

# How are Individuals Living with Chronic Illness Treated Within their Families After Diagnosis?

## Literature Review

Chronic physical and mental illnesses are separately reviewed here due to the differences between the two. In this paper, they will also be compared against each other in order to do a cross analysis between the differences and similarities with the way in which family members are treated depending on the type of illness that they have.

### Chronic Physical Illness

Chronic physical illness vary in intensity and types, but there is one characteristic in common. These illnesses recur through time, typically at random intervals. The uncertainty that usually comes along with a diagnosis can intensely impact relationships and communication within the family.

Marriage is the foundation of most families across different cultures. Making sure that the marital bond stays strong is quite challenging when a member of the family faces a chronic physical illness. A chronic physical illness may change the everyday life and interaction of the entire family tremendously in order to attempt understanding how those who have been diagnosed and treated already conducted around relevant communication processes. Bash and Arkinson (2007) found that among couples that talk about the direction and nature of their relationship, couples who are chronically ill experienced more benefit compared to couples that did not include somebody who had some chronic physical illness. This literature only proves that in a scenario wherein a spouse is chronically ill, it is very important to use communication in making each other aware of specific things such as their feelings about a certain situation, or what one expects or needs from their partners. Expressing about the status of the relationship can be particularly helpful for people who are chronically ill especially when it comes to expressing fears related to their marriage and their illness.



Bean and Umali (2009) suggested that a so-called collaborative talk is the kind of communication which is correlated commonly with positive results. This only goes to show that it is very important for all married couples to talk about their issues and situation altogether in order to keep their relationship very strong because these tactics have already been proven to be valuable for the couple. Shim and Simon (2015) add to this further by explaining that couples who are aware of the expectations of their partners regarding communication within the marriage are more successful in providing support to one another. Also, being aware of the desires of their partners and being able to fulfill them is important towards achieving satisfaction in the functioning of the relationship. Marital sharing and coping is not just limited to the talk within the relationship. Another very powerful way of doing so is through narratives.

Narratives is something that is recognized strongly and often praised through literatures on chronic physical illnesses. Various studies (Free & Chapman, 2008; Ottenson & Scott, 2005; Dickson & Walker, 2006) stress the primary importance of communicating with narratives for the healing process of the family. Narratives are very beneficial since they allow studies and research to capture some personal accounts of disease, letting the ill person act as a gatekeeper of their own information regarding their illness. Ottenson and Scoot (2005) state that those who are dealing with chronic physical illnesses are more likely to share actively if their perceptions and feelings are confirmed by others, especially family and friends. Some chronic illnesses result to a negative social stigma, and receiving confirmation that people will turn out to be respectful is very important in getting the patient to share and open up regarding their experiences. Storytelling and narratives help families to effectively communicate regarding the changes that they have experienced and have taken place in the family. Ottenson and Scoot (2005) concluded that the changing identity while facing the illness never stops. In fact, it is endless wheel of development. Sharing via narratives in cases of different chronic physical illness has the possibility of experiencing better communication in the family because the patient can concisely and clearly explain what is currently going on with them from their personal perspective.



This can significantly help the family determine what the patient has been through, while understanding new identities that are emerging. However, Losch (1982) points out a very important paradox explaining that patients may be empowered by explaining a narrative account of their story, and others may also feel anxious from remembering those moments within their life. As explained by Grethel and Satchkinson (1992), when the participants used communication in reducing the fear that they feel regarding their illness, they were most likely to communicate regarding their illness better. Winsy and Denton (2006) show that narratives are very important in meeting the expectations and understanding of the family members when they experience chronic illness. Most often, people will also face expectations for their family members without even expressing them verbally, leaving them confused more often regarding the direction that they need to take. However, a form of storytelling or narrative in cases of chronic physical illness may also reflect some of the unfulfilled needs of the patients, helping family members to determine them.

On the other hand, a chronic mental illness can be quite difficult for families to deal with, given its negative social connotations in most societies all over the world today. A family member suffering from chronic mental illness may lead to constant monitoring and care, depending on the intensity and the illness. As such, families may end up finding it difficult to deal with understanding the diagnosis of chronic mental illness due to the number of challenges presented. (Smith, 2009).

#### References

- Bash, J., & Arkinson, W.R. (2007). Dyadic adjustment required in chronic illness. Does it matter to engage in relationship talks? *Family Psychology Journal*, 21(5), 467-471. doi: 12.3534656-123.12.3.4543
- Bean, G.A., & Umali, R. (2009). A developmental model of married couples dealing with chronic illness. *The Bulletin of Psychology*, 135(8), 922-956.
- Dickson, W.E., & Walker, G.A. (2006). Coping techniques among cancer patients: Imagined interactions and actual communications. *Health Communication*, 4, 257-268.
- Free, G.A., & Chapman, E.G. (2008). Culturally based approaches in families and its practices. *Contemporary Social Services Journal*, 45(5), 200-210.
- Grethel, D.F., & Satchkinson, G. (1992). Do communication styles moderate interaction between members of the families? *Family Communication Journal*, 12, 153-144. doi: 10.1080/2352352.123.2141
- Losch, A.D. (1982). *Communication research questions: finding answers*. New York: ABC Press.
- Shim, A., & Simon, W. (2015). Caring for caregivers of individuals with mental illness. *Journal of Psychiatry*, 58(5), 223-229. doi: 10.355/124-135.5436
- Ottenson, Q., & Scott, A. (2005). Healing and narratives. Exploring the possibilities. *Health Communication*, 17(4), 135-145.
- Winsy, A., & Denton, Y. (2006). *The cancer journals*. Florida: Sheba.
- Smith, T. (2009). Stigma and social disruption – network dynamics in mental illnesses. *Social and Personal Psychology*, 33(2), 23-34.

