

## MMC 6936

### THE INTERSECTION OF FAMILY COMMUNICATION & HEALTH ACROSS THE LIFE SPAN

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#### **COURSE DESCRIPTION & OBJECTIVES**

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*The interpersonal communication that fuels our social world is as essential to our survival as any biological or physical process that keeps us alive.*

*Hummert, Nussbaum, & Wiemann, 1994, p. 3*

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This course will introduce you to how family communication and health intersect across the entirety of our lives. A primary goal is to identify the centrality of family communication to our physical, psychological, and social wellness. How might family communication contribute to or promote good health *and* how might family communication inhibit health? A central aim of this class is to gain the knowledge needed to produce translatable / applied research (or enhance clinical practice) that can promote better family health in today's society.

We will apply a broad theoretical framework of both family communication and health called the life-span perspective. This theoretical approach is valuable in capturing how family behavior influences health across the life span as well as generations. You will have an opportunity to explore the intersection of family communication and health in various familial relational contexts (e.g., marital, parent-child, patient-family member-health provider) and health contexts (e.g., physical illness like cancer; mental illness like schizophrenia and addiction; stressful transitions/crises like divorce; disease or health risks). We will also examine this intersection of family communication and health across the life cycle (from birth to end of life). We will explore different conceptualizations and operationalizations of "family communication/behavior" (e.g., disclosure, social support, coping) and appreciate health holistically (i.e., relationally, physically, and psychologically). Over-arching goals are that we investigate how family communication contributes to our health, survival, or resilience; how families talk about health; and how health impacts family communication from birth to death and from generation to generation. We will also pay close attention to how family behavior differs across generations (Millennials versus Baby Boomer communication norms/patterns) and at various points of human development (e.g., adolescence, midlife), which can further complicate intergenerational family behavior and health outcomes.

This is a *very* interdisciplinary, collaborative field involving both scientists and clinicians. As such you will be exposed to research in human communication (family or health communication), developmental psychology, human development and family studies, health psychology/biobehavioral health, nursing/medicine, public health/epidemiology, gerontology, medical humanities/arts, among others.

You will also be exposed to interventional and applied/translational research. Our exploration of research will be inclusive and include critical, interpretive, and empirical forms of research as well as translational tools like documentaries. We will also critically read two books which represent research exploring the intersection of family communication health, research applying a life-span perspective, and producing knowledge critical to understanding the centrality of family behavior to health.

To accomplish our goals, the course is divided into 4 sections.

#### **I. UNDERSTANDING THE FOUNDATION – THE GROUNDWORK**

- a. We will begin by laying the groundwork by connecting three broad areas of research: 1) family communication/behavior; 2) health; and 3) life-span theory. These initial readings will help you understand the life-span theoretical perspective of behavior and health. We can use this perspective to better comprehend how family communication and health intersect across the entirety of our lives. We will also look at specific theories used across disciplines and in health practice. Once this groundwork is laid, we will spend the remaining 3 phases of the class applying the life-span perspective to understand how family behavior and health are connected across life. This application will be done in the following 3 ways:

#### **II. FAMILY COMMUNICATION ACROSS THE SEASONS OF LIFE: HUMAN DEVELOPMENT & SUCCESSFUL AGING**

- a. First, we will explore family interaction and wellness across the life span by focusing on periods of human development or across the “seasons of life” (e.g., adolescence, young adulthood, midlife, later life, end of life). How does family interaction affect our development and vice versa? In doing so we will explore the concept of “successful aging” and how kin interaction affects healthy aging as well as end of life.

#### **III. ADAPTING TO CHANGE: FAMILY COPING & STRESSFUL TRANSITIONS ACROSS THE LIFE SPAN**

- a. Second, we will examine how family communication affects our ability to cope with non-normative stressful changes/crises/transitions (e.g., a life-threatening health diagnosis) as well as those challenges that are more normative (e.g., having a baby). How does family communication affect our ability to adapt during times of stress, how is our communication tied to health outcomes while coping, and how do family communication patterns impact resilience? In other words, we will examine the adaptive or maladaptive functioning of our kin behavior during turning points / transitions.

#### **IV. LONGITUDINAL PERSPECTIVES: FAMILY COMMUNICATION & HEALTH OUTCOMES**

- a. Third, we will examine the potential longitudinal implications of family communication on the development of health outcomes (e.g., mental illness, disease, substance abuse, violent behavior, suicidality). How do family communication patterns contribute to the development of disease or disorders (both physical and mental)? How might family communication reduce our disease risk? In essence, we will investigate how certain family communication patterns contribute to healthy and unhealthy outcomes and how those patterns can be transmitted across generations.

## **MATERIALS**

### REQUIRED TEXTS

- Pecchioni, L. L., Wright, K., & Nussbaum, J. F. (2005). *Life-span communication*. Mahwah, NJ: Erlbaum.
- Segrin, C., & Flora, J. (2011). *Family communication, 2<sup>nd</sup> edition*. New York: Routledge
- Fisher, C. L. (2014). *Coping together, side by side: Enriching mother-daughter communication across the breast cancer journey*. New York: Hampton Press.
- Fadiman, A. (1998). *The spirit catches you and you fall down: A Hmong child, her American doctors, and a collision of two cultures*. New York: Farrar, Straus & Giroux.

### ADDITIONAL REQUIRED MATERIALS:

- 1) Articles posted on Canvas
- 2) APA style manual

### RECOMMENDED TEXTS/RESOURCES \*please see me about specific contexts!

- Bengtson, V. L., Putney, N., & Harris, J. (2013). *Families and faith: How religion is passed down across generations*. New York, NY.
- Bengtson, V. L., & Settersten Jr, R. (Eds.). (2016). *Handbook of theories of aging*. Spring.
- Braithwaite, D. O., & Baxter, L. A. (Eds.). (2006). *Engaging theories in family communication: Multiple perspectives*. Thousand Oaks, CA: Sage.
- Catherall, D. R. (Eds.). (2004). *Handbook of stress, trauma, and the family*. Sussex: Brunner-Routledge.
- Daly, K. J. (2007). *Qualitative methods for family studies & human development*. Thousand Oaks, CA: Sage.
- Falco, C. J. (Ed.). (1988). *Family transitions: Continuity & change over the life cycle*. New York: Guilford.
- Gaff, C. L., & Bylund, C. L. (Eds.). (2010). *Family communication about genetics: Theory and practice*. Oxford: Oxford Press.
- Greenstein, M., & Holland, J. (2015). *Lighter as we go: Virtues, character strengths, and aging*. Oxford University Press, USA.
- Harter, L. M., P. M. Japp, & C. S. Beck (Eds.), *Narratives, health, and healing: Communication theory, research and practice*. Mahwah, NJ: Erlbaum.
- Holland, J. C., & Zittoun, R. (Eds.). (2012). *Psychosocial aspects of oncology*. Springer Science & Business Media.
- Maguire, Kathryn C. (2012). *Stress and coping in families*. Cambridge: Polity.
- McDaniel, S. H., Hepworth, J., & Doherty, W. J. (1991). *Medical family therapy: A biopsychosocial approach to families with health problems*. New York: Basic Books.
- McKenry, P.C., & Price, P.C. (Eds.). (2005). *Families & change: Coping with stressful events and transitions*. Thousand Oaks, CA: Sage.
- Miller-Day, M. (Ed.). (2010). *Family communication, connections, and health transitions: Going through this together*. New York: Peter Lang.
- Nussbaum, J. F. (Eds.). (2014). *Handbook of life-span communication*. New York: Peter Lang.
- Rolland, J. S. (1994). *Families, illness, & disability: An integrative treatment model*. New York: Basic Books.
- Schmaling, K. B., & Goldman Sher, T. (Eds.). (2000). *The psychobiology of couples and illness*. Washington DC: American Psychological Association.
- Smith, A.M. (2012). *Tracing family lines: The impact of genealogy research on family communication*. Lexington Books
- Turk, D. C., & Kerns, R. D. (Eds.). (1985). *Health, illness, and families: A life-span perspective*. New York: Wiley.
- Turner, L. H., & West, R. (Eds.). (2006). *The family communication sourcebook*. Thousand Oaks, CA: Sage.

Vangelisti, A. L. (Ed.). (2004). *Handbook of family communication*. Mahwah, NJ: Erlbaum.  
 Walsh, F. (2006). *Strengthening family resilience, 2<sup>nd</sup> edition*. New York: Guilford.  
 Whitman, T. L., Merluzzi, T. V., & White, R. D. (Eds.). (1999). *Life-span perspectives on health and illness*. Mahwah, NJ: Lawrence Erlbaum.

**GRADING**

Your grade for the course is based on the following point scale. I do not curve or offer extra credit.

In-Class Participation	50	A	= 450-500
Discussion Board Responses (10 @ 10 points ea)	100	B	= 400-449
Discussion Facilitation/Outline (2 @ 25 points ea)	50	C	= 350-399
Paper Proposal	100	D	= 296-349
Final Paper	<u>200</u>	F	= 295 or less
Total Possible Points	500		

**COURSE REQUIREMENTS**

1. In-Class Participation:

Punctuality and attendance are expected. This is a graduate-level seminar. As such, there will be minimal lecturing. At times I will briefly lecture in class to orient you to the life-span approach as well as complexities in family communication and health-related research. However, the class format will primarily consist of student-led discussions. It is essential that you prepare fully for these class discussions.

To be fully prepared, complete all readings and do so with a critical, analytical lens. Prepare yourself adequately enough for active participation. Read the articles thoroughly and take notes. For each reading, I recommend identifying the following:

1. What is the major theme in terms of how family communication and health intersect? What phenomena are of special focus or interest?
2. Is the life-span perspective applied in any manner and, if so, how? How does it enhance our understanding of family behavior and health? If it wasn't utilized, would doing so add to our understanding in any way?
3. Consider how family behavior and health were conceptualized and operationalized. What does this tell us and what does it not?
4. What are the strengths and critiques of the research?
5. What practical value does the research have? How can the findings enhance the health of families in society today?
6. What is the next step?

Your input in class is a critical part of learning. Participating fully will increase your comprehension of the material. Your participation is heavily based on *quality* not quantity. What is most important is that your contributions be meaningful and relevant to the readings, which doesn't necessarily mean talking more. Come ready to contribute insightful comments during discussion and to be open, respectful, and attentive to your colleagues.

2. Discussion Board Responses (10 total)

Beginning with the 2<sup>nd</sup> week, each week you will post a short response (a paragraph) on the discussion board. This response must reflect the general topic of the class but can narrow in on any aspect of the readings you want. Essentially you post a comment relaying a reaction to the reading(s) (i.e., what you

found interesting, valuable, surprising, confusing, lacking, exciting, etc). Consider real-world applications/examples/etc. of the issue at hand. **These DB posts are not graded but count for points. The post is due by 9pm the day before class. No late posts are accepted.** Before you come to class it is expected that you have read everyone's posts. When you post, you may engage in a conversation on the board (versus just posting individual, separate reactions). These posts are an opportunity for us to begin the discussion before class, thereby preparing us for an active, engaged discussion in class. When it is your week to lead the class discussion you still have to post to the discussion board but on a reading other than the one you selected to lead for discussion.

### 3. Discussion Facilitation/Outline (2 at 25 points each):

You will sign up to lead part of one class period discussion. You will sign up for this in the first class on one of the designated weeks. This is a more extensive, in-depth version of your discussion board response. On this day you have the opportunity to focus the discussion on what YOU would like to talk about this week so be sure to pick a week in which we cover topics that are of increased interest to you.

When it is your week to lead the class discussion you do not have to post but you must read through these postings thoroughly. Your colleagues' responses are evidence of topics they'd like to discuss, debate, or explore further, which can provide you with a better sense of areas in which you may want to focus on during class discussion. **You will both lead the discussion of that article in class and provide your colleagues with a one-page outline of the reading for their future reference. There are no make-ups or late work accepted.**

For your class discussion, you may begin with a synopsis/summary of the reading but this must be quite brief as it is assumed everyone has already read the material. Focus only on the important points to refresh their memory. Your objective is to lead the group in discussion (not lecture) by identifying key issues to discuss/debate. Utilize your colleagues' discussion points for direction. Also bring in real-world examples (health programs or practice, policy, community resources, media artifacts) of how this area of research is being implemented or identified in today's society if possible and relevant. Your discussion lead should be about 5-10 minutes but we will have an additional 10-20 minutes to discuss the reading which you will lead.

### 4. Paper Proposal

Midway through the semester you need to submit a paper proposal of your final paper during our writing workshop. I use this as an opportunity for you to receive feedback from me early on. We also use a class period to discuss your topics so that you can receive feedback from your peers. You must submit a 1-2 page overview or outline of your paper indicating the paper option you have chosen, narrowed focus, and intended plan of action. You must also submit an annotated bibliography of references you intend to use (at least 10 must be collected at this stage). You will present your topic to the class in 5 minute presentation. There will be 5-10 minutes allotted per person for feedback, questions/answers, and discussion as a large group. This is an opportunity to offer collegial support, insight, and guidance to one another in our research endeavors. **No late entries will be accepted. This is worth points (35 points for summary/outline, 35 points for annotated bib, 30 points for presentation) and not graded, but I will provide you with written feedback to utilize in your final paper. Due Oct 11.**

### 5. Final Paper

Over the course of the semester you will identify an area of family and health communication that you would like to examine in-depth in a final paper. This is an opportunity to expand your area of expertise and advance your research skills. Take this opportunity to challenge the field, make your own

contributions, and be part of advancing socially relevant knowledge that improves the health of families. I encourage and welcome each of you to make an appointment to meet with me outside of class to discuss your ongoing work and interests. If it's easier to "meet" by phone we can always set up an appointment to talk as well.

Midway through the semester, you will submit a description of your intended final paper (the paper proposal) as well as an annotated bibliography of relevant sources you intend to utilize. By this time you will have chosen which paper option to do, narrowed in on a research inquiry/focus of concern, and have a general idea of the direction you'd like to take/explore. We will discuss these in class during our Writing Workshop class period (Oct. 11).

I realize we are all at various levels of graduate education and training and we also have variant goals in terms of how we intend to utilize this scholarship and practice in our professional lives. I want you to be able to use this class in a manner that is most opportune or beneficial to you in this regard. As such, there are 5 different paper options that you may choose from for this final paper. You may work in pairs for options 2 and 5. Students who decide to work in pairs (at most 3) should be aware that they will receive the same grade. For option 2 (conducting a research study/producing a research manuscript) you must be at the doctoral level of your graduate training and have IRB approval no later than Oct. 11. During the final week of the semester, you will present your paper in a 20-minute conference-style presentation to the class. Papers are due on the last day of class.

- (1) Option 1: Write a Research Proposal. You may have an idea for a new research study that examines the connections between family communication and wellness. Because you may not have enough time to complete that study in one semester, you have the option of submitting a research proposal. This option allows you to complete the data collection in another course or, if you are near graduation, possibly for your thesis/dissertation option. This is an excellent opportunity to craft a thesis or dissertation proposal. This research proposal must incorporate the life-span perspective and is open to any methodological approach (e.g., survey, experimental, observations, diary, interview, ethnography, case study). Your research proposal should be "conference ready." This means that in your research proposal you must include the following: 1) rationale/literature review; 2) clear connections to explicit research questions / hypotheses; and 3) proposed methodology and methods, including details about how you will recruit your participants, collect data and any relevant tools (e.g., scales, interview scripts), and proposed analytical framework to analyze that data.
- (2) Option 2: Complete a Research Study & Manuscript: You may have an existing research proposal from a previous class that centers on examining family communication and health. Be sure that this study somehow incorporates the life-span perspective (e.g., examining communication as a developmental phenomenon; focusing on a specific time or developmental period in life; a longitudinal study or one that centers on transitions). You may be ready to collect data for this study or have access to an existing data set. For this option, you must have IRB approval no later than Oct 1. Your IRB approval needs to be attached to your final paper. This option is open to any methodological approach and epistemological framework. The final manuscript should be ready to send to a scholarly journal or other publication. Thus, this paper option should include the following: 1) rationale/literature review; 2) research questions/hypotheses; 3) methodology section that includes participants' demographics, data collection procedures and tools, and analyses; 4) results or findings; and 5) discussion, including limitations and future directions.

(3) Option 3: Complete a Single Instrumental Case Study Analysis or an Autoethnography: You may also have a research idea you'd like to explore on a smaller scale. For this option, you can conduct a single instrumental case study analysis. You will focus on an issue/concern in family communication and health and select one bounded case to illustrate this issue. This case may be from a diary source, a media artifact (e.g., a short story, book, movie), an observation, or a single interview you conducted. You must incorporate life-span on some level. In conducting a case study analysis you will provide a detailed description of the case (chronology, storyline, etc.) and a narrowed focus on the key issues (i.e., specific themes) you will analyze to better understand the complexity of the case. Use the course readings on family communication and health (as well as your own literary research) to extract meaning about this case. In this final phase, you will explore the "lessons learned" from this case. The life-span perspective or a specific life-span theory should inform your analysis. Use Creswell (2007) and Yin (2003) to guide you. For instance, the final paper for this option may include the following sections: 1) "the incident and response" (clearly identified research problem); 2) the research study and purpose statement; 3) if appropriate, access to the case and rapport issues; 4) emergent themes; 5) discussion; and 6) epilogue. You may also decide to focus on an autoethnographic or personal experience. You must refer to Carolyn Ellis' work on "writing the self." These writings are assigned during the Research & Writing Workshop weeks. We will all read her "Heartful Autoethnography" and an example. If you choose the autoethnography option, you must review the other assigned readings associated with this form of critical artistic inquiry. Provide a personal, episodic narrative, a thematic analysis, and interweave analysis and theory to make sense of your experiences. If you opt for the autoethnographic approach, you may *not* work in pairs.

(4) Option 4: Critique of Existing Literature & Argument for Integrating the Life-Span Perspective: As we explore this area of scholarship, you will identify gaps in the literature—areas concerning family communication and health (from the life-span perspective) that are either very underdeveloped or ignored (e.g., communication and health in culturally diverse families). For this option, review and critique the literature fully. This includes a literature review that is much more in-depth and extensive than that of a typical research article. Be sure to synthesize the literature appropriately, identify strengths and weaknesses, address major areas of concern/critique, and provide directions for future research. In your critique you must go beyond the simple argument of "it's never been studied before."

You may find that an area of family communication and health, maybe one you have studied in the past, does not consist of research in which scholars incorporate the life-span perspective. Based on what you have learned in class and from your readings, you may find that this area of research should be examined using the life-span framework to advance our knowledge in that area. You may even feel that a particular area of study needs to be examined from one particular life-span theory we covered (e.g., socioemotional selectivity theory should be used to understand families coping with HIV and AIDS). For this option, review and critique the literature fully. This includes a literature review that is more in-depth than that of a typical research article. Be sure to synthesize the literature appropriately and identify why the life-span perspective is necessary to further scholarship in this area. Your argument should be well-developed and thorough.

(5) Option 5: Applied or Advocacy-Focused Project in Family Communication & Health: You can advocate for a family/health communication issue. You may choose any communication issue,

challenge, problem, or dilemma that impacts families in some way. For instance, it may be a resource in healthcare designed for families that is missing. You must clearly articulate what the family/health communication concern is and why it is socially salient today in our society (campus level, community level, state or national level). You must incorporate research (scholarship as well as practical documents, such as from the NIH, NCI, or CDC which are grounded in research, and possibly policy) as evidence that this communication issue exists AND that it affects the health/well-being of families in some way. Be sure to incorporate the life-span perspective in some manner. Identify an area in which advocacy is needed to effect change enhance the health of families. You must also identify a current effort/resource available in society that is directly related to the issue. This can be an online group, a social service department, a support group, a nonprofit organization, a health clinic or organization, a health program, a fundraising group, a shelter, a hotline, etc. You will contact this resource to learn more about the issue and what they do (i.e., evaluating their work) to better ascertain where advocacy may be needed but, again, staying within the focus of improving the health of families through a communication lens. This engagement may be observational or interview hours outside of class. Prior to meeting with this resource, however, be certain you have done preliminary research on your own to have a grounded understanding of the family/health issue. In your project you may be at one of two stages: 1) you may be at a stage where advocacy can be implemented or 2) you may have chosen an issue in which more information/knowledge is needed prior to implementing advocacy efforts. Determine which pathway your project fits within. For Pathway 1: Engage in advocacy efforts. This is a more applied initiative and should fit with helping to solve the issue. You should work with the resource to engage in advocacy efforts that fit their needs. For Pathway 2: Engage in more research to ascertain necessary information about the nature of this issue. You will engage with a resource available to individuals to learn more about how this communication issue impacts family health and where advocacy is needed.

#### **LATE WORK & INCOMPLETES:**

No late work or incompletes will be accepted except in *extreme* emergent situations. This is a graduate seminar, which means that completing requirements and attending every class are *expected*. In part, the purpose of this course is to allow you to explore your interests in family communication and health across the life span. It is also an opportunity to hone your research skills as a scholar and prepare you for real-life circumstances that accompany scholarship and professional work in this arena. Submitting late work to agency directors, program administrators, publishers, editors, or convention planners puts you at the mercy of the person reading your submission. Incompletes result in 0 points for that course requirement. In extenuating situations in which late work is accepted, you may receive a notable grade reduction. I also cannot guarantee I will have time to provide you with written feedback.

#### **WRITTEN WORK**

All written material should be double-spaced, 1 inch margins, in Times New Roman 12 point font, and in accord with the APA guidelines. Work should be concise, clear, and grammatically correct. If it is not, you will be deducted points. Be sure to use clear arguments and provide both depth and breadth in your summaries, critiques, and analyses.

\*see Canvas for university and other course policies document

## READINGS & COURSE SCHEDULE

### August 23 Week 1: Introduction to Course & Understanding Our Own Family-Health Interpretations

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#### PART 1: UNDERSTANDING THE FOUNDATION – THE GROUNDWORK

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### Aug. 30 Week 2: The Life-Span Theoretical Perspective of Family Communication & Health

#### The Life-span Perspective:

Baltes, P. B. (1987). Theoretical propositions of life-span developmental psychology: On the dynamics between growth and decline. *Developmental Psychology, 23*, 611-626.

Pecchioni, Wright, & Nussbaum (2005) – Chapter 1: Life-span communication: Perspective and methodology (pp. 3-21).

#### Intersection of Family Communication & Health

Segrin, C. (2006). Family interactions and well-being: Integrative perspectives. *Journal of Family Communication, 6*, 3-21.

#### Intersection of Family Communication & Health from a Life-Span Perspective

Pecchioni, L. L., Thompson, T. L., & Anderson, D. J. (2006). Interrelations between family communication and health communication. In L. H. Turner & R. West (Eds.), *The Family Communication Sourcebook* (pp. 447-463). Thousand Oaks, CA: Sage.

Miller-Day, M. (2010). Health transitions and family communication: An introduction (pp. 1-8).

Jones, D. J., Beach, S. R. H., & Jackson, H. (2004). Family influences on health: A framework to organize research and guide intervention. In A. L. Vangelisti (Ed.), *Handbook of Family Communication* (pp. 647-664). Mahwah, NJ: Erlbaum.

Galvin, K. M., & Grill, L. H. (2009). Opening up the conversation on genetics and genomics in families: The space for communication scholars. *Communication yearbook, 33*, 213-257.

\*review Segrin & Flora Chapter 11 – Normative and Nonnormative Stressors  
(we'll read in full at a later date but flip through it)

#### *Additional Recommended Readings:*

Nussbaum, J. F., & Fisher, C. L. (2011). Successful aging and communication wellness: Understanding aging as a process of transition and continuity. In Y. Matsumoto (Ed.), *Faces of aging: The lived experiences of the elderly in Japan*, (pp. 263-272). Palo Alto, CA: Stanford University Press.

Segrin, C. & Flora, J. (2011). Chapter 1 – Defining Family Communication and Family Functioning

### Sept. 6, Week 3: Frameworks, Models, and Theories

\*in-class viewing of documentary, *The Art of the Possible* (a narrative approach)

Segrin, C., & Flora, J. (2011). Chapter 10 – Models of family stress and coping.

Rolland, J. (1999). Parental illness and disability: A family systems framework. *Journal of Family Therapy, 21*, 242-267.

McDaniel, S. H., Hepworth, J., & Doherty, W. J. (1991). Chapters 1 & 2: Family therapy & medical illness;

- Foundations of medical family therapy. In *Medical family therapy: A biopsychosocial approach to families with health problems* (pp. 1-35). New York: Basic Books. \*only required to read Chapter 1 (Chapter 2 recommended as an additional reading)
- Walsh, F. (2006). Foundations of a family resilience approach (pp. 3-26). In Walsh, *Strengthening family resilience, 2<sup>nd</sup> edition*. New York: Guilford.
- Foster, E., & Cohen-Katz, J. (2010). Caring for the family: Teaching systems and cycles in a family medicine residency program. In Miller-Day, M. (Ed). *Family communication, connections, and health transitions: Going through this together* (pp. 323-350). New York: Peter Lang.
- Sunwolf, Frey, L. R., & Keränen, L. (2005). Healing effects of storytelling and storylistening in the practice of medicine. In L. M. Harter, P. M. Japp, & C. S. Beck (Eds.), *Narratives, health, and healing: Communication theory, research and practice*. (pp. 237-258). Mahwah, NJ: Erlbaum.

*Additional Recommended Readings:*

- Afifi, T. D., & Nussbaum, J. F. (2006). Stress and adaptation theories: Families across the life span. In D. O. Braithwaite & L. A. Baxter (Eds.), *Engaging theories in family communication: Multiple perspectives* (pp. 276-292). Thousand Oaks, CA: Sage.
- Charon, R. (2005). *Narrative medicine*. Oxford: Oxford.
- Fisher, C. L., & Nussbaum, J. F. (under review). Prioritizing family communication in successful aging and adapting to breast cancer: A socioemotional selectivity theoretical perspective.
- Le Poire, B. A., & Dailey, R. M. (2006). Inconsistent nurturing as control theory: A new theory in family communication. In D. O. Braithwaite & L. A. Baxter (Eds.), *Engaging theories in family communication: Multiple perspectives* (pp. 82-95). Thousand Oaks, CA: Sage.
- Miller-Day, M. A. (2004). Theoretical development (necessary convergence theory). In *Communication among grandmothers, mothers, and adult daughters* (pp. 199-220). Mahwah, NJ: Erlbaum.
- Pennebaker, J. W. (2002). Emotion, disclosure, and health: An overview. In J. W. Pennebaker (Ed.), *Emotion, disclosure, and health* (pp. 3-8). Washington, DC: American Psychological Association.
- Petronio, S., & Sweeney-Lewis, S. (2010). Medical disclosure in oncology among families, patients, and providers: A communication privacy management perspective. In Miller-Day, M. (Ed.) *Family communication, connections, and health transitions: Going through this together* (pp. 269-293). New York: Peter Lang.

**PART 2: FAMILY COMMUNICATION ACROSS TIME or “THE SEASONS OF LIFE”:  
HUMAN DEVELOPMENT & SUCCESSFUL AGING**

**Sept. 13 - Week 4: The Seasons of Life - Birth through Later Life**

*Read each developmental article (1<sup>st</sup> article listed under each phase) and review the associated study marked with an \* (less in-depth reading)*

\*in-class viewing from *Seasons of Life* video series

Birth-Adolescence:

Pecchioni, Wright, & Nussbaum (2005) – Chapter 4: Family communication: Childhood through adolescence (pp. 55-75)

\*Poehlmann, J. (2005). Children’s family environments and intellectual outcomes during maternal incarceration. *Journal of Marriage & Family*, 67, 1275-1285.

\*Lanz, M., Iafate, R., Rosnati, R., & Scabini, E. (1999). Parent–child communication and adolescent self esteem in separated, intercountry adoptive and intact non-adoptive families. *Journal of Adolescence*, 22, 785-794.

Emerging and Young Adulthood:

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469-480.

\*Koesten, J., Schrodt, P., & Ford, D. J. (2009). Cognitive flexibility as a mediator of family communication

environments and young adults' well-being. *Health Communication*, 24, 82-94.

### Midlife:

Fingerman, K. L., Nussbaum, J. F., & Birditt, K. S. (2004). Keeping all five balls in the air: Juggling family communication at midlife. In A. L. Vangelisti (Ed.), *Handbook of family communication* (pp. 135-148). Mahwah, NJ: Erlbaum.

\* Roberts, N. A., & Levenson, R. W. (2001). The remains of the workday: Impact of job stress and exhaustion on marital interaction in police couples. *Journal of Marriage and Family*, 63, 1052-1067.

### Later Life

Pecchioni, Wright, & Nussbaum (2005) – Chapter 5: Family communication in later life (pp. 77-96).

\* Fowler, C., Fisher, C. L., & Pitts, M. (2014). Older adults' evaluations of middle-aged children's attempts to initiate discussion of care needs. *Health Communication*, 29, 717-727

### Additional Recommended Readings:

Laursen, B., & Collins, W. A. (2004). Parent-child communication during adolescence. In A. L. Vangelisti (Ed.), *Handbook of family communication* (pp. 333-344). Mahwah, NJ: Erlbaum.

Bevan, J., & Pecchioni, L. (2008). Understanding the impact of family caregiver cancer literacy on patient health outcomes. *Patient Education and Counseling*, 71, 356-364.

Pinquart, M., & Sorenson, S. (2005). Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: A meta analysis. *The Gerontologist*, 45, 90-106.

## **Sept. 20 - Week 5: End of Life and Coping with Death**

\*in-class viewing of documentary, *The Good Death* from *Death: A Personal Understanding* video series

Lannamann, J. W., Harris, L. M., Bakos, A. D., & Baker, K. J. (2008). Ending the end-of-life communication impasse. In L. Sparks, H. D. O'Hair, & G. L. Kreps (Eds.), *Cancer, communication, and aging* (pp. 293-318). Cresskill, NJ: Hampton.

Bosticco, C., & Thompson, T. (2005). The role of communication and storytelling in the family grieving system. *Journal of Family Communication*, 5, 255-278.

Keeley, M. (2007). Turning toward death together: The functions of messages during final conversations in close relationships. *Journal of Social and Personal Relationships*, 24, 225-253.

Toller, P. W., & Braithwaite, D. O. (2009). Grieving together and apart: Bereaved parents' contradictions of marital interaction. *Journal of Applied Communication Research*, 27, 257-277.

Wittenberg-Lyles, E., Parker Oliver, D., Demiris, G., & Baldwin, P. (2010). The ACTIVE intervention in hospice interdisciplinary team meetings: Exploring family caregiver and hospice team communication. *The Journal of Computer-Mediated Communication*, 15, 465-481.

### Additional Recommended Readings:

Foster, E. (2005). *Communication at the end of life: Finding magic in the mundane*. Mahwah, NJ: Lawrence Erlbaum.

Murray, C. I., Toth, K., & Clinkinbeard, S. S. (2000). Death, dying, and grief in families. In P. C. McKenry & S. J. Price (Eds.), *Families & change: Coping with stressful events and transitions* (pp. 75-94). Thousand Oaks, CA: Sage.

Wittenberg-Lyles, E., Goldsmith, J., Ragan, S. L., & Sanchez-Reilly, S. (2010). *Dying with comfort: Family illness narratives and early palliative care*. Cresskill, NJ: Hampton Press.

Ragan, S. L., Wittenberg-Lyles, E., Goldsmith, J., Ragan, S. L., & Sanchez-Reilly, S. (2008). *Communication as comfort: Multiple voices in palliative care*. New York: Routledge.

Pitts, M. J. (2010). Dancing with the spirit: Communicating family norms for positive end-of-life transitions. In Miller-Day, M. (Ed.) *Family communication, connections, and health transitions: Going through this together* (pp. 377-404). New York: Peter Lang.

Piemonte, N. M. (2010). *The contradictions of caregiving, loss, and grief during emerging adulthood: An autoethnography and thematic analysis*. Thesis presented at Arizona State University.

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## PART 3: ADAPTING TO CHANGE: FAMILY COPING & STRESSFUL TRANSITIONS ACROSS THE LIFE SPAN

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### Sept. 27 - Week 6: Normative and Non-normative Family Stressors

- Segrin, C., & Flora, J. (2011). Chapter 11 – Normative and nonnormative family stressors.
- Maguire, K. C. (2012). Stress and coping during wartime deployment. In *Stress & Coping in Families* (pp. 101-125). Cambridge: Polity.
- Silverberg Koerner, S., Wallace, S., Jacobs Lehman, S., & Raymond, M. (2002). Mother-to-daughter disclosure after divorce: Are there costs and benefits? *Journal of Child & Family Studies, 11*, 469-483.
- Wiggins Frame, M., & Shehan, C. L. (1994). Work and well-being in the two-person career: Relocation stress and coping among clergy husbands and wives. *Family Relations, 43*, 196-205.
- Pitts, M. J., Raup-Krieger, J. L., Kundrat, A. L., & Nussbaum, J. F. (2009). Mapping the processes and patterns of family organ donation discussions: Conversational styles and strategies in live discourse. *Health Communication, 24*, 413-425.

#### Recommended Articles:

- Day, R. D. (2000). Relationship stress in couples: Situations involving infidelity, infertility, and imprisonment. In P. C. McKenry & S. J. Price (Eds.), *Families & change: Coping with stressful events and transitions* (pp. 333-350). Thousand Oaks, CA: Sage.
- Steuber, K. R., & Solomon, D. H. (2008). Relational uncertainty, partner interference, and infertility: A qualitative study of discourse within online forums. *Journal of Social and Personal Relationships, 25*, 831-852.
- Afifi, T. D., McManus, T., Hutchinson, S., & Baker, B. (2007). Inappropriate parental divorce disclosures, the factors that prompt them, and their impact on parents' and adolescents well-being. *Communication Monographs, 74*, 78-102.
- Segrin, C., & Flora, J. (2011). Chapter 12 – Divorce.
- Kabat Zinn, J. (1997) *The Foundations of Mindful Parenting. Everyday Blessings, The Inner Work of Mindful Parenting* Hyperion Publishing, N.Y. Part 3. 47-86.

### Oct. 4 – Week 7: Adjusting to Illness, Disease, & Disability

\*in-class viewing of documentary, *Complaints of a Dutiful Daughter*

- Segrin, C., & Flora, J. (2011). Chapter 15 – Family interaction and physical health.
- Fisher, C. L. (2010). Coping with breast cancer across adulthood: Emotional support communication in the mother-daughter bond. *Journal of Applied Communication Research, 38*, 386 – 411.
- Shehan, C. L., Uphold, C. R., Bradshaw, P., Bender, J., Arce, N., & Bender, B. (2005). To tell or not to tell: Men's disclosure of their HIV-positive status to their mothers. *Family Relations, 54*, 184-196.
- Baxter, L. A., Braithwaite, D. O., Golish, T. D., & Olson, L. N. (2002). Contradictions of interaction for wives of elderly husbands with adult dementia. *Journal of Applied Communication Research, 30*, 1-26.
- Giallo, R., & Gavidia-Payne, S. (2006). Child, parent and family factors as predictors of adjustment for siblings of children with a disability. *Journal of Intellectual Disability Research, 50*(12), 937-948.
- Gray, D. E. (2006). Coping over time: the parents of children with autism. *Journal of Intellectual Disability Research, 50*(12), 970-976.

#### Additional Readings:

- Rankin-Esquer, L. A., Deeter, A., & Barr Taylor, C. (2000). Coronary heart disease and couples. In K. B. Schmalting & T. Goldman Sher (Eds.), *The psychobiology of couples and illness* (pp. 43-62). Washington DC: American Psychological Association.
- Pawlowski, D. R. (2007). Dialectical tensions in families experiencing acute health issues. In L. H. Turner & R. West (Eds.), *The Family Communication Sourcebook* (pp. 469-486). Thousand Oaks, CA: Sage.
- Ell, K. (1996). Social networks, social support, and coping with serious illness: The family connection. *Social Science & Medicine, 42*, 173-183.
- Edwards, B., & Clark, V. (2004). The psychological impact of a cancer diagnosis on families: The influence of family functioning and patients'

- illness characteristics on depression and anxiety. *Psycho-Oncology*, 13, 562-576.
- Schwartz, L., & Ehde, D. M. (2000). Couples and chronic pain. In K. B. Schmaling & T. Goldman Sher (Eds.), *The psychobiology of couples and illness* (pp. 191-211). Washington DC: American Psychological Association.
- Ott Anderson, J., & Geist Martin, P. (2003). Narratives and healing: Exploring one families' stories of cancer survivorship. *Health Communication*, 15, 133-143.
- Canary, H. (2008). Negotiating dis/ability in families: Constructions and contradictions. *Journal of Applied Communication Research*, 36, 437-458.

### **Oct. 11 - Week 8: Writing & Research Workshop \*Paper proposals dues**

*\*Everyone must read the first autoethnography reading (Ellis, 1999) and choose one of the examples.*

#### Autoethnography Readings:

- Ellis, C. (1999). Heartful autoethnography. *Qualitative Health Research*, 9, 669-683.
- Ellis, C. (1991). Sociological introspection and emotional experience. *Symbolic Interaction*, 14, 23-50.

#### Examples/Exemplars:

- Alemán, M. W., & Helfrich, K. W. (2010). Inheriting the narratives of dementia: A collaborative tale of a daughter and mother. *Journal of Family Communication*, 10, 7-23.
- Bowlby, E. (2010). Serenity, courage, and wisdom: An autoethnography of life with an invisible disability. In Miller-Day, M. (Ed.) *Family communication, connections, and health transitions: Going through this together* (pp. 229-244). New York: Peter Lang. \*see me to get a copy
- Neville-Jan, A. (2003). Encounters in a world of pain: An autoethnography. *American Journal of Occupational Therapy*, 57, 88-98.
- Pettigrew, J., & Pettigrew, B. (2010). In sickness and in health: Coping with chronic illness while transitioning into marriage. In Miller-Day, M. (Ed.) *Family communication, connections, and health transitions: Going through this together* (pp. 245-266). New York: Peter Lang.

#### **\*start reading 2 books:**

- Fadiman, A. (1998). *The spirit catches you and you fall down: A Hmong child, her American doctors, and a collision of two cultures*. New York: Farrar, Straus & Giroux.
- Fisher, C. L. (2014). *Coping together, side by side: Enriching mother-daughter communication across the breast cancer journey*. New York: Hampton Press.

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## **PART 4:**

### **LONGITUDINAL PERSPECTIVES & IMPLICATIONS: FAMILY COMMUNICATION AND HEALTH OUTCOMES**

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### **Oct. 18 - Week 9: Genetics, Risk & Family History; Health Promotion Behavior**

*\*In-class viewing of documentary, In the Family*

- Gaff, C. L., Glavin, K. M., & Bylund, C. L. (2010). Facilitating family communication about genetics in practice. In Gaff, C. L., & Bylund, C. L. (Eds.). *Family communication about genetics: Theory and practice* (pp. 243-268). Oxford: Oxford Press.
- Fisher, C. L., Maloney, E., Glogowski, E., Hurley, K., Edgerson, S., Lichtenthal, W. G., Kissane, D., & Bylund, C. (2014). Talking about familial breast cancer risk: Topics and strategies to enhance mother-daughter interactions. *Qualitative Health Research*, 24, 517-535
- Forrest, K., Simpson, S. A., Wilson, B. J., Van Teijlingen, E. R., McKee, L., Haites, N., & Matthews, E.

(2003). To tell or not to tell: barriers and facilitators in family communication about genetic risk. *Clinical genetics*, 64(4), 317-326.

Farris, C., Akers, A. Y., Downs, J. S., & Forbes, E. E. (2013). Translational research applications for the study of adolescent sexual decision making. *Clinical and Translational Science*, 6(1), 78-81.

Additional Readings:

Baranowski, T., Nader, P. R., Dunn, K., & Vanderpool, N. H. (1982). Family self-help: Promoting changes in health behavior. *Journal of Communication*, 32, 161-172.

Bylund, C., Fisher, C. L., Brashers, D., Edgerson, S., Glogowski, E. A., Boyar, S. R., Kemel, Y., Siegel, B., Spencer, S., & Kissane, D. (2012). Sources of uncertainty about daughters' breast cancer risk that emerge during genetic counseling consultations. *Journal of Genetic Counseling*, 12, 292-304.

Patenaude, A. F., Tung, N., Ryan, P. D., Ellisen, L. W., Hewitt, L., Schneider, K. A., Tercyak, K. P., Aldridge, J., & Garber, J. E. (2013). Young adult daughters of BRCA1/2 positive mothers: What do they know about hereditary cancer and how much do they worry? *Psycho-Oncology*, 22, 2024-2031.

**Oct. 25 – Week 10: Mental Health & Risk Behaviors (suicidality, addiction, abuse)**

\*in-class viewing of documentary, *Here One Day*

Segrin, C., & Flora, J. (2011). Chapter 14 - Family interaction and mental health.

Segrin, C., & Flora, J. (2011). Chapter 16 – Family Violence and Abuse.

Repetti, R. L., Taylor, S. E., & Seeman, T. (2002). Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin*, 128, 330-366.

\*Choose 3 of the following articles:

Bauer, E. (2010). Mental illness, stigma, and disclosure. In Miller-Day, M. (Ed.) *Family communication, connections, and health transitions: Going through this together* (pp. 193-225). NY: Peter Lang.

Miller-Day, M., & Fisher, C. L. (2008). Parent-emerging adult child communication and disordered eating patterns. *International Journal of Psychology Research*, 3(3), 223-248.

Miller, M. (1995). An intergenerational case study of suicidal tradition and mother-daughter communication. *Journal of Applied Communication Research*, 23, 247-270.

Le Poire, B. A. (2004). The influence of drugs and alcohol on family communication: The effects that substance abuse has on family members and the effects that family members have on substance abuse. In A. L. Vangelisti (Ed.), *Handbook of family communication* (pp. 609-622). Mahwah, NJ.

Arden Ford, L., Ray, E. B., & Hartmen Ellis, B. (1999). Translating scholarship on intrafamilial sexual abuse: The utility of a dialectical perspective for adult survivors. *Journal of Applied Communication Research*, 27, 138-157.

Petronio, S., Reeder, H. M., Hecht, M. L., & Ros-Mendoza, T. M. T. (1996). Disclosure of sexual abuse by children and adolescents. *Journal of Applied Communication Research*, 24, 181-199.

Additional Readings:

Barranti, C. C., & Yuen, F. K. (2008). Intimate partner violence and women with disabilities: Toward bringing visibility to an unrecognized population. *Journal of social work in disability & rehabilitation*, 7(2), 115-130

Tranvag, O., & Kristoffersen, K. (2008). Experience of being the spouse/cohabitant of a person with bipolar affective disorder: a cumulative process over time. *Scandinavian Journal of Caring Sciences*, 22, 5-18

Miklowitz, D. (2004). The role of family systems in severe and recurrent psychiatric disorders: A developmental psychopathology view. *Development and Psychopathology*, 16, 667-688.

Ginsburg, G., Grover, R., & Ialongo, N. (2005). Parenting behaviors among anxious and non-anxious mothers: Relation with concurrent and long term child outcomes. *Child & Family Behavior Therapy*, 26, 23-41.

Martyn, K. K., Loveland, C. J., Villarruel, A. M., Gallegos Cabrieles, M., Zhou, Y., Ronis, D. L. et al. (2009). Mexican adolescents' alcohol use, family intimacy, and parent-adolescent communication. *Journal of Family Nursing*, 15, 152-170.

Cupach, W. R., & Olson, L. N. (2006). Emotion regulation theory: A lens for viewing family conflict and violence. In D. O. Braithwaite & L. A. Baxter (Eds.), *Engaging theories in family communication: Multiple perspectives* (pp. 213-226). Thousand Oaks, CA: Sage.

Petronio, S., Reeder, H. M., Hecht, M. L., & Mon't Ros-Mendoza, T. (1996). Disclosure of sexual abuse by children and adolescents. *Journal of Applied Communication Research*, 24, 181-199.

Holtzman, D., & Rubinson, R. (1995). Parent and peer communication effects on AIDS-related behavior among U.S. high school students. *Family Planning Perspectives*, 27, 245-268.

- Nov. 1 - Week 11:**      **Book Discussions**  
                                 Case Study Book: *Spirit Catches You...* (first half)  
                                 Case Study Book: *Coping Together, Side by Side* (up through Part V)  
**Feedback / Discussion on Final Papers**
- Nov. 8 - Week 12:**      **No class – NIH Meeting - Keep Reading Books**
- Nov. 15 – Week 13:**   **Book Discussions**  
                                 Case Study Book: *Spirit Catches You...* (second half)  
                                 Case Study Book: *Coping Together, Side by Side* (Parts VI-VIII)  
**Feedback / Discussion on Final Papers**
- Nov. 22 – Week 14:**    **NO CLASS – THANKSGIVING HOLIDAY**
- Nov. 29 - Week 15:**    **Final Paper Due / Final Paper Presentations**