

CJT 731: Interaction in Health Contexts

Professor: Allison Scott (Allison.Scott@uky.edu, 231 Grehan Building)

Course Description: 223 Grehan Building, Tuesday: 6:00-8:30p

This course examines diverse theoretical and methodological approaches to understanding the role of interpersonal communication in managing mental and physical health. We will focus on four general areas related to interaction in health contexts: (a) communicating identity in health and illness, (b) health and personal relationships, (c) health care provider/patient interaction, (d) and medical decision making.

Learning Outcomes: This course is designed to help you develop various scholarly abilities: to extract key findings from scholarly articles, evaluate the strengths and weaknesses of a study or theory, and design and execute a research project.

Readings: Course readings will be available in electronic format. The readings represent a mix of some classics, some new things, some studies selected for their innovation or excellence, and some studies selected for the way they illustrate an approach or problem. I expect that you will read all the readings assigned each week and that you will read at the level expected for a graduate student (i.e., carefully, critically, curiously). I hope you will come to class with questions about things that don't make sense. I realize that students in the course will have varying levels of experience with various kinds of research methods that are used in the studies we will read – do the best you can with what you know and let me know how I can help to clarify or explain what you don't understand.

Basis for grade: Your grade in the course will be based on your consistent engagement with readings and with the other members of the class (50%), a midterm examination (10%) and on a final project (40%).

The *engagement* portion of your grade has two components. First, I look forward to your constructive participation in class sessions. I will usually have some brief opening and closing comments, and I will lecture occasionally, but I expect that most of our time will be spent in facilitated discussion of assigned readings and related issues. Second, before 10 of our 12 available class periods, I ask that you complete a brief reaction paper in response to the full set of readings assigned for that period. These should be no more than two pages of single spaced text (containing correct spelling and grammar), emailed as an attachment to me by 5:00p Monday evening. Reaction papers help you to crystallize your thoughts prior to sharing them in discussion; they also help me to gauge where our collective interests, questions, concerns, and insights may lie so that I can more effectively facilitate our time together. Outstanding reaction papers will summarize and synthesize, analyze and evaluate the readings, as well as raise questions for us to consider as a group.

The *midterm examination* will consist of an essay response to a question based on the film *Wit*. I encourage you to draw on the course readings and class discussion in answering the midterm question. The criteria on which I will evaluate your midterm include conceptualization (mastery of ideas), analysis (interpretation and application of concepts), and argument (strength of logic in both content and style). Please use APA format. A reasonable length for this paper is 5-7 double-spaced pages.

The *final project* can be any one of a variety of things, including a book review that you submit to a journal, a grant proposal, or a team research project in which you collect data. Once you choose (as a class) which option you would prefer to pursue, additional information will be forthcoming.

Schedule:

September 2: Introduction

COMMUNICATION AND IDENTITY

September 9: The sick role and other theories of illness identity

Parsons, T. (1951). Excerpt from *The social system* (pp. 429-479). Glencoe, IL: The Free Press.

Charmaz, K. (1999). From the “sick role” to stories of self: Understanding the self in illness. In R. J. Contrada & R. D. Ashmore (Eds.), *Self, social identity, and physical health: Interdisciplinary explorations* (pp. 209-239). New York: Oxford University Press.

Karp, D. (1997). Illness and identity. In *Speaking of sadness* (pp. 50-77). Oxford: Oxford University Press.

Wilson, S., Bladin, P., & Saling, M. (2001). The “burden of normality”: Concepts of adjustment after surgery for seizures. *Journal of Neurology, Neurosurgery, and Psychiatry*, *70*, 649-656.

Heidrich, S. M., Forsthoff, C. A., & Ward, S. E. (1994). Psychological adjustment in adults with cancer: The self as mediator. *Health Psychology*, *13*, 346-353.

September 16: Illness narratives and biography

Corbin, J. & Strauss, A. L. (1987). Accompaniments of chronic illness: Changes in body, self, biography, and biographical time. In J. A. Roth & P. Conrad (Eds.), *Research in the sociology of health care (vol. 6): The experience and management of chronic illness* (pp. 249-381). Greenwich, CT: JAI Press.

Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness*, *4*, 167-182.

Donovan-Kicken, E., Tollison, A. C., & Goins, E. S. (2012). The nature of communication work during cancer: Advancing the theory of illness trajectories. *Health Communication*, *27*, 641-652.

Frank, A. W. (1998). Just listening: Narrative and deep illness. *Families, Systems, and Health*, *16*, 197-212.

Pound, P. Gompertz, P., & Ebrahim, S. (1998). Illness in the context of older age: The case of stroke. *Sociology of Health and Illness*, *20*, 489-506.

Walker, K. L. (2004). An exploration of illness-related narratives in marriage: The identification of illness-identity scripts. *Journal of Social and Personal Relationships*, *21*, 527-544.

September 23: Stigma and other identity threats

- Goffman, E. (1963). Stigma and social identity. In *Stigma: Notes on the management of spoiled identity* (pp. 1-41). New York: Simon and Schuster.
- Cole, S. W., Kemeny, M. E., & Taylor, S. E. (1997). Social identity and physical health: Accelerated HIV progression in rejection-sensitive gay men. *Journal of Personality and Social Psychology*, 72, 320-335.
- Matthews, C. K., & Harrington, N. G. (2000). Invisible disability. In D. O. Braithwaite & T. L. Thompson (Eds.), *Handbook of communication and people with disabilities* (pp. 37-48). Mahwah, NJ: Erlbaum.
- Hummert, M. L., & Ryan, E. B. (2001). Patronizing. In W. P. Robinson & H. Giles (Eds.), *The new handbook of language and social psychology* (pp. 253-269). London: Wiley.
- Alonzo, A. A. (1985). An analytic typology of disclaimers, excuses, and justifications surrounding illness: A situational approach to health and illness. *Social Science and Medicine*, 21, 153-162.
- Odets, W. (1995). Being outsiders: The "HIV-negative identity." In *In the shadow of the epidemic: Being HIV negative in the age of AIDS* (pp. 99-122). Durham, NC: Duke University Press.

HEALTH AND PERSONAL RELATIONSHIPS

September 30: Disclosing illness to others

- Charmaz, K. (1991). Disclosing illness. In *Good days, bad days: The self in chronic illness and time* (pp. 107-133). New Brunswick, NJ: Rutgers University Press.
- Cohen Silver, R., Wortman, C. B., & Crofton, C. (1990). The role of coping in support provision: The self-presentational dilemma of victims of life crises. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 397-426). New York: Wiley.
- Caughlin, J. P., Brashers, D. E., Ramey, M. E., Kosenko, K. A., Donovan-Kicken, E., & Bute, J. J. (2008). The message design logics of responses to HIV disclosures. *Human Communication Research*, 34, 655-684.
- Caughlin, J. P., Mikucki-Enyart, S. L., Middleton, A. V., Stone, A. M., & Brown, L. E. (2011). Being open without talking about it: A rhetorical/normative approach to understanding topic avoidance in families after a lung cancer diagnosis. *Communication Monographs*, 78, 409-436
- Goldsmith, D. J., & Domann-Scholz, K. (2013). The meanings of "open communication" among couples coping with a cardiac event. *Journal of Communication*, 63, 266-286.

October 7: Managing uncertainty in illness

- Mishel, M. H. (1988). Uncertainty in illness. *Image: Journal of Nursing Scholarship*, 20, 225-232.
- Brashers, D. E. (2001). Communication and uncertainty management. *Journal of Communication*, 51, 477-497.
- Goldsmith, D. J. (2001). A normative approach to the study of uncertainty and communication. *Journal of Communication*, 51, 514-533.
- Babrow, A. S., Kasch, C. R., & Ford, L. A. (1998). The many meanings of uncertainty in illness: Toward a systematic accounting. *Health Communication*, 10, 1-23.

- Cohen, E. L. (2009). Naming and claiming cancer among African American women: An application of problematic integration theory. *Journal of Applied Communication Research*, 37, 397-417.
- Scott, A. M., Martin, S. C., Stone, A. M., & Brashers, D. E. (2011). Managing multiple goals in supportive interactions: Using a normative approach to explain social support as uncertainty management for organ transplant patients. *Health Communication*, 26, 393-403.

October 14: Puzzles of social support

- Goldsmith, D. J. (2004a). Introduction. In *Communicating social support* (pp. 1-9). New York: Cambridge University Press.
- Goldsmith, D. J. (2004b). Chapters 1 and 2. In *Communicating social support* (pp. 10-51). New York: Cambridge University Press.
- Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2000). Social relationships and health. In *Social support measurement and intervention: A guide for health and social scientists* (pp. 3-25).
- Atienza, A. A., Collins, R., & King, A. C. (2001). The mediating effects of situational control on social support and mood following a stressor: A prospective study of dementia caregivers in their natural environments. *Journal of Gerontology: Social Sciences*, 56B, S129-S139.
- Helgeson, V. S. (1993). Two important distinctions in social support: Kind of support and perceived versus received. *Journal of Applied Social Psychology*, 23, 825-845.
- Lehman, D. R., Ellard, J. H., & Wortman, C. B. (1986). Social support for the bereaved: Recipients' and providers' perspectives on what is helpful. *Journal of Clinical and Consulting Psychology*, 54, 438-446.
- Bolger, N., Zuckerman, A., & Kessler, R. C. (2000). Invisible support and adjustment to stress. *Journal of Personality and Social Psychology*, 79, 953-961.

HEALTH CARE PROVIDER/PATIENT INTERACTION

October 21: The impact of others on health care interactions

- Coupland, J., & Coupland, N. (2001). Roles, responsibilities, and alignments: Multiparty talk in geriatric care. In M. L. Hummert & J. F. Nussbaum (Eds.), *Aging, communication, and health: Linking research and practice for successful aging* (pp. 121-155). Mahwah, NJ: Erlbaum.
- Grainger, K. (2004). Communication and the institutionalized elderly. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of communication and aging research* (pp. 479-497). Mahwah, NJ: Erlbaum.
- Clayman, M. L., Roter, D., Wissow, L. S., & Bandeen-Roche, K. (2005). Autonomy-related behaviors of patient companions and their effect on decision-making activity in geriatric primary care visits. *Social Science and Medicine*, 60, 1583-1591.
- Stivers, T. (2005). Parent resistance to physicians' treatment recommendations: One resource for initiating a negotiation of the treatment decision. *Health Communication*, 18, 41-47.
- Lambert, B. L. (1996). Face and politeness in pharmacist-physician interaction. *Social Science and Medicine*, 43, 1189-1198.

October 28: We will watch *Wit* in class to prepare for the mid-term examination, which is due November 4th.

November 4: Interpreter-mediated interactions

- Kaufert, J. M., & Putsch, R. W. (1997). Communication through interpreters in healthcare: Ethical dilemmas arising from differences in class, culture, language, and power. *Journal of Clinical Ethics*, 8, 71-87.
- Hsieh (2008). "I am not a robot!" Interpreters' views of their roles in health care settings. *Qualitative Health Research*, 18, 1367-1383.
- Flores, G., Laws, M. B., Mayo, S. J., Zuckerman, B., Abreu, M., Medina, L., Hardt, E. J. (2003). Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics*, 111, 6-14.
- Green, J., Free, C., Bhavnani, A., & Newman, T. (2005). Translators and mediators: Bilingual young people's accounts of their interpreting work in health care. *Social Science and Medicine*, 60, 2097-2110.
- Jackson, J. C., Nguyen, D., Hu, N., Harris, R., & Terasaki, G. S. (2011). Alterations in medical interpretation during routine primary care. *Journal of General Internal Medicine*, 26, 259-264.

November 11: Patient self-advocacy and treatment (non)adherence

- Brashers, D. E., Haas, S. M., Klinge, R. S., & Neidig, J. (2000). Collective AIDS activism and individuals' perceived self-advocacy in physician-patient communication. *Human Communication Research*, 26, 372-402.
- Martins, D. S. (2005). Compliance rhetoric and the impoverishment of context. *Communication Theory*, 15, 59-77.
- Donovan, J. L., & Blake, D. R. (1992). Patient non-compliance: Deviance or reasoned decision making. *Social Science and Medicine*, 34, 507-513.
- Pound, P., Britten, N., Morgan, M., Yardley, L., Pope, C., Daker-White, G., & Campbell, R. (2005). Resisting medications: A synthesis of qualitative studies of medicine taking. *Social Science and Medicine*, 61, 133-155.
- Ingerski, L., Perrazo, L., Goebel, J., & Pai, A. L. H. (2011). Family strategies for achieving medication adherence in pediatric kidney transplantation. *Nursing Research*, 60, 190-196.

MEDICAL DECISION MAKING

November 18: Models of decision making

- Emanuel, E. J., & Emanuel, L. L. (1992a). Four models of the physician-patient relationship. *Journal of the American Medical Association*, 267, 2221-2226.
- Emanuel, E. J., & Emanuel, L. L. (1992b). Proxy decision making for incompetent patients: An ethical and empirical analysis. *Journal of the American Medical Association*, 267, 2067-2071.
- Dworkin, R. (1993). Life past reason. In *Life's dominion* (pp. 218-242). London: Harper Collins.
- Moumjid, N., Gafni, A., Brémond, A. & Carrère, M. O. (2007). Shared decision making in the medical encounter: Are we all talking about the same thing? *Medical Decision Making*, 27, 539-546.

Ubel, P., Jepson, C., & Silver-Isenstadt, A. (2003). Don't ask, don't tell: A change in medical students' attitudes after obstetrics/gynecology clerkships toward seeking consent for pelvic examinations on an anesthetized patient. *American Journal of Obstetrics and Gynecology*, 188, 575-579.

December 2: Risk information and genetic testing

Frost, C. J., Venne, V., Cunningham, D., & Gerritsen-McKane, R. (2004). Decision making with uncertain information: Learning from women in a high risk breast cancer clinic. *Journal of Genetic Counseling*, 13, 221-236.

Miller, S. M., Fleisher, L., Roussi, P., Buzaglo, J. S., Schnoll, R., Slater, E., Raysor, S., & Popa-Mabe, M. (2005). Facilitating informed decision making about breast cancer risk and genetic counseling among women calling the NCI's Cancer Information Service. *Journal of Health Communication*, 10, 119-136.

Keenan, K. F., Simpson, S. A., Wilson, B. J., Teijlingen, E. R. van, McKee, L., Haites, N., Matthews, E. (2005). "It's their blood not mine": Who's responsible for (not) telling relatives about genetic risk? *Health, Risk and Society*, 7, 209-226.

Hamilton, R. J., Bowers, B. J., & Williams, J. K. (2005). Disclosing genetic test results to family members. *Journal of Nursing Scholarship*, 37, 18-24.

d'Agincourt-Canning, L. (2001). Experiences of genetic risk: Disclosure and the gendering of responsibility. *Bioethics*, 15, 231-247.

December 9: End-of-life decision making

Nuland, S. B. (1993). The lessons learned. In *How we die: Reflections on life's final chapter* (pp. 242-262). New York: Vintage Books.

SUPPORT Principal Investigators (1995). A controlled trial to improve care for seriously ill hospitalized patients: The study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT). *Journal of the American Medical Association*, 274, 1591-1598.

Thompson, T. (2011). Hope and the act of informed dialogue: A delicate balance at end of life. *Journal of Language and Social Psychology*, 30, 177-192.

Deep, K. S., Griffith, C. H., & Wilson, J. F. (2008). Communication and decision making about life-sustaining treatment: Examining the experiences of resident physicians and seriously-ill hospitalized patients. *Journal of General Internal Medicine*, 23, 1877-1882.

Scott, A. M. (2014). Communication about end-of-life health decisions. *Communication Yearbook*, 38, 242-277.

Raye, N. (2009). A hastened death. In J. L. Werth & D. Blevins (Eds.), *Decision making near the end of life* (pp. 47-60). New York: Routledge.