Chronic Illness and Close Relationships

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Relationships in Chronic Illness and Disability
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A pproximately 110 million Americans will suffer from chronic health problems in their lifetime (Cole, 1974). Although it is well established that adaptive coping can facilitate recovery from and adjustment to illness, less is known about the impact of close relationships in illness outcomes. For instance, it has been suggested that family members' responses can serve to increase the number of pain complaints (Paulsen & Altmaier, 1995), decrease the likelihood of return to work (Clark & Mills, 1979), diminish activity levels and treatment compliance (Foa & Foa, 1974), reduce social networks (Jansen, Philipson, & Halfens, 1990), and contribute to an increased likelihood of divorce (Lyons & Meade, 1995). In contrast,
research has suggested that chronic illness brings families closer together (Mingo, 1993; Toseland, Rossiter, & Labrecque, 1989) and family members’ responses can serve to decrease depression (Kerns & Turk, 1984), anxiety (Wilkin & Russell, 1987), and suffer, (Wortman & Conway, 1985) as well as increase treatment adherence (Meichenbaum & Turk, 1987). Although it seems obvious that close relationships can affect rehabilitation outcomes, it is somewhat of a paradox that these relationships have the potential to buffer against deleterious effects as well as reinforce them. Lyons, Sullivan, Ritvo, and Coyne have examined these complex issues in their book, Relationships in Chronic Illness and Disability.

This seven-chapter 189-page book is one of 12 volumes in the Sage Series on Close Relationships designed to address various aspects of close relationships, including conflict, remarriage, friendship, sexuality, and dual-career families. The current volume combines the literature on close relationships with that on disability and chronic illness. The result is an overview of theoretical, methodological, and practical issues to consider when designing research or providing care to persons with disabilities. For those who may consider this book just one more book on stress and coping with illness, it is not. The issues discussed in this book are of critical importance to researchers and practitioners; disregard of the dynamic association between close relationships and disability could result in ineffective treatment and confounded research findings.

The authors provide an overview of relationship-focused therapy in chronic illness that may be immediately useful to practitioners. In general, the following cognitive formulations and social support restructuring are offered for use in counseling: (1) encourage a reevaluation of oneself and one’s relationships in the context of the disability (e.g., “even with multiple sclerosis, I know that I’m a good mother” p. 53); (2) limit the impact of illness of relationships using cognitive techniques (e.g., “I try to focus on Bob’s strengths, rather than his deficits”); (3) assist with social network remodeling (i.e., emphasize adaptive relationships and diminish resource allocation to costly relationships); (4) encourage adaptation that allows relationships continuity (e.g., learning how to adapt a specific activity, such as bowling one-handed to maintain closeness with bowling friends); (5) encourage relationship reciprocity (i.e., “I can’t drive when we go out, but I can help pay for gas and read the maps”); and (6) teach and encourage “communal coping” (i.e., coping strategies that involve the entire social network, such as beginning Sunday service at nine o’clock instead of eight o’clock to allow extra time in the morning for persons with stiffness secondary to arthritis or Parkinson’s disease).

The authors suggest that gender differences in caretaking (Gilligan, 1982) and illness behaviors (Coyne & Fiske, 1992) are often overlooked in treatment planning. For instance, gender-differentiated roles (e.g., who handles the household chores, who provides primary child care, who manages the finances) can significantly affect the impact of disability on the family. The current volume highlights the work of a variety of scholars who have studied gender differences in role identification, conflict resolution, styles of coping, and the impact of gender on family adjustments to illness and disability.

There are some limitations of the current volume. As the authors themselves state, “many valuable topics have been virtually ignored or omitted” (p. xv). Specific types of relationships (e.g., work, parent-child, sibling, dating partners, patient—health professional) and specific relationship processes (e.g., divorce, friendship development, termination) are not examined. A range of possible interventions, such as support groups, friendship-matching programs, family therapy techniques, and social skills development are excluded. Some important individual differences (e.g., ethnicity) and illness factors (e.g., genetics, course of illness) were not mentioned. Although the topic itself is clearly too broad to be thoroughly covered in one book, some of the content omitted may be critical for the practitioner and the researcher of persons with chronic illness.

Given the diversity of disabilities that affect close relationships, consideration of illness factors may be imperative in an assessment of relationships and disability. Rolland (1988) suggested a classification schema for illness (based on time course and physical aspects) that could provide a nomenclature from which to build an illness assessment model. Aspects of illness time course include the following: (1) crisis, (2) chronic, and (3) terminal. Physical characteristics of illness are assessed as follows: (1) onset, acute (heart attack) versus gradual (Parkinson’s disease); (2) course, progressive (emphysema, cancers), constant (head injury, amputation), or relapsing (lupus, multiple sclerosis); (3) incapacitation, the degree the illness will compromise independent functions; and (4) outcome, the degree the illness will
shorten life. We would also include the genetic load of the illness in the classification system; there are clear implications for family relationships in coping with genetic illness. Using models like this to characterize illness, the task of understanding the interface of illness, individual, and close relationships may be more manageable.

In summary, Lyons, Sullivan, Ritvo, and Coyne have produced an excellent volume for professionals in the areas of rehabilitation, social work, psychology, psychiatry, neurology, and nursing. They have encapsulated a bounty of research into one volume and have made a significant contribution to the study of close relationships and illness. As we are hurled into the era of managed and truncated care, sensitivity toward the effect of close relationships on health outcomes and cost will benefit patients as well as practitioners.

References