

# FOREWORD

The sociological study of the impact of health issues on familial relationships is broad and affects a variety of facets of family life. Individual and group family roles significantly impact the emotional and economical functionality of relationships and are quite vulnerable to health concerns as they radiate throughout the structure of the family itself. As one family member experiences a health crisis, the support structure must adapt to accommodate family members' needs as their role dictates. Some health concerns are life changing, such as terminal or chronic illness, while others bear less significant familial global impact, yet still placing great strain on the relationship and expectations of the individual and group.

All family members, across all cultures, have role expectations. When a health crisis is introduced, it changes the role expectations, thus causing individual strain and ultimate stress on the individual or group. Strain can be experienced in a variety of ways including emotional, economical, and physical stress. How each of these factors affect the familial relationships can differ greatly depending on cultural, global, and socioeconomic differences. When we consider health issues that bear the greatest impact, such as terminal and chronic illness for example, we first examine the pressures on relationships on those that are most acutely affected, then how those strains affect the rest of the family structure. A caregiver of an ill parent or child must adjust their lifestyle to assist their family member. That dyad changes directly, then all other relationships must be adjusted accordingly.

Receiving a negative health diagnosis bears great impact not only on the individual, but also on the closely related family members as well. Navigating these relationships in the time surrounding the diagnosis and shortly thereafter is difficult, and this is the time in which family relationships undergo notable changes. Responsibilities, expectations, and roles are all not what they once were. A partner becomes a patient, a child becomes a caregiver, a caregiver becomes one-in-need. All of these changes require an individual to undergo both social and psychological transformations, often accompanied by a great amount of strain. These individuals may not be able to fulfill roles for others as they once had. Caregivers may have to leave their jobs, or simply neglect friendships and other interpersonal ties.

The closest family members of the individual who experiences a health issue must temporarily suspend their own lives, or readjust them altogether. This can be the source of resentment or strain for surrounding family members, or other people in their lives. It can have a negative economic and social effect on the caregiver as well.

Economic strain is another issue presented when considering problems associated with health concerns and the family. The cost of health care places great unexpected financial strain on families, which leads to emotional stress. For many years, family researchers have noted that one of the leading causes of marital strain and divorce is economic strain and disparity. Job loss and the steady unemployment rates of the past decade have significantly contributed to increases in depression diagnoses. Such mental illness negatively affects familial relationships. Many health issues are behavioral in nature, yet still largely impact familial relationships in terms of cultural belief systems and how families cope with conflict and problem solving. Simply maintaining healthy relationships among family members is difficult across the lifespan as generations undergo cultural shifts in the areas of sexual and social behaviors. Any major shift in lifestyle that can directly affect the health and well-being of the family regardless of the issue's origin can be stress-inducing and will inevitably introduce strain to familial relationships.

The strength of familial relationships directly affects the degree to which individuals experience crises. In "In Good and Bad Times? The Influence of Current Relations with Extended Kin on Negative Life Events," authors Martijn J. A. Hogerbrugge and Aafke E. Komter examine relationships with extended family members and the likelihood of negative life events. Using prospective data from a nationally representative panel study on Dutch families, the authors explore the influence of extended family on life events in general, and the possibility of support that relatives could or would offer in the event of health, financial, or emotional crisis. While strong familial ties can indirectly dictate reduced vulnerability to life crises, families still need help keeping their families healthy and maintaining relationships with family members who live alone or need additional care. Marilyn J. Coleman, Lawrence H. Ganong, and Jacquelyn J. Benson have explored health interventions with families in order to prevent problems before they occur, to help family members who are caring for adults. In "Multiple Segment Factorial Vignettes in Family Health Interventions," the authors have designed a series of short stories to study attitudes, values, beliefs, and behaviors for use in interventions with individuals, couples, and families. The stories were used in an intervention project in which

the family members and friends of older adults who lived alone were taught how to use the short stories in collaborative problem-solving with older adults about maintaining their independence safely in their homes.

Individual mental health not only impacts family relationships, but also affects decision-making, as well. In “No Relationships, No Emotions, Just Sex: Exploring Undergraduates’ Sexual Decision Making in Friends With Benefits Relationships,” Christina L. Scott, Belinda Carrillo, and Irma M. Rivera examine the psychological well-being of male and female college students engaging in casual sex relationships, measuring decision-making skills using self-report measures. Both men and women displayed emotional ease with establishing independence in sexual relations, an unexpected outcome from previous social notions. While mental well-being can strengthen family relationships, mental illness can weaken ties and introduce greater strains. In “Work-Family Conflict and Depression for Employed Husbands and Wives in Japan: Moderating Roles of Self and Spousal Role Involvement,” Tetsushi Fujimoto, Sayaka K. Shinohara, and Tsuyoshi Oohira examine the impact of work-to-family conflict on depression for employed husbands and wives in Japan. Using data from a comprehensive study of working Japanese men and women, the authors posit that women experience higher levels of depression when faced with greater strains from work-to-family conflict than men, ultimately negatively affecting family relationships. Such findings may suggest an uneven distribution of gender expectations in the areas of caretaking and household management.

Andrew S. London and Janet M. Wilmoth take a deeper look at the effects of cognitive illness on relationships with their study, “Extramarital Relationships in the Context of Spousal Alzheimer’s Disease: A Mixed-Methods Exploration of Public Attitudes.” Using data from the National Social, Health, and Aging Project, the authors found that spousal caregivers have a need for intimate relationships outside of the marriage, while nonspousal caregivers viewed such behavior as negative. These findings open the discussion for further spousal caregiving support in order to promote and preserve mental and physical well-being with a global and multicultural approach. Behavioral disorders bear a unique set of constraints on familial relationships and each family cope with diagnosis differently. Jessica Streeter discusses differences in coping strategies between Black and White families when receiving Attention Deficit Hyperactivity Disorder diagnosis in “Black-White Differences in Formal ADHD Diagnosis: Unmet Need, Or Conscious Decision-Making Process?” Another view on ADHD is examined by Anita Hoag in “Mothers’ Perceptions of Family Communication Patterns When Having an ADHD Child,” where she

conducted in-depth interviews with mothers of children with ADHD, exploring ways in which they communicate with each other, and how their child's experiences affect the mother's own personal familial and nonfamilial relationships.

Parent-child relationships are most significantly affected by health issues. We most often think of parents as caregivers, and much research focuses on how the childhood illness affects parents and the family as a structural whole including both familial and nonfamilial relationships. Family-centered care bears perceived challenges, as discussed by Jennifer S. Reinke and Catherine A. Solheim in "Families of Children with Autism Spectrum Disorder: The Role of Family-Centered Care in Perceived Family Challenges." Using data from the 2009-2010 National Survey of Children with Special Health Care Needs, Reinke and Solheim found that children were more likely to receive family-centered care when their socioeconomic environment was more favorable, thus providing greater opportunities for individuals for care who were economically advantaged as opposed to those who are not. Caring for children with health needs creates not only strain on parental relationships, but also physical strain as well. SunWoo Kang and Nadine F. Marks explore emotional and physical stress of caregivers in "Parental Caregiving for a Child with Special Needs, Marital Strain, and Physical Health: Evidence from National Survey of Midlife in the U.S. 2005." Using data from the National Survey of Midlife in the United States, Kang and Marks found that parents who cared for children with special needs had higher rates of poor health and in some cases high levels of marital strain.

Health issues can be stressful to the structure of familial relationship when they place greater responsibilities on children. This occurs in instances where parents are the recipients of negative health diagnoses. In "Multiple Sclerosis and Parenting: How Our Children Respond to Diagnosis, Treatment, and Daily Life," authors Darbi J. Haynes-Lawrence and Adam R. West delve into the experiences of parents sharing their diagnosis of chronic illness with their children, gathering data through in-depth interviews. They discover that parents felt it was helpful for the children to know about the illness, and they could be involved in the treatment process, thereby opening avenues for additional support systems for the parents. Amanda C. Ginter and Bonnie Braun approached the issue of single parenting with breast cancer in "Single Mothers with Breast Cancer: Relationships with their Children." Gathering the experiences of 12 mothers with breast cancer, the authors explored the challenges associated with parenting and chronic illness including sharing information

with their children in age-appropriate ways, finding emotional support for both mother and child and managing changing relationships during and after treatment.

Overall, the contributions to this volume of *Contemporary Perspectives in Family Research* are an exploration of cultural and familial experiences with health crises and coping with changing relationships. Each of the chapters herein offers considerable insight into the intricately interwoven nature of family dynamics, and how these change, adapt, and hopefully overcome the challenges associated with health dilemmas within the family. The authors have put forth substantial opportunities for policy change, as well as further research, and we extend our most sincere appreciation to them, to the many reviewers involved in this project, and to the helpful staff at Emerald Publishing.

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