

Introduction: The Interdependent Influence among Relationships, Health, and Wellness

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In recent years, there has been an explosion of research across a variety of disciplines investigating the individual, interpersonal, and ecological factors that are responsible for enhancing or undermining people's health and well-being. Scholars have invested considerable effort in exploring the best strategies for addressing health issues, such as discouraging unhealthy behaviors, promoting healthy lifestyles, improving encounters between patients and health care practitioners, developing community-based health initiatives, and addressing health disparities. An equally important yet understudied aspect of health behavior is the role of close relationships in promoting well-being and managing illness. Close relationships are a vital part of people's daily lives and lived experiences; thus, family members, friends, and romantic partners often play an integral role in people's health and well-being. On the one hand, close relationships have the potential to shape people's health behavior in both positive and negative ways. For example, friends and loved ones may facilitate a healthier lifestyle by encouraging a proper diet and exercise, or they could contribute to poorer health by suggesting, modeling, or reinforcing unhealthy habits, such as the excessive use of alcohol or other drugs. On the other hand, close relationships can also be affected by the health or illness of one or both partners. For instance, when illness strikes, individuals typically turn to their close relationships for support and comfort, which has the potential to bring partners closer together or to strain the relationship with increased uncertainty, goal disruptions, and threats to longevity. Thus, understanding the ways in which close relationships both shape and reflect people's health and wellness is an important area of inquiry.

This volume showcases studies from various disciplines that are on the leading edge of research exploring the interdependence between health and relationships, including scholarship from the fields of communication, counseling, health services, human development and family studies, public health, and psychology. The research included in this volume highlights several

relationship processes that are instrumental in the maintenance of health and the management of illness, including interpersonal influence, information management, uncertainty, social support, and communication. Although the existing health literature is rich with knowledge about individual and ecological factors that are influential in promoting certain health behaviors, relationship scholars have much to contribute in terms of documenting the interpersonal dynamics that are involved in experiences of health and illness. This introduction begins with an overview of the existing trends in the literature on health and illness, followed by a description of the core relationship processes that are influential in health contexts, and an overview of the chapters in this volume.

TRENDS IN THE LITERATURE ON HEALTH AND WELLNESS

There is a robust literature that examines conditions associated with health and wellness. Existing research on health and wellness tends to focus on prevention campaigns and strategies for promoting individual health behavior, strategies for enhancing communication between patients and health care practitioners, the impacts of social and environmental factors on health disparities, and program or policy recommendations for addressing inequalities. An overview of these programs of research reveals important discoveries that have been instrumental in promoting health and wellness for individuals and their communities.

One important goal of existing health research has been to identify features of health messages that can change people's attitudes, perceived norms, and behaviors with regard to health issues. Drawing heavily on the literature on persuasion and social influence, these studies aim to improve people's knowledge and awareness of a particular health issue, shift their attitudes about a health issue, increase their intention to adopt healthy behaviors, and improve the likelihood that they will actually engage in healthier behaviors (e.g., Atkin, 2001; Logan, 2008). Countless studies have demonstrated the utility of broad-based media campaigns for targeting individuals' attitudes, beliefs, and behaviors with regard to a variety of health issues, including smoking cessation, cancer screenings, and drug prevention, to name a few (e.g., Noar, 2006). Although this line of research focuses mostly on the persuasive features of mass messages that are most effective at altering people's health behaviors, some studies have also considered the potential for individual influences on health behavior, such as the benefits of having a workout buddy (e.g., Wing & Jeffrey, 1999), the influence of friends and romantic partners on cigarette smoking (e.g., Etcheverry & Agnew, 2008), and spousal influence on the intent to obtain cancer screenings (e.g., Manne, Kashy, Weinberg, Boscarino, & Bowen, 2012).

Another prominent area of health research focuses on the health care system and features of communication between patients and health care practitioners that promote both patient satisfaction and patient compliance (e.g., with medication or exercise recommendations). Research indicates that effective patient–practitioner communication can encourage patients to acknowledge health problems, resolve their symptoms, understand treatment options, and adhere to a treatment plan (Haskard Zolnieriek & DiMatteo, 2009; Stewart, 1995). Unfortunately, health care providers face a number of barriers to effective patient interactions, including pressure from insurance companies for shorter office visits, patient linguistic and cultural differences, and patients’ abilities to access health information online. Each of these features, separately and in combination ultimately undermine health care providers’ ability to communicate effectively and encourage health behavior change (Travaline, Ruchinskas, & D’Alonzo, 2005). A primary goal of this research, then, is to identify the features of patient–practitioner interaction that are most effective for promoting healthy outcomes for patients and increasing satisfaction with the health care experience.

A third prevalent area of health research considers the environmental and social factors that contribute to health disparities. There is a substantial body of literature indicating that individuals from racial and ethnic minority groups receive lower quality health care and experience worse health outcomes than individuals from majority groups (e.g., Collins, Hall, & Neuhaus, 1999). Studies also suggest that both urban communities and rural communities may lack access to sufficient health care services (e.g., Hartley, 2004). Consequently, an important goal of health research is to develop public policies that can reduce sociocultural inequalities in the availability and quality of health services (Arblaster et al., 1996).

Although each of these three research trends have produced findings that have improved individual health behavior and institutional health care practices, they tend to overlook the crucial role that close relationships play in promoting or sometimes undermining healthy outcomes. To date, close relationships have been an understudied aspect of health research. The studies included in this volume aim to address this shortcoming in the literature and highlight relationship processes that are influential in promoting health and wellness.

CLOSE RELATIONSHIPS CAN SHAPE AND REFLECT HEALTH AND WELLNESS

Given that close relationships are ubiquitous aspects of people’s daily lives, they are heavily involved in people’s experiences of health and wellness. Relationship processes can both shape and reflect personal health conditions. Much of the existing research on health and relationships focuses on the ways

in which health or illness can affect the quality of relationships in terms of communication, intimacy, support, relationship satisfaction, and commitment (e.g., Lewis et al., 2006). Unexpected diagnoses and health conditions strain relationships by introducing stressful circumstances that can promote uncertainty or compromise interdependence (e.g., Goldsmith, 2009; Miller, 2012; Steuber & Solomon, 2008; Stone & Jones, 2009; Weber & Solomon, 2008). In addition, relationship partners and families are often forced to consider a number of issues related to health diagnoses, such as making treatment decisions, navigating social or environmental barriers to health care, including, but not limited to, draining financial resources or managing end-of-life care, that can introduce stress, conflict, or disagreement between relationship partners.

In contrast, other programs of research have considered the ways in which close personal relationships can be influential in shaping health outcomes for individuals. In general, participating in close relationships increases longevity and contributes to well-being through increased satisfaction, happiness, and involvement (e.g., Loving & Slatcher, 2013). There are also many specific ways in which friends, family members, and romantic partners can bolster one's personal health, in terms of encouraging exercise, healthy eating habits, regular doctor visits, and other healthy choices (e.g., Burke, Randall, Corkery, Young, & Butler, 2012; Homish & Leonard, 2008; Theiss, Carpenter, & Leustek, 2016). On the other hand, studies also show that features of close relationships can be detrimental to partners' physical health (Wu & Hart, 2002). For example, heightened conflict, demand/withdraw patterns, and hurtful communication have all been associated with physical outcomes of increased blood pressure, higher stress hormones, and lower immune system functioning (e.g., Heffner et al., 2006; Malis & Roloff, 2006; Priem & Solomon, 2011). This evidence suggests that relationship partners and their interactions can shape personal health and well-being.

RELATIONSHIP PROCESSES THAT ARE RELEVANT TO HEALTH AND WELLNESS

Although there are myriad ways in which close relationships can shape and reflect health behavior, the chapters in this volume point to five relationship processes that are particularly influential in health contexts. Specifically, the research in this volume is organized into five sections that reflect features of relationships that share a reciprocal influence with health and wellness: (a) interpersonal influence, (b) information management, (c) uncertainty, (d) social support, and (e) communication patterns.

Part I of this volume highlights research on interpersonal influence in health contexts. Interdependence models of close relationships suggest that relationship partners exert influence on one another in ways that can facilitate

or undermine goal achievement (e.g., Berscheid, 1983; Rusbult & Buunk, 1993; Solomon, Knobloch, Theiss, & McLaren, 2016). In health contexts, relationship partners can attempt to influence their partner's health behavior in a variety of ways. The first chapter in this volume by Birmingham and Reblin, examines the ways in which spouses of individuals with a family history of colorectal cancer attempt to influence their partner to adopt healthy lifestyle changes and adhere to cancer screenings in an effort to prevent or forestall the onset of a cancer diagnosis. In Chapter 2, Haas explores the degree of involvement or influence that romantic partners in male same-sex couples have with regard to certain health behaviors and decision-making, especially involving decisions to disclose one's sexual identity to a health care provider. In Chapter 3, Burke examines romantic partner influence in diet and exercise behaviors and the ways that perceived social control interacts with maintenance behaviors to predict relationship satisfaction. As a set, these studies point to the ways in which interpersonal influence can be both beneficial and detrimental to people's health behavior.

Another interpersonal process that is highly salient for individuals facing a health condition involves decisions regarding information management. One consideration is how much information about their health condition individuals feel comfortable sharing with other people in their social network. The literature on disclosure (Greene, 2009) and privacy management (Petronio, 2002) highlights factors that shape people's decisions to share or conceal information about their health. Another important consideration is how much information about a health condition individuals want to know. The uncertainty management literature suggests that certain conditions may motivate individuals to seek or avoid information about their health (e.g., Afifi & Weiner, 2004; Brashers, 2007). Thus, the studies presented in Part II of this volume address issues related to information management in health contexts. In Chapter 4, Leustek and Theiss focus on privacy motivations by examining the topics that individuals with type 2 diabetes avoid discussing with their romantic partner. In Chapter 5, Venetis, Gettings, and Chernichky focus on sharing information in their study of the strategies that people use to disclose a mental health condition to close friends. Finally, in Chapter 6, Scheinfeld, Nelson, and Crook explore the ways that parents seek information about healthy diet and exercise and the strategies they employ to communicate that information to their children. Taken together, these studies highlight the complexities surrounding people's decisions to seek, share, or withhold information about their health.

Part III of this volume focuses on the uncertainties that arise for individuals and in their relationships when confronted with health issues. There is an extensive literature on the causes and consequences of uncertainty in relationships and in response to unexpected life events (Theiss, 2018). The ambiguity that people sometimes experience with regard to health

diagnoses is reflected in illness uncertainty, which involves questions about one's symptoms, treatment, prognosis, and long-term health outcomes (e.g., Mishel, 1990). Uncertainty about health or illness can motivate people to either seek information that will provide greater certainty and clarity about their situation, or avoid information that might reveal uncomfortable or undesirable realities (Brashers, 2007). Beyond the uncertainties people may experience with regard to their health, the diagnosis of illness can also elicit questions about the impact that health problems might have on relationship quality or functioning (Solomon et al., 2016). The chapters in this section consider the implications of both illness uncertainty and relational uncertainty. In Chapter 7, Catona studies the ways in which coping with a spouse's Alzheimer's disease can give rise to relational uncertainty and interfere with personal goals and routines. In Chapter 8, Keeler examines the uncertainties that arise for adult children who are co-managing care for an aging parent and the information management strategies they employ to coordinate their actions. Shifting focus to illness uncertainty in Chapter 9, Carpenter, Greene, Checton, and Catona consider how uncertainty about a cardiac condition influences people's decisions to share information about their condition with their spouse. Finally, in Chapter 10, Frisby, Matig, and Harris examine the questions that children grapple with following the death of a parent and the uncertainties that surviving parents encounter with regard to helping their children cope with grief and loss. Thus, these chapters highlight the prevalence of uncertainty in health contexts and the effects it has on close relationships.

Part IV of this book focuses on the role of social support in managing health and wellness. Close relationships are a valuable resource for individuals coping with a stressful health condition. In close relationships, family members, friends, and romantic partners can share in the burden of managing conditions and outcomes of illness (Lyons, Mickelson, Sullivan, & Coyne, 1998). On the one hand, individuals may benefit from the support and comfort they receive from a relationship partner who is willing to share the load of managing and treating a health diagnosis. On the other hand, providing support in the context of illness can introduce unwanted stress and burden for individuals and in their relationships. The chapters in this section highlight some of the benefits and challenges associated with receiving and providing social support in the context of health and wellness. Chapter 11, by Tao, Randall, and Totenhagen, explores the ways that same-sex couples support one another in the face of stress and depressive symptoms associated with potential rejection from family members. In Chapter 12, Steuber-Fazio, Moran, McNair, and Cogland describe the stressors that arise for husbands when dealing with a wife's postpartum depression and the ways that they solicit support from social networks to help cope with uncertainty in this context. Finally, in Chapter 13, Banerjee, Manna, and Parker examine the

patient–provider relationship and the strategies that oncology nurses use to convey sensitivity and support to patients who are confronted with a serious health condition. The studies in this section point to the ways that close relationships can be the source of incredible support, but also tremendous stress, when sharing in the maintenance of health and wellness.

The final section of this volume highlights the various communication patterns that are employed in close relationships in various health contexts. Two of the studies in this section focus on the communication dynamics in families, especially parent–child communication patterns, that have implications for health outcomes in the family. For example, in Chapter 14, Haverfield and Theiss examine the family communication patterns in families of parents coping with alcoholism that set the stage for social adjustment and psychological well-being for adult children of alcoholics. Similarly, in Chapter 15, Aloia and Stone describe the ways that childhood exposure to verbal aggression in the family can buffer against the stress of being a caregiver for ailing parents during adulthood. Going beyond the family context, Chapter 16, by Delaney, examines the impact that depressive symptoms can have on people’s communication about sexual intimacy with a romantic partner. Collectively, these studies highlight the ways in which communication patterns can both shape and reflect the ways people navigate health and wellness in their families and close relationships.

CONCLUSION

Relationships and health are intertwined in complex and nuanced ways. Conditions in families and close relationships can shape the way that people respond to various health conditions and they can be shaped by the unexpected diagnosis of illness. In many ways, close relationships serve as a safe haven, a source of support and encouragement for those who are coping with illness or attempting a healthier lifestyle. In contrast, coping with illness or managing one’s health behavior can present a number of threats and challenges to people’s close relationships. This volume shines a light on interpersonal influence, information management, uncertainty, social support, and communication patterns as five processes inherent to close relationships that are particularly influential in health contexts. Studying the antecedents and outcomes of these processes can provide important insights for positioning close relationships to have a positive influence on people’s health and wellness.

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