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The Role of Families in Health and Behavior

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The role of families in health behavior

- Although many health behavior models talk about “environment” none of the major ones explicitly recognize that most people live within some sort of family
- Issue is particularly salient for children and elderly but not exclusively

What is a family?

- Group of individuals who may or may not be blood relatives
- Recognize duty to each other that is greater than duty to non-family members
- Group that is given considerable rights to privacy and autonomy relative to rest of community

[stop to think about “special” status]

“Shadow work” of families

- Main provider of social and medical services to members
 - Material support (food, shelter)
 - Education, socialization
 - Day-to-day medical and mental health care
- Main conduit/mediator for social benefits
 - Schools, employment, services accessed by family on behalf of members

Characteristics of families

- Adaptability/homeostasis
- Cohesion
- Boundaries

Family adaptability

- Need a balance of enduring values, traditions, and rituals with the ability to adapt to developmental, health, or environmental changes
- Examples of adaptability
 - Able to shift mealtime rituals to help control diet
 - Able to give more/less advice as individuals age

The concept of “homeostasis”

- Metaphor is a mobile – when disturbed tends to return to its initial state
- Attempts to change one member of a family often “resisted” by others
- Interventions often need to be addressed to entire families

Family cohesion

- Balancing of closeness/connectedness among individuals within family versus respect for separateness and individual differences
 - Can a family member be “trusted” with the responsibility to change a health behavior?
 - Is one person’s distress ignored, does it trigger chaos in others, or is there a balance?

Cohesion may vary with life-cycle stage

- Families tend to “coalesce” around the time of child-bearing/grandparenthood
- Tend to get more distant as parents reach middle age, children approach adolescence
 - Conflict if grandparent generation requires care and more cohesion at time adult children would normally be more distant
- Re-coalesce around next generation’s child-bearing

Family boundaries

- Generational – do adults generally ally with each other and create some private space from which children are excluded?
 - Overly close parent-child relationships can be harmful to both child and parent
- Family community boundaries
 - Accepting enough help and support while still being able to recognize higher priority of family

Characteristics of families

- Take a moment to reflect on cultural differences
 - Adaptability/homeostasis
 - Cohesion
 - Boundaries

Mechanisms by which families modify health behaviors

- Provide information/models for managing particular health issues
- Promote emotional coping required to engage in health behavior
- Allow for adaptation of environment (physical, interpersonal) that parallels health behavior change
- Participates/partners in the behavior change

Families as modifiers of teen risk behaviors

- Target: onset of sexual activity, use of contraception
- Good communication between parents and teens
 - Quantity less important than accuracy and tone
 - Convey good range of facts plus values
 - Parent is emotionally neutral and comfortable
 - Conversation is two-way – involves discussion

Interviews with children in genetically at-risk families

- Talked separately to parents who had been affected with an illness and their children ages 10-17
- Focus of study hypothetical participation in genetic risk research
- Source: Geller et al

Discussion of condition within the family

- Parents and children generally agree (in separate interviews) that there is relatively little discussion with children
- Parents talk more to each other
- Children don't talk much with their siblings

Why children don't talk about the condition

- Younger siblings are “clueless”
- Don't want to upset parents
 - concern greater in breast than heart families
 - “ I didn't want to tell her (mom) [that I was scared] and make her sad.”
- Lack precedent for meaningful discussion
 - “I had never really talked to my dad about things that were bugging me.”

Why children don't talk about the condition

- Did talk but got a confusing answer
 - “my mother got out a model of a heart and just got me really confused... what I really wanted to know was, once he had the surgery, if he was going to have problems for the rest of his life”
- Too hard to talk about it?
 - “I got upset when she told me she would have to go to surgery.”

Why parents don't talk to their children about the condition

- Children shouldn't be burdened by it
- Want to balance “pain and gain” of dietary and other preventive measures
- Afraid to “turn kids off” to prevention by talking about it too much
- Feel children are not interested because they don't ask questions, don't want to talk

Why parents don't talk to their children about the condition

- Lack of skills, confidence in talking to children
- Want to stay positive
 - “We haven't pushed it a lot; don't want to give the kids all the gory details' try to be upbeat without hiding things.”

Management of chronic illness in childhood

- Target: adolescent diabetics
- Intervention: insulin administration taught as “teamwork” rather than framed as teen task to which parents “pay attention”

(Anderson et al, Diabetes Care 1999;22:713-721)

- Decreased Hgb A1c vs controls, parents remained more involved, less report of conflict with teen
- Proposed mechanisms:
 - Modeled collaborative interaction
 - Bypassed setup for conflict
 - Provided support for teen

Modifying adult health behaviors in a family context

- Family influences on smoking
 - Smokers tend to be married to smokers and have similar habits
 - Adolescent's risk of smoking increased if same-sex parent smokes
 - One partner quitting increases chance other will quit

Modifying adult health behaviors in a family context

- Smoking has a “function” within the family
 - Shared activity
 - Tool for managing intrafamily stress
 - Weapon in general power struggle or as means to resist developmental change (ie, new baby)
 - “Out of control” label is comfortable, might have to make other changes if seen as capable

Modifying adult health behaviors in a family context

- Family-centered approaches to smoking cessation
 - Consider whether others are prepared to stop, too
 - Understand meaning/role of smoking in family interactions and develop alternatives
 - Counter ‘out of control’ model
 - “is this a good time to quit?”
 - Normalize failures

Modifying adult health behaviors in a family context

- Family influences on weight and diet
 - Losing weight as disloyal or insulting to those who don't
 - Maintaining weight as identification (“we are a big family”)
 - Part of behavioral ‘contract’ between partners
 - Heavy person maintains ‘control’ by resisting attempts of others to have him/her lose weight
 - Minimize attention to child

Modifying behaviors in a family context

- Your experiences, suggestions?