

*Duggan Health and Illness in Close Relationships* Book 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 close relationships. 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.