

LIFE WITH CHRONIC ILLNESSES: Does relationships matter ? Why is communication so important ?

Lynisha Lambert

Nyack College

Abstract

This analysis generally focuses on different relationships with an individual enduring chronic mental or physical illness, pointing out the way they are perceived and treated in familiar relationships. A social group's reaction to those with chronic illness and life after diagnosis has an effect on that individual behavior, perceptions, and communications surrounded by that illness. Analyzing the factor of chronic mental illness and chronic physical illness ideally having different reactions from family members and friends, taking in consideration different needs for the chronically ill. The social role when dealing with chronic illness through interventions and different management skills proves to be impactful. The higher the level of closeness between relationships influences positive responses to the severity of the patient's condition(s).

Introduction

The study focuses on the different response to mental and physical chronic illnesses as it revolves around the closeness and effectiveness of the role of family members and friends.

From the very minute we are born, one is dependent on the role of another as a means to survive. As growth takes places we become less dependent but still do need companionship to get by. Family generally has a large impact on life and even more when you are dependent as someone who may experience any illness. For years now, mental and physical chronic illnesses have increased significantly. It has seemingly been talked about more, from famous individuals speaking out based on their own personal experiences to people just unintentionally coming to the conclusion that chronic illness is a norm as one develops into their middle adulthood years. Nevertheless the understanding of the complexity of chronic illnesses are much more than the way it is perceived within society. Chronic illnesses like Alzheimer disease and dementia, Arthritis. Asthma, Cancer, Crohn disease, Depression, Anxiety, Cystic fibrosis, or Diabetes, often produces an abundant amount of unpredicted side effects that creates a very different challenge for patients with their daily routines after diagnosis. One challenge that isn't really talked about has to be new-ness of the social dynamics whether it is the spouse, immediate family, or friends, where both parties have to now adjust or adapt to what is now the "new normal" for their lives. However the key to obtaining a positive and effective environment as a family now has to be the consistency of communication as a way to understand one another. According to Badr and Acitelli (2005), the more conversations are switched from what the

problem is to how to solve/cope with the problem will lead to satisfaction from both ends.

Family members, in most cases, end up being the primary caregiver to someone with a mental or physical chronic illness. With this outcome the family's relationship and involvement generally is important during the healing or coping process based on the support that is given by the family members. Chronic illnesses have the power to change the dynamic of a family due to the necessary accommodations that have to be made towards the ill family member.

How are those diagnosed with chronic illness treated by their family and friends. We know that the dynamic of relationships change as a means to accommodate, but how is the change communicated ? Answering these questions will shine light on the perspective of both sides of families to be aware of their own behavior and that of the chronic ill also. Taking into consideration the effect on the patients perception of their own illness and how that is influenced by the family's connection to the illness.

Literature Review

The difference and similarities of mental and physical chronic illness has its significance. This analysis will aid in the understanding of the various effects that both may have on friends and family of the patient and also the patient depending on their own type of illness.

Physical Chronic Illness

Physical chronic illnesses as stated before are heart diseases, diabetes, cancer, arthritis, and strokes. These are normally long term health conditions that may or may not have a cure.

They can occur throughout time, usually at random intervals, differing in types and its severity. Nevertheless, having an uncertainty when it comes to the diagnosis of any chronic illness can have an effect on the dynamic family, due to lack of understanding.

Marriage. In many cultures marriage is the basis of many families. Being able to keep the marriage strong when in the face of physical chronic illness can sometimes be difficult depending on the severity of the illness and the closeness of the marital relationship. This physicality of this illness can change daily life and routined interactions with a spouse (Polenick & Martire, 2015). This can have a decrease in intimacy within the marriage bed, and without communication being committed can be hard. Nevertheless the key is to be relatable and understanding. Couples that use “relationship talk”, or regularly talk about the nature of their relationship and where they intended it to go, increases its benefits on the chronically ill, as stated by Badr and Acitelli (2005). In the literature, it proves the benefits of communication within relationships when dealing with a spouse who is chronically ill. The exhibition of communication and availability display a lot of a spouse support when it comes to physical chronic illness. “Married women report greater self-efficacy for eating a healthy diet and exercising, and married men report more self-efficacy for losing weight, if their spouse is ready to do so.” (Martire & Helgeson, 2017) Due to the similar fact that one that is not ill can't feel first hand what the other may be going through, so this helps to understand one another and come to a place of security. Araújo-Soares and Hankonen (2019) also mentions that this type of talk also corresponds to positive results within the patient. In addition, couples who are aware of each other's expectations through communication are more supportive of each other. This is

essential when it comes to being able to successfully cope with the physical illness and the marriage at the same time.

Narrative. Narrative through literature is an area which is fiercely recognized and taken into consideration because of its credibility. Through narration words have the power to settle in any situation. The importance of the family healing process can come through narrative from the patient (Gomersal & Madill, 2015). Narratives are beneficial due to the fact that it allows researchers and family members to witness personal experience of chronic illness. Also allowing the ill individual to be their own spokesperson about their illness. A patient with physical chronic illness is more likely to share their experiences over one that is experiencing mental chronic illness. Gomersal & Madill (2015) mentions that illnesses are changing endlessly due to its unpredicted development, so first hand storytelling or narration is impactful. As Well as preparing anyone that may be around during this time for any identity or personality shifts, that may or may not come to play. Through clear communication, family members and friends are able to concisely identify what the patient is feeling and point out specific needs, especially if a primary caregiver may also be a family member, which is common in most cases. Martire & Helgeson (2017) also mentions that this level of communication through narrative helps family and friends to have a better understanding of their expected role when one is ill. Which is indeed helpful due to the fact that they are needed in a different manner and some parents may not know how to verbalize their needs, leaving one side not understanding the need for them to be active and the other struggling to do things on their own when now they are rather incompetent.

Mental Chronic Illnesses

Mental chronic illness can most of the time be very difficult to cope with being that many things are just not as understandable as physical chronic illness. In physical chronic illness, it is easier to handle being that one may just simply need some assistance in activity. Mental illnesses are dealing with feeling, emotions, mood, ability to relate to their daily functioning. These diseases are typically exhibited as bipolar disorders, depression, anxiety disorders, mood disorders, psychotic disorder (schizophrenia), or even substance abuse disorder. Individuals with chronic mental illness are most of the time subjected to constant care and monitoring. The provided literature are frames to be wholly psychology based, which also require quick a bit of communication.

Marriage. As state marriage in fact is an important dynamic that lies within the middle of a family. Where communication is very important, based upon the literature there is dealing with mental illnesses. Though it can be very challenging, as a spouse being able to support and take care of your ill significant other should be one of your priorities as a husband/wife. When dealing with mental illness there are some ways or intervention that a spouse or family members should positively cope with the illness. Which Martire & Helgeson (2017), has mixed findings both negative and positive spousal strategies when it comes to mental chronic illnesses. In findings Martire & Helgeson (2017) shows us that pressure seems to be the most common form of strategy that isn't the best for mental illness. Pressure in the form of nagging, produces guilt and intensifies a patient's psychological disorders. It is more beneficial for an ill patient to have a spouse that constantly shares the problem as if it was their own rather than it just being the ill patient. Martire & Helgeson (2017) literature proves that individuals with Type 2 diabetes that

have diet-related support were strongly correlated to a decrease in diabetes distress based on a couples value in “illness management” as a two person problem instead of solely belonging to the patient.

Child-Parent. Mental Chronic illnesses are not only common amongst middle-aged adults but in children as well. Therefore viewing, at a parent and child relationship, parents are commonly the primary caregivers for mental illness in children and adolescents. Literature also focuses on the point of view of a parent with an ill child.

Parents can influence children’s health behavior by intentionally forming a healthy and positive environment, which goes for both mental and physical chronic illness (Martire & Helgeson, 2017) This literature in addition to the rest, points out the importance of different interventions that are deemed effective when it come to chronic illness more specifically with parent and family. Communication focused interventions are one to have the best outcome. This literature provides us with two types of family based interventions that were successful in eating disorders and diabetes, which was Family Teamwork and Behavioral Family Systems Therapy (BFST). Diabetes will cause many mental disadvantages like constant fatigue, anxiety, trouble thinking clearly, which contributes to diabetes distress, and sharing some traits of depression. Family Teamwork is proven to contribute to glycemic control and maintenance of family involvement within the management of diabetes. BFST contributes as a way of problem solving as well as improving parent to child relationships. More updated, even reduced conflict that may come with diabetes management Nevertheless, the authors still do point out that the same intervention style is realistically not able to help every family, but that it should “...be tailored to match the family’s style.” Araújo-Soares & Hankonen (2019) also points to another

intervention called “Let's Move It (LMI)” which is a collective aim to increase physical activity and a way to “decrease excessive sedentary behavior among adolescents.”

Methods of Study

To properly prove effectiveness of social groups and chronic illnesses are used with qualitative methods. Each of these literatures on chronic illnesses, both mental and physical, suggests that qualitative methods are the most appropriate for this area of study (Araújo-Soares & Hankonen, 2019; Badr & Acitelli, 2005; Gomersall & Madill, 2015; Martire & Helgeson, 2017; Polenick & Martire, 2015). Nevertheless, all six Literatures include its own sample group and experimental strategies to prove their own dynamic when it comes to the effectiveness of family and patient interventions and the impact it has on decreasing the intensities of both mental and physical Chronic Illnesses. Another common strategy that was used within these literature was the idea of not randomizing samples, which was used to get a very specific blend of characteristics needed. Polenick & Martire gather 152 participants who were in their adult age for an observational study. Spouses and patients were also interviewed separately, as a way to promote accuracy, in the beginning, after 6 months, and then 18 months. The spouses mood was calculated using a “mood rating scale” from “0 to extremely.” Their finding mean total scores were 16.78 at T1 ($SD = 3.95$, range = 4–24, $\alpha = .86$) and 15.34 at T2 ($SD = 4.68$, range = 2–24, $\alpha = .90$). Badr & Acitelli, collected 182 married couples from a physician office and illness support groups, 90 marriages bothe were healthy, 92 one spouse had a chronic illness. They were first given a questionnaire. They found that the majority of the

couples that dealt with chronic illnesses ($M = 104.10$, $SD = 24.18$) weren't satisfied with their marriage, which is in contrast to healthy couples ($M = 110.95$, $SD = 17.01$). They found that "relationship talk was significantly correlated with length of marriage." Which shows the important communication with a relationship, as a very useful tool to enhance relational behaviors between a patient and family. Gomersall & Madill participants were interviewed, similar to one of the previous explained literature, using the biographical-narrative interview method (inducing narratives). They found that the narrative was great because a patient can communicate their feeling to another which aids in family growth as well as the wellness of the patient. Martire & Helgeson also proved that communicative intervention even not only worked for adults but children and adolescents as well. Not forgetting that the literature that provides observational study, also plays with ethnography.

Conclusion

In conclusion, close relationships whether it is parent to child or spouse to spouse, are very important in the face of chronic illnesses. Mental and Physical chronic illness contrast in some details but still do require the same level of communication, where both ill and family can coexist and conquer the chronic illness non-curable or not. "...the illness affects the family and the family affects the illness." (Martire & Helgeson, 2017)

References

- Araújo-Soares, V., Hankonen, N., Pesseau, J., Rodrigues, A., & Sniehotta, F. F. (2019). Developing behavior change interventions for self-management in chronic illness: An integrative overview. *European Psychologist, 24*(1), 7–25.
- Badr, H., & Acitelli, L. K. (2005). Dyadic Adjustment in Chronic Illness: Does Relationship Talk Matter? *Journal of Family Psychology, 19*(3), 465–469
- Gomersall, T., & Madill, A. (2015). Chronotope disruption as a sensitizing concept for understanding chronic illness narratives. *Health Psychology, 34*(4), 407–416.
- Martire, L. M., & Helgeson, V. S. (2017). Close relationships and the management of chronic illness: Associations and interventions. *American Psychologist, 72*(6), 601–612.
- Polenick, C. A., Martire, L. M., Hemphill, R. C., & Stephens, M. A. P. (2015). Effects of change in arthritis severity on spouse well-being: The moderating role of relationship closeness. *Journal of Family Psychology, 29*(3), 331–338.