabbli qisu għal ċertu affarijiet. Li jekk ma inkunx hemm għaliha, ma nafx, x'kapaċi tagħmel?" (Nick:545-546)

"[…] it's like I was (*pause*) I ended up like his mother" (Faye:5-6)

"[...] qisni kont (pawża) qisni spiċċajt ommu." (Faye:5-6)

"[…] it's like you're someone's mother, a little boy. You need to do everything for him" (Faye:95-96)

"[…] qisek omm ta' xi ħadd, tifel zgħir. Trid, tieħu ħsieb tagħamillu kollox inti." (Faye:95-96)

"[…] the planner" (Mila:416)

"[…] my son (laughs)" (Faye:296)

"[…] it-tifel (laughs)" (Faye:296)

3. "[…] I didn't want to" (Nick:894) *("[…] ma ridtx")*

"[…] towards the end; I didn't even want her to touch me for example […]" (Nick:886)

"[…] lejn l-aħħar veru kont; qas irridha tmissni per eżempju […]" (Nick:886)

"[…] I wasn't really attracted to him anymore. […] the fact… that I saw him (*pause*) unwell in a certain way, it kind of put me off. I don't know. It wasn't a romantic sexual relationship anymore […]" (Sarah:731-733)

"[…] ma tantx bqajt attracted lejħ. […] il-fatt… li rajtu (pawża) ma jiflaħx b'ċertu mod, qisu it put me off. Ma nafx. Ma baqgħetx romantic sexual relationship […]" (Sarah:731-733)

"[…] the dynamic changed, (*pause*) it became more like (*pause*) patient-carer almost […]" (Sarah:464)

"[…] id-dynamic inbidlet, (pawża) saret iżjed ta' (pawża) patient-carer kważi […]." (Sarah:463-464)

"[…] after he was ill the first time" (Sarah:726-727)

"[...] wara l-ewwel darba li kien ma jiflaħx" (Sarah:726-727)

"So there was not that intimate part, you know, in the relationship. Towards the end, I mean, I didn't want to." (Nick:893-894)

"So ma kienx hemm dak, l-intimate part, taf inti, fir-relazzjoni. Lejn l-aħħar I mean, ma ridtx." (Nick:893-894)

"[…] she told me 'Carl, I don't have, (*pause*), I don't have; I don't have any libido left. I don't have any drive left.'" (Carl:260-261)

"[...] qaltli 'Carl, m'għadnix (pawża), m'għadnix; m'għad għandi l-ebda libido. M'għad għandi l-ebda aptit; ħajra.'" (Carl:260-261)

4. "[…] I was no help" (Mila:546)

"[…] probably I was no help as well, because I would be so anxious (*pause*), he ended up just wanting to take more" (Mila:546-547)

"[…] go and use" (Mila:32)

"After four days, we moved in together. I went to live with her." (Carl:622-623)

"Wara erbat ijiem, morna ngħixu flimkien. Mort jien ngħix magħha." (Carl:622-623)

"[…] there was also a selfish element, I'll admit. There was an element of wanting to save this person to be with her!" (Carl:236-237)

"[…] kien ukoll element selfish, ħa nammetti. Kien hemm element illi jiena irrid insalva lil dil-persuna biex nibqa' magħha!" (Carl:236-237)

"[…] that experience reminded her of when she used to live with her ex-boyfriend" (Carl:635)

"[…] dik l-esperjenza fakkritha f'meta kienet marret toqgħod mal-ex tagħha." (Carl:635)

"If things happened differently; if we were more cautious" (Carl:650-651)

"Kieku l-affarijiet ġew mod ieħor; kieku konna ftit aktar bil-għaqal." (Carl:650-651)

5. Feeling Trapped

"I'm not someone who likes leaving people alone especially when they are going through a difficult period in their life" (Nick:432-433)

"M'inhix persuna inħobb inħalli in-nies waħidhom speċjalment meta jkunu qed jgħaddu minn żmien diffiċli f'ħajjithom." (Nick:432-433)

"[…] of those five years [*that they spent together*], I spent a lot of time thinking I should have ended it, but I felt a certain guilt that I was […] going to leave him" (Sarah:447-448)

"I had this idea in my mind, that will kind of be…(*pause*). I wanted to succeed in this. I wished to succeed and raise awareness through our experience. I had this idea, this dream (*pause*). So I kind of had to (*pause*) fight the fact that (*pause*); for me it was like I failed, do you understand? So I think it was both for me as well as for him. I kind of felt that I need to keep fighting for him as well. Like I will abandon him if I don't… (*pause*), if, if I had to leave him." (Sarah:757-762)

"Jien kelli di l-idea f'moħħi li qisu ħa nkunu…(pawża) I wanted to succeed in this. *Qisu xtaqt li jirnexxielna u bl-esperjenza tagħna inqajjmu* awareness. *Kelli qisni di l-idea f'moħħi, dil-ħolma (pawża). Allura qisu* I had to *(pawża)* fight *il-fatt li qisu (pawża); għalija kien kważi qisni fallejt fhimt? Iġifieri kemm naħseb għalija u kemm anka għalih. Qisu inħoss li* I need to keep fighting for him as well. *Qisu ħa nabbandunaħ inkella jekk ma… (pawża) jekk, kieku kelli nitilqu."* (Sarah:757-762)

Theme 5: Support the support system

"And like the first thing you look at in a patient is the support system. But if that support system is not being taken care of as well, I mean, it will fail" (Sarah:855-857)

"U qisu inti l-ewwel ħaġa li tara f'patient hija is-support system. *Imma jekk dik is*-support system *mhux qed tingħata il-kura hi ukoll, fis-sens, ħa tfalli."* (Sarah:855-857)

1. **"I went in blind" (Faye:1000)**

"[…] I didn't really have anyone, to talk to about it." (Mila:376)

"[…] if the element of suicidality became more present […] I had no clue on how to deal with all of this on my own." (Nick:982-984)

"Kieku naħseb imbagħad kien jidħol aktar l-element ta' suwiċidju […] ma kontx naf kieku jiena kif ħa nagħmel dan kollu waħdi." (Nick:982-984)

"I did not know what I was doing. Maybe if I was a bit more equipped, perhaps, I don't know, maybe one way or another, I would have taken him to a therapist […]" (Faye:1000-1001)

"Jiena ma kontx naf x'jien nagħmel. Issa, kieku forsi kont daqsxejn equipped, forsi jien naf, b'xi mod jew ieħor kont nieħdu għand terapista […]." (Faye:1000-1001)

"[…] school should prepare you more for such circumstances" *(*Nick:397).

"[…] jien naħseb li l-iskola messha aktar tipreparak għal ċertu affarijiet hekk." (Nick:397)

"Until I understood why […] because […] it's a bit of a hit to your self-esteem." (Faye:755-756).

"Sakemm fhimt għaliex […]. Għaliex […] qisek tieħu naqa hit *tas*-self-esteem." *(Faye:755-756).*

2. Misconceptions

"[…] you can't just say I'm gonna quit." (Mila:767)

"he ends his own life or tries to do something to keep me there. Kind of to trap me, to make me feel guilty" (Faye:43-44)

"Joqtol lilu innifsu b'idejh jew jipprova jagħmel xi ħaġa biex iżommni hemm. Tipo to trap me, to make me feel guilty." (Faye:43-44)

"[…] because I know that he has a mental health problem, I held back" (Faye:964).

"[…] għax naf illi hu għandu problem ta' saħħa mentali, pruvajt niġdem ilsieni." (Faye:964)

3. Isolated and forgotten

"[…] it takes a toll on the couple. It's not just the person." (Sarah:584-585)

"[…] the focus will be on him, but the family and I, well, we used to be affected quite a lot as well" (Sarah:96-97)

"[…] il-focus ħa tkun fuqu imma il-familja ovjament u jiena, ħeq konna niġu affettwati ħafna ukoll." (Sarah:96-97)

"[…] at that point, I was not aware that there were other people who had their own experience […] so it would have been nice if we could meet these kinds of people […]" (Lara:802-804)

"[…] jien f'dak il-punt ma kontx aware *li jeżistu nies oħrajn li għandhom l-esperjenza tagħhom […] Iġifieri kienet tkun xi ħaġa sabiħa li kieku stajna nintaqgħu ma' dawn it-tip ta' nies […]."* (Lara:802-804)

"Luckily, I have close friends who work in this sector." (Faye:167)

"Luckily għandi ħbieb close tiegħi li jaħdmu f'dak il-qasam." (Faye:167)

"I have a decent support system, so the fact that he did not listen to me, does not mean that no one did." (Faye:892-893)

"Għandi support system suriet in-nies, iġifieri il-fatt li hu ma semgħanix, ma jfissirx li ma semgħani ħadd." (Faye:892-893)

"[…] I used to speak to my colleagues; I used to speak to my friends; I used to speak to my sister, with my sibling (*pause*), um, and I used to speak to her mother as well. And I think that was the most helpful, when I used to speak to her mother (*pause*) because her mother is her mother. Her mother knows her daughter well, um, (*pause*) so she could understand me." (Carl:536-539)

"[…] kont nitkellem ma' kollegi tiegħi; kont nitkellem ma' ħbieb tiegħi; kont nitkellem m'oħti, ma' ħuti (pawża), em, u kont nitkellem ukoll ma' ommha. U naħseb waħda mill-aktar li kienet tgħini meta kont nitkellem m' ommha. (pawża) għax, ommha tibqa' ommha. Ommha tafha sew lil bintha, em, (pawża), allura setgħet tifhimni sew." (Carl:536-539)

"[…] did not really feel they *[her friends]* understood me" (Sarah:367).
"[…]ma tantx kont inħoss li jifhmuni" (Sarah:367)

"I used to be ashamed (*pause*) of what others might think, so I used to keep certain things to myself. Um, (*pause*) I don't know, I wasn't very comfortable opening up to others" (Sarah:677-679).
"Kont nistħi, (pawża) minn x'jaħseb ħaddieħor allura kont forsi inżomm ċertu affarijiet għalija. (pawża) Em, (pawża) ma nafx, qisu ma kinitx li kont inħossni komda niftaħ qalbi jiena." (Sarah:677-679)

"[…] I didn't want them to know. Even now, like she [her mother] doesn't know. My older sister doesn't know. I wouldn't tell them" (Mila:178-179).

"I'm not going to disclose other people's problems." (Nick:701)
"Jiena mhux ser nikxef il-problemi tan-nies oħrajn." (Nick:701)

4. […] Time to withdraw […] (Lara:352)

"[…] I can't go on like this" (Sarah:506)
"[…]ma jistax ikun inkompli hekk." (Sarah:506)

"[…] I needed to take care of myself." (Sarah:436)

"[…] I couldn't live with them. I couldn't accept them." (Sarah:468-469)

"[…] how much can you take […]?" (Sarah:78).

"This was at a point where I needed support, and I didn't have any… maybe if he couldn't give me his support, (*pause*), it would have been best if I just stayed without his support. But the fact that this happened as well, it was really difficult." (Lara:297-299)
"Din kienet f'punt illi jiena kelli bżonn is-sapport u vera ma kellix… forsi jekk ma setax itini is-sapport, (pawża) kieku kien ikun tajjeb li just *noqgħod mingħajr is-sapport tiegħu. Imma il-fatt illi ġiet din ukoll qisu, kienet vera tqila."* (Lara:297-299)

"Do I want to handle this together? Um, (*pause*) and do I want to (*pause*) experience this again?" (Lara:316-317)

"[…] it was time to withdraw from it. There was a lot of growth, um, but then there was a point where, listen, (*pause*) perhaps there was not much more room for growth at this point" (Lara:352-354).
"[…] it was time to withdraw from it. Kien hemm ħafna growth, em, imma imbagħad kien hemm dak il-punt illi isma' (pawża) perhaps ma tantx hemm iżjed room for growth at this point." (Lara:352-354)

"He wasn't going to stop for me [*taking drugs*]. That's when I finally realised […]" (Mila:655-656)

"[…] no! This cannot go on" (Faye:904).

"[...] le! Ma jistax ikun" (Faye:904).

"Despite that there was lots and lots and lots of heartache; **a lot** of heartache; (*pause*), but at the same time (*pause*), at the same time, that's what I said, I said listen, I said (*pause*) um, (*pause*), at the end of the day, (*pause*), I dodged a bullet." (Carl:488-490)

*"Għalkemm kien hemm ħafna ħafna ħafna uġieh tal-qalb; **ħafna** uġieħ tal-qalb. (pawża) imma fl-istess ħin (pawża) fl-istess ħin dak li għidt; għidt isma', għidt (pawża) em, (pawża), finalment, (pawża), I dodged a bullet."* (Carl:488-490)

"[…] in the long run, […] an investment" (Carl:498).

"[...]in the long run, investiment li m'għadnix magħha." (Carl:498)