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Families' Response When Individuals Have Communicative Disorders

Most people live with their families. Children live with and learn from their parents and siblings. Family members return to live with their birth families to assist an elderly person, such as a parent or a relative. Families break up and reform into new families. Family is the most important part of one's social circle. We spend a significant part of our lives with our family. The definitions of family vary from culture to culture. Some cultures regard family as the immediate family—the nucleus family. Other cultures view family as a much larger unit including the whole clan, village, or tribe. In general, there are two major views about the organization of family. The collectivist point of view looks at the family as being a very large unit; a member of the unit is merely a small part of that large unit (Confucius, 2000). Whatever happens to an individual affects the well-being of the whole group. In contrast, the individualistic view looks at the impact of individuals in the smaller unit (Trueba, Cheng, & Ima, 1993). Individuals are responsible for their own actions, and the immediate family may include only parents, spouses, and siblings.

When a member of the family experiences a communicative disorder, the impact on the family extends from grief shared by the whole tribe to the more serious impact it may have on the nucleus family. In addition, the sharing of responsibility and expectations of future responsibilities of each member of the family may vary. For example, a child born with cerebral palsy may be the responsibility of his or her parents and create a great impact on only the immediate family members—an individualist viewpoint. But if this same child were born in a village on an island, the child may be under the care of the whole group—a collectivist viewpoint. The literal concept of “it takes a village” stems from such an orientation.

The notion of the family is embedded in the larger context of culture. All cultures have explicit and implicit expectations of the roles and responsibilities of each member of the family. Communicative disorders can happen to anyone at any point across his or her life span. A head of the household may suffer a stroke, and his or

her role may change from being the main breadwinner to a person dependent on the care of the family. The shifting of roles is a reality that professionals in speech-language pathology (SLPs) will encounter.

SLPs work across a variety of settings, from schools to medical facilities to assisted living facilities to homes. They work with young parents whose children need assessment and intervention, with middle-age individuals whose parents are aging and need care for their daily living. SLPs work with families from different social, cultural, and linguistic groups—another way that families can be defined. Because every clinical encounter is a sociocultural encounter, the potential for conflict and communication breakdown increases when clinicians do not share the language, culture, and worldview of some of their patients, clients, or students. Incongruences and mismatches of views may lead to interruptions or inequality in service. A mismatch in expectations of services may also be detrimental to the clinical outcome. This family special series is a crucial topic for researchers and practitioners. The series will share many case studies, and even though the families are representing a global perspective of family, the focus is on those that reside in the United States.

This family special series is dedicated to all the families that we serve. Authors with considerable expertise and personal experience have been invited to submit manuscripts on this topic. One focus of the series is Hispanic children in the United States in education and family issues. The author writes from that vantage point. Another author is the mother of a child adopted from China, and she shares her experience of being a family member of an adopted child. She writes about her insights on issues of culture, child language development, and most important, how a village in Maine enables her daughter to join both the individualist and the collectivist family. Another article was written by a special education professional who draws from her intensive case studies to illustrate when SLPs and members of the Individualized Education Program team have failed to communicate with their Asian families. These cases are not uncommon;

however, solutions to such problems must be carefully proposed and implemented.

The family series also touches on a rare topic—veteran families. Wars tear up not only families and individuals but also whole nations. Those who suffer from posttraumatic stress syndrome have unanticipated difficulties reentering their families and societies. Some individuals have tremendous difficulty maintaining a family and work life when they return. Families want to celebrate their safe return, yet the anxiety and suffering of their children and other members of the family is just beginning. Another article is on working with the refugee families. This article describes influences on intergenerational communication within refugee families, explores sociocultural trauma, and considers how education may positively affect this communication process. It highlights ways that professionals may contribute to healing broken narratives within refugee families affected by war and genocide. It facilitates intergenerational communication for individuals with personal and familial experiences with trauma, such as students from refugee families who have fled war-torn countries, such as Somalia, Afghanistan, Bosnia, Sierra Leone, and other sites of forced exodus. Finally, I take a number of case studies to illustrate the main differences between the collectivist and the individualist views. The case studies are the results of the misunderstanding between the clinicians or educators and the populations they serve. The article urges SLPs to be cognizant of the major differences between views of family responsibility and child-rearing practices.

The authors hope that the cumulative experience and knowledge of this collection of articles will inspire SLPs

to study more about families and pay close attention to the intricacies of interpretation of messages, roles, responsibilities, and expectations of family members about each other and about the SLP professionals in their lives. Understanding how different families function will hopefully improve the quality of SLP services and communication to diverse and changing clinical populations and advance clinical knowledge and skills in dealing with families.

Finally, I would like to invite the readers of *CDQ* to respond to these articles. We would love to hear from you. Send a data-based manuscript, a series of case studies, or a clinical viewpoint that you have on this family topic. *CDQ* has a global readership; professionals working in different countries may encounter different clinical experiences. As the world is getting flatter, many countries have increases in foreign nationals, immigrants, migrants, and refugees (Friedman, 2005). We also hope that you will share your experience with us. Thank you for reading these articles and for sharing your views.

Lilly Cheng

Guest Editor for the Special Series on Family

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