

# Family Processes and Chronic Illness

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## Past Research

- In 1962, two pediatricians published the first paper from a study examining the relationship between family stress and the susceptibility to streptococcal infections.
- They found that an acute crisis was four times more likely to have occurred during the pre-illness period.
- It was called the family stress study and it was alerting doctors to the fact that a person's social environment might be a determinant of the clinical incidence of disease.
- Another study 25 years later in 1986 at George Washington University studied the relationship between family factors and dynamics and medical issues.
  - This study focused on three family factors
    - The family's problem solving style
    - The strength of the family's extended network
    - The family's level of accomplishment as measured by income and educational level
  - This study was able to predict the early death of patients and it was very startling. It was startling because it was able to predict early patient's death with 100% accuracy.
  - The thing that made this study so startling was that a few of the findings were the exact opposite to what you would think.
    - It turned out that meaningful contact of family members across three generations (family network) predicted *early death*.
    - The also found that the more highly coordinated the family was with its problem-solving style (usually considered a positive trait), the greater the likelihood the patient would be dead at the time they did a two year follow-up.
    - And they found out that the higher the level of accomplishment, the more likely the patient would have died before the two year follow-up.
    - At the same time, physicians ratings of the disease severity proved useless as predictors of the course of the illness.
  - There have been a few studies that have tried to disprove the 1986 Reis study, but they have been inconclusive.
  - Nearly every study since then have essentially ignored or at best tolerated families in many medical settings.
  - Although many hospitals and clinical settings have improved family support, but rarely are these settings and programs ever administered by staff trained in family system dynamics.

## A Brief Overview of the Family and Illness

- The “Deficit” Perspective
  - This approach focuses on family pathology.
  - The idea is that the family is a potential negative force in medical illness situations, in that dysfunctional family behavior psychologically and physically debilitates the family members.
  - This increases the risk for physical illness.
  - Possibly the best known of these “deficit” models is the “psychosomatic family.”
    - Families in which there is a chronically ill member, it is thought that this renders individual family members susceptible to disease.
- The Family as a Resource
  - In this approach the focus is on the family as a potential resource for coping with chronic illness.
  - This basic argument is that the family serves either as a protective or preventative role in strengthening individual resistance to illness.
  - These families tend to educate and reinforce healthy behaviors such as diet, exercise, tobacco and alcohol abuse.
- The Clinical Course Perspective
  - The third perspective looks at how the family influences the course of chronic illness, and argues that because different illness characteristics and phases place different demands on the family.
  - The research and clinical work from this perspective looks at the interface between family behavior and illness characteristics, and asks questions about how a family can reinforce one another as the illness becomes more chronic and critical.
  - In this perspective, as an illness moves into its chronic phase, family members come to reorganize their daily lives around the illness demands.
    - For example, daily routines such as sleep-wake cycles, mealtime schedules, etc. are reorganized to accommodate the illness.
    - Space within the home is reorganized to accommodate treatment needs.
- The Impact Perspective
  - This fourth perspective focuses not on the family influence on the course of the medical condition, but it focuses on the impact of the illness on the family members.



## Concluding Comments

- There is vast research and clinical literature suggesting an impact of illness on all the family members.
- In chronic illness situations, it is the family rather than the individual alone who should be seen as needing care.
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- In chronic illness situations, it is the family rather than the individual alone who should be seen as needing care.
- Current trends need to be addressed of the importance of the family in the medical treatment environment for the next decade:
  - Aging population
  - Conditions that used to be acute and possibly terminal are now increasingly becoming chronic. (Examples: ESRD, HIV, cancer)
  - Impact of high-technology treatments on the family
  - Increasing use of family members as an extension of the health care team in home treatment
  - Growing appreciation of the importance of health behaviors in the prevention of illness
  - Death and dying decision-making
  - Genetic predisposition to illness, and the current implications of genetic testing for the family.

50% OF PEOPLE WITH CHRONIC PAIN SAY THEIR LOVED ONES SOMETIMES DOUBT THE SEVERITY OF THEIR PAIN.



In the last stages of a final illness, we need only the absence of pain and the presence of family.

(Helen Hayes)