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Relationships

By Joe Bouch

FROM
THE EDITOR

The ability to form meaningful relationships with others and the subsequent quality of one's social network are important determinants of mental health. This theme is explored from a number of different angles in the current issue of *Advances*. How children with severe hearing impairment from birth or early infancy develop is considered by Gentili & Holwell (pp. 54–62). If diagnosis is late and families fail to develop effective means of communicating, then language deprivation may lead to disrupted attachments and problems with emotional regulation and executive functioning. In contrast, if hearing parents learn to sign fluently and their children are not abused, then deaf children are no more prone to mental illness than their hearing counterparts.

If relationships are so important for mental health, then it is hardly surprising that they become a focus for psychiatric treatment. Interpersonal psychotherapy (IPT) sees grief, other losses (interpersonal role transitions) and relationship problems (interpersonal role disputes) as linked to the onset and maintenance of depressive symptoms and resolving them as the basis for symptomatic recovery (Law, pp. 23–31). The patient is asked to consider their own relationships as resources – ‘Who can help you with that difficulty and how?’ Where difficulty forming relationships (interpersonal sensitivity) is long-standing, the therapeutic relationship itself may become the focus for therapeutic work. This is not an area for novice therapists and, as Law notes, the simplicity and accessibility of the model should not ‘obscure the sophistication of the work demanded in the relational domain’.

Practitioners engaged in ‘the struggle to grasp the thorny issue of chronic interpersonal difficulties’ might do well to boost their CPD by turning to the medium of film. Almeida (pp. 41–43) reflects thoughtfully on *Autumn Sonata*, directed by Ingmar Bergman, a film which lays bare ‘the fraught relationship between narcissistic parent and adult child’. She advises that ‘Viewing *Autumn Sonata*, followed by guided discussion, might afford excellent opportunities for learning skills that are so difficult to acquire’.

Prescribing for children with intellectual disabilities

The article by Bramble (pp. 32–40), which is my Editor's pick, provides a strong *raison d'être* for *Advances*. There are few specialists in psychopharmacology for young people with intellectual disabilities, and an often sparse evidence base. Good practice therefore depends on pooling expertise and experience, for example by establishing a professional network, benchmarking best practice and disseminating information and practical advice through articles such as this. Although a specialist field, the principles described by Bramble are often generalisable. ‘Diagnostic overshadowing’ – misattributing mental illness to an underlying condition or disorder – also occurs in personality disorder and there, too, targeting symptom clusters is a recognised approach to treatment. In dementia, physical illness may manifest as behavioural disturbance, and tailoring communication by using appropriate language, communication aids and involving carers is important where patients lack capacity. All psychiatrists, regardless of specialty, can benefit from reading this article. It throws into sharp relief dilemmas that may be less common or extreme in different areas of practice but which nevertheless are clearly relevant to all.