Introduction

I am drawn into the context of health and illness because of the vulnerabilities that require us to reconsider assumptions and expectations. When we face serious illness, changes in ourselves and in our close relationships often unfold differently from how we anticipate. Dealing with serious illness brings an increased sense of vulnerability, but also can bring opportunities to heal and grow. This book is primarily intended for scholars and practitioners interested in relationship research and in understanding that health and illness are inherently connected to relationship processes. As issues of health and illness and close relationships are applicable to a far broader audience, I have tried to keep the book accessible to a wide audience by minimizing technical terms and explaining contemporary issues using language that keeps the issues clear to people who are not already familiar with the research.

I write this volume at this time because I've spent the last twenty years listening to stories and experiences of illness. For more than twenty years I've had the extraordinary privilege of integrating my research in communication processes into health-care conversations and decisions. I've had the ongoing privilege of being included in vulnerable conversations people have with health providers, family members, and close friends navigating illness. These conversations are sometimes difficult or painful, and the conversations sometimes evoke closeness and newfound intimacy. I've come to understand that in many friendships and close relationships that indicate a depth of intimacy, people have been there for each other in the disorienting moments of diagnosis or in the decision-making about next steps in treatment (or forgoing treatment). I've come to see differently how my own understanding of research and relationships continues to evolve,

how the current answers also translate into new questions. In the years I've done this research, I've learned that one of my strengths as a scholar is integrating multiple strands of thought.

Close relationships require us to be vulnerable, to risk ourselves in ways we cannot fully anticipate. We can sustain relationships over time that are not close, but closeness involves emotional exposure and risks in embracing a co-participation with multiple uncertainties with another person over time. Our close relationships are also not isolated from other parts of life. Illness brings vulnerabilities beyond what people usually experience in everyday life. The diagnosis of serious illness is often painful and disorienting. We do not go through life anticipating serious illness, just as we do not enter marriage anticipating divorce. The experience of serious illness can prompt fear and isolation and can challenge the very cornerstones of what we thought of our close relationships and of ourselves. Desires can shift to instead address the needs of caretaking. Our relational voices can become lost amidst clinical talk of diagnosis, prognosis, surgery, clinical appointments, and chemotherapy. The experience of illness can shrink our horizons. For other people, or at other times, the experience of serious illness becomes a cocoon of moments where we know frailty and uncertainty a bit differently, where the shared experience of illness shifts understanding such that we view ourselves and others with a bit more compassion. Illness does not always challenge relationships, but does change understanding.

We cannot understand health and illness in close relationships without also considering the broader context of health-care structures and distribution of resources to promote health and address illness. Health care in the United States, and perhaps the world, has reached an important juncture. In the last century we have seen vast increases in knowledge and investment in science and technology that allows for more accurate diagnosis and treatment of disease. We also see disparities in wealth and health in the form of access to quality health care such that advances in science, technology, and medicine are unequally distributed. With great variability in the distribution of

resources, we also understand how health disparities across communities and countries interconnect with social factors. At the same time the complexities of health-care topics inherently require interdisciplinary explanatory frameworks that are attentive to processes that produce disparities and marginalize some people and relationships. Thus, this volume considers disparities in substantive ways that require us to consider how relationships are tied to resources, to values, and to larger economic motives.

An academic volume brings meaning in intellectual development but also in addressing practical concerns. This book interprets and contributes to a way of thinking broadly about health and illness and about close relationships. My intention is to cut across current theoretical concerns and propositions and to connect with practical issues. Theoretical foundations provide a way of understanding explanatory frameworks. The developments in this book extend what we already know by offering a way of viewing what current interdisciplinary social science offers together. From a practical perspective, identifying productive tensions as communicatively coproduced allows us to question our own roles in the research we produce and in how we together impact each other and the world around us. My intention is to bring a more insightful responsiveness in our research and in our everyday engagement in close relationship processes and in health and illness contexts.

As I complete the revision for this book, I am working with colleagues on unmet needs that are holding back the delivery of relationship-centered, high-value health care in family medicine. My own practical engagement involves improving communication between patients and physicians by designing interactions that foster relationships, improve shared decision-making, and improve patients' and physicians' experiences in health care. We are integrating communication processes with clinicians' evidence-informed decisions, which connects relationship-centered interactions with clinician information sources and sense-making.

I am grateful for the opportunity to develop this book and for my work with research colleagues as we co-envision next steps in implementation of the practical aspects that theoretical vision allows.

CONTRIBUTION TO THE LITERATURE

This book advances the literature in the social and behavioral science connecting health and illness and close relationships by capturing the theoretical and empirical cornerstones in considering how health and illness redefine relationships and by mapping out an integrated, systematic theoretical framework of health and illness trajectories and relational processes as co-generative.

The first purpose is to provide a cohesive understanding of the current empirical and theoretical literature on health and illness in close relationships. To that end, I synthesize empirical evidence and associated theoretical constructs from the literature on health and illness as connected to close relationships. By outlining and comparing foundational assumptions of research on relational processes and research on health and illness, this book provides a cohesive, cross-disciplinary understanding of relevant theoretical and empirical issues and why health and illness provide a unique context for understanding close relationships.

The cohesive synthesis allows for better understanding the empirical evidence indicating features of relationships that can either buffer against or, on the contrary, can further exacerbate the negative consequences of a chronic disease or a health crisis. I describe pathways and processes that exist in current empirical and theoretical work, pathways and processes through which health and illness trajectories are associated with relationship processes. I also illustrate how language shapes health and illness understanding and responses in close relationships. I outline defining characteristics of relationship theories and illustrate how relationship theories provide helpful foundation but miss the holistic complexities of integrating health and illness and relational process trajectories.

The second purpose of this volume is to propose and map out an integrated theoretical framework of health and illness and relational processes as co-generative. To that end, I map out an integrated, systematic theoretical framework that begins with interconnections of individual factors, dyadic factors, turning points in diagnosis, management and treatment of illness, turning points in relationships, and the societal, economic, and cultural factors within which the relationships are embedded. The integrated theoretical framework proposes communicative and embodied processes through which health and illness trajectories and relational processes can be understood as coproduced, co-generative, and inherently systematic. I outline how the integrated theoretical processes pose considerations for the vulnerability of illness as a point of seeing differently the complexities in the bodily experience and in close relationships and for recognizing productive tensions that emerge from the theoretical framework.

SYSTEMATIC INTEGRATION AND CO-GENERATIVITY

When we see the complexities of health and illness trajectories as interconnected with close relationship processes, we unpack theoretical richness for understanding how the integration of research in health and illness and close relationships can potentially uncover, even generate, something new. Instead of refining the process of doing the same thing, we uncover potential to shift and do something different. We have seen a number of excellent edited volumes focusing on some aspect of health and illness and relationships that illustrate how family members and close friends wrestle with the diagnosis of someone they love. In edited volumes we also see how family members and close friends not only provide support, hope, and comfort but also require their own processes and information. The multiple lenses described in each chapter in this volume provide a cohesive synthesis of the interconnected social and behavioral science and map out the systematic theoretical connections to provide an integrated and generative explanatory framework for relational complexities of health and illness trajectories.

This volume pushes forward and articulates a comprehensive theoretical foundation of what it means to study health and illness in close relationships across disciplines and to also integrate a "knowing" that exists in the body. The engaged theorizing offers a way to notice and disentangle complexities. The focus on emergence brings an integrated, systematic, and co-generative understanding to health and illness trajectories in close relationships. Competing lenses offer a way to consider paradigms we might initially see as incompatible as actually offering multiple lenses, each lens with insight that informs contradictions and points of difference.

COHESIVENESS AND CHOICES IN WHAT TO INCLUDE

Within academic communities, we see multiple international, interdisciplinary conferences and edited volumes focused on health and illness and relationships. For example, the International Association for Relationship Research (IARR) sponsored three conferences within the last ten years on health and relationships (2005, Indianapolis, Indiana: Conference on Exploring Relationships in Health or Health of Relationships; 2011, Tucson, Arizona: Conference on Health, Emotion, and Relationships; and 2015, Rutgers University: Conference on Relationships, Health, and Wellness). A recent IARR mini-conference (2017 Syracuse, New York) similarly focused on interdependence, which speaks to the complex interplay of individuals with their close others, a cornerstone construct for connecting relationship processes and health and illness. Conferences in disciplines including psychology, communication, sociology, and family studies over the last ten years have similarly focused on health and relationships. This solo-authored volume presents a comprehensive theoretical and empirical academic understanding and brings cohesiveness to this research area. The richness and proposed theoretical integration in this volume disentangles conceptual and empirical work within multiple disciplines and across disciplinary boundaries.

The topic of health and illness and close relationships comes with expansive literatures and ongoing interest across a broad range of

disciplines. Because of the scope of the literatures, this volume has required decisions about what to include at every turn. Theoretical and empirical literatures included in this volume should be interpreted as illustrative rather than exclusionary of other researchers or literatures. At every stage of writing and across every topic, it has been necessary to make choices about including enough to illustrate the area without getting so caught up in the particulars that we miss the big picture. That said, I've intentionally included enough examples to highlight breadth in each area and to give citations that could guide further reading within any section. I have also reached beyond traditional literatures in the social sciences to integrate lenses that offer a different understanding beyond what is typically included in IARR. I have included literatures on trauma and on reflection as additional lenses of understanding the body in health and illness and in creating or designing interactions for attentiveness to emergence in close relationships.

OVERVIEW

Part I: The Unique Context of Health and Illness in Close Relationships. Before we can understand how health and illness connects to close relationships, we have to first define fundamental terms. That might seem easy, but as soon as we explore further we realize the complexities and competing tensions in definitions. The first three chapters of the book look at the place of health and illness in everyday relational life and together illustrate the unique context of health and illness in close relationships.

Chapter 1 illustrates how defining health and illness involves complexities that exceed initial biomedical orientation. I begin with a summary of the definition of health as provided by the World Health Organization (WHO), which sets the stage for health and illness as first biomedical but also as psychosocial and as including social well-being. The WHO definition sets the groundwork for the complexities of defining health and illness and positioning definitions within

a framework that implies much depth beyond the biomedical orientation of recognizing and treating symptoms. As a starting point, the definition of health and illness involves the absence of disease or impairment, but that starting point is only a tiny hint at the necessary breadth in understanding. Health and illness include both biomedical explanation and a broader notion of illness as a host of social experiences and social constructions of the concept of malady. Mental health and social well-being considerations additionally involve coping with the demands of everyday life in such a way that invites a feeling of (dis)equilibrium with the social and physical environments. Health promotion considerations then introduce additional layers of the dynamic and ongoing process by which coping capacity is enhanced or strengthened. Individual-level understanding is not consistent across people, and human illness or suffering requires taking into account personal meaning. Health and illness considerations require positioning and recognizing inequalities and disparities. Thus, we cannot really understand health and illness without also considering entitlements and resources as shaped by social, political, economic, and environmental factors, resources that are unequally distributed and can be systematically skewed. Social determinants and social gradients of health are interconnected such that social, economic, and political circumstances cluster together with psychological challenges. Definitions of health include social determinants, but cultural contexts pose ongoing implications for well-being beyond what are currently measured or conceptualized as social determinants. When we consider the breadth of defining health and illness we move past a biomedical orientation to also considering the social construction of illness as embedded within cultural meaning and societal response. Further, health and illness concepts are tied to the models of health care in which health and illness is diagnosed and treated.

Chapter 2 presents defining characteristics of close relationship processes, especially as close relationship processes shift foundations for considering health and illness trajectories. I provide an overview of

how core principles of relationship science let us understand how relationship processes influence, and are influenced by, health and illness. Close relationships connect to the most vulnerable parts of our lives, to the joys and heartaches. Close relationships can bring out the best in us, but close relationships can also manifest in complicated dilemmas and contradictions where we enact the very behaviors that keep us from getting what we really want. The foundations of Chapter 2 are developed from an interdisciplinary understanding of the scientific study of relationship processes including empirical and theoretical frameworks to explain relationship initiation, development, maintenance, and dissolution of close relationships. Relationship science explicates concepts such as love, commitment, respect, jealousy, willingness to sacrifice, loneliness, disclosure, and positivity in close relationships. Relationships involve cognitive, behavioral, and affective (or emotional) aspects as manifest in a series of interactions particular to the people involved. Close relationships involve mutual understanding of closeness and behavior as developed over time. The foundations of Chapter 2 illustrate how concepts such as relationship commitment, stability, relationship integration, goal pursuit, emotional bonds, and sacrifice translate into the communicative enactment of ongoing relationships. These foundations illustrate how the cornerstones of theoretical and empirical work in close relationships then connect to health and illness trajectories.

Chapter 3 builds on the defining characteristics described in the first two chapters and outlines attributes of the health and illness context that shape and shift close relationship processes. This chapter examines how illness diagnosis and trajectories can shift roles, relationship choices, and relational assumptions. Changes in relationship processes alongside the fragmented uncertainty of health and illness pose implications for coping, for social support, and for the conceptualizations of our closest relationships including shifted understanding of love. I describe how a health and illness crisis requires a recalibration of close relationship processes and ongoing

considerations of vulnerability and dependence. Changing expectations include attentiveness to what is manifest in the body at the individual level but also what shifts in the relational and communal dimensions of health and illness. The set of theoretical attributes described in this chapter lets us position how strengths and difficulties inherent in close relationships are magnified by serious illness and situated within a broader community context. Furthermore, I connect communicative processes such as disclosure with ongoing interactions to shed light on how everyday conversations function alongside the explicit relational renegotiations that become necessary in dealing with new relational roles in making sense of illness.

Part II: Health and Illness, the Body, and Relational Processes. In Chapters 4 through 6, I describe links between relationships and health outcomes, outline an expanded conceptualization of illness as embodied more holistically than biomedical markers, and illustrate the current strengths and limitations of applying relationship theories to health and illness trajectories. The three chapters within this section comprise relationships as buffering or exacerbating health and illness outcomes, reconsidering embodiment and language for illness, and relationship theories applied to illness transitions.

In Chapter 4, I synthesize empirical literature linking relationship characteristics with health and illness outcomes to show how relationships can buffer against or, on the contrary, can exacerbate the negative consequences of a chronic disease or a chronic health crisis. I position the complexities of health and illness as interconnected with the broader context of relationships, which co-occur within extensive considerations of social networks and societal-level attributions, particularly as shaped by social and economic conditions. Strong empirical research across many disciplines provides evidence that high-quality relationships and strong social networks are correlated with good physical and mental health. Research in psychology, family studies, communication, sociology, and epidemiology (in addition to other disciplines) provides evidence that the quality and