Aging Partners Managing Chronic Illness Together: Introducing the Content Collection

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Abstract
Prior literature on illness management within intimate relationships demonstrates a variety of benefits from supportive partnership. Indeed, much of the earliest research in this field engaged older adults with and without chronic conditions. However, this pioneering literature gave little consideration to relationships in which multiple partners were coping with chronic illness. By contrast, the majority of published manuscripts presented a “sick partner/well partner” model in which caregiving flowed only in one direction. Yet this idea makes little sense in the context of contemporaneous data on population aging and health as a majority of older adults now live with at least one chronic condition. Scholars still have not delved explicitly into the experiences of the vast population of older relationship partners who are managing chronic conditions simultaneously. We thus welcome Gerontology and Geriatric Medicine readers to this special content collection on Aging Partners Managing Chronic Illness Together.

Keywords
chronic diseases, mental health, decision making, caregiving and management, gender/sexuality, health care disparity, race/ethnicity, quality of life

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Growing older brings many changes in our lives, among them dynamic shifts in our health across multiple domains (Young, Frick, & Phelan, 2009). As we age our physical, mental, behavioral, and social health all undergo transitions. Some of these changes may persist across time, whereas others may ebb and flow inconsistently from day to day. Regardless of the specific shifts we experience with our health in different areas, we universally undergo a process of figuring out how to manage these changes (Strine, Chapman, Balluz, Moriarty, & Mokdad, 2008). That process often begins with placing our health experiences into the context of our most important social relationships (Cohen, 2004). For many people, intimate partnerships rank foremost among these connections.

A large and diverse literature highlights the importance of intimate partnerships in health promotion and maintenance, both generally with respect to the full adult life course and specifically with respect to later portions of same. The term “intimate partnerships” describes a broad category of lasting, intense relationships between two or more people. These may include cohabitation and marriage but are not necessarily limited to these instrumental structures (Kiecolt-Glaser, Gouin, & Hansoo, 2010). Overall, prior research suggests that the quality of intimate partnerships—and especially social support within those relationships—impacts strongly upon people’s health as they grow older (Robles, Kiecolt-Glaser, 2003). Additional research indicates that when a relationship partner experiences chronic illness, having a supportive environment within their partnership can protect health in a variety of ways (Berg & Uphuruch, 2007). Some of this buffering against the adverse consequences of chronic disease occurs because supportive partnerships can facilitate effective illness management—a process of adjusting to and coping with changes in health introduced by persistent conditions (Charmaz, 2000).

Prior literature on illness management within intimate relationships demonstrates a variety of benefits from supportive partnership. Indeed, much of the earliest research in this field engaged older adults with and without chronic conditions. However, this pioneering literature gave little consideration to relationships in which multiple partners were coping with chronic illness. By contrast, the majority of published manuscripts presented a “sick partner/well partner” model in which caregiving flowed only in one direction. Yet this idea makes little sense in the context of contemporaneous data on population aging and health as a majority of older adults now live with at least one chronic condition. Scholars still have not delved explicitly into the experiences of the vast population of older relationship partners who are managing chronic conditions simultaneously. We thus welcome Gerontology and Geriatric Medicine readers to this special content collection on Aging Partners Managing Chronic Illness Together.

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without chronic conditions. However, this pioneering literature gave little consideration to relationships in which multiple partners were coping with chronic illness (Nowakowski & Sumerau, 2017). By contrast, the majority of published manuscripts (e.g., Manne & Zautra, 1990) presented a “sick partner/well partner” model in which caregiving flowed only in one direction. This discourse suggested that even in cases where multiple partners within a relationship lived with chronic illness, the overwhelming share of caregiving was still provided by one person (Kuyper & Wester, 1998).

Yet this idea makes little sense in the context of contemporaneous data on population aging and health. During the time frame when many of these earlier pieces were published, a majority of older adults lived with at least one chronic condition (Phelan, Anderson, Lacroix, & Larson, 2004). For example, in the early 2000s 82% or more of Medicare beneficiaries aged 65+ in the United States lived with one or more diagnosed chronic diseases, and more than 75% of those individuals had multiple persistent conditions (Wolff, Starfield, & Anderson, 2002). Nearly two decades later, the fields of social gerontology and illness management still have not delved explicitly into the experiences of the vast population of older relationship partners who are managing chronic conditions simultaneously (Nowakowski & Sumerau, 2017).

We thus welcome Gerontology and Geriatric Medicine readers to this special content collection on Aging Partners Managing Chronic Illness Together. It continues the work we began in 2017 with our own article highlighting some of these gaps in the literature on intimate relationships and health across the life course. In this article, we introduced the concept of collaborative illness management as a phenomenon likely occurring in many partnerships, defining this construct as one of purposive activity in which intimate partners with chronic conditions deliberately and synergistically support one another in managing health. The limited prior research we found even acknowledging the possibility of such activity focused exclusively on heterosexual, cissex/cisgender, and monogamous individuals are amplified in the limited research published to date on older adult sexuality (Davis, 2012). We have found this to be especially true for research on sexuality among older adults living with chronic conditions (Nowakowski & Sumerau, 2017). Our journey so far as a queer, open, and gender nonbinary couple living with multiple chronic conditions has thus inspired us to champion inclusive research on partners’ collaborative experiences of illness management as they grow older together. We hope that you will join us in this effort!

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