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Pink Ribbons, Blue Moons, and Silver Linings:
Communicating, Coping, and Caring

Adrienne Kunkel, University of Kansas

Michael Robert Dennis, Emporia State University

Joann Keyton, North Carolina State University

Brief Article Submitted for Inclusion in the 100th Issue of *Health Communication*

Adrienne Kunkel (Ph.D., Purdue University, 2000) is an associate professor in the Department of Communication Studies, University of Kansas, 102 Bailey Hall, 1440 Jayhawk Blvd., Lawrence, KS 66045-7574 (Phone: 785-864-9884; FAX: 785-864-5203; e-mail: adkunkel@ku.edu). *Michael Robert Dennis* (Ph.D., Purdue University, 2001) is an assistant professor in the Department of Communication and Theatre, Emporia State University, 1200 Commercial St., Emporia, KS 66801-5087 (Phone: 620-341-5728; email: mdennis3@emporia.edu). *Joann Keyton* (Ph.D., The Ohio State University, 1987) is a professor in the Department of Communication, North Carolina State University, 201 Winston Hall, Campus Box 8104, Raleigh, NC 27695-8104 (Phone: 919-

513-7402; email: jkeyton@ncsu.edu). All correspondence concerning this article should be addressed to Adrienne Kunkel.

Dennis, Kunkel, and Keyton (2008a & 2008b) determined what within the interaction of Bosom Buddies, a women's breast cancer support group (BCSG), could be considered most supportive and helpful to its members. Interviews with some of the Buddies provided only articulations of support as "always being there" for one another. Like most of the academic literature that speaks to the efficacy of cancer support groups, these incredible women were not recognizing the role, variety, or impact of actual communication in their meetings and in the caring and concern they so effectively conveyed. Our application of problematic integration theory (e.g., Babrow, 1992), appraisal theory (e.g., Lazarus, 1991), and group interaction process analysis (Bales, 1950) to the 256 pages of transcribed dialogue from eight Bosom Buddies meetings revealed that advice, positive perspectives, sense making, emotional expression, and references to the value and likelihood of events were constructs that appeared frequently, and to great benefit, in those meetings.

Our research team has presented our findings at a special meeting of Bosom Buddies and as workshops for both hospice and mental health care workers. In each, we prominently featured the practical applications offered in Dennis, Kunkel, and Keyton (2008a) such as the inspiration of conversation that assesses value and probability, and the sharing of information, emotion, and positive reappraisal. Feedback in a variety of formats (e.g., follow-up interviews with the facilitator and members of Bosom Buddies,

written evaluations from workshop participants) indicates that suggestions for group facilitators, such as noting positive factors in negative situations or eliciting feelings about them, have been appreciated and implemented.

For instance, the facilitator of Bosom Buddies described recently how she helps group members to find the silver linings in their difficulties by “saying something that means ‘it could be worse’ without actually saying those words.” She also invites others to express emotions by asking questions such as “how do you feel about that?” and promotes the sharing of related experiences by veteran members so that newer members may consider whether to adopt similar courses of action. In her formal reaction to our research at a Central States Communication Association panel devoted to it, this facilitator spoke about how our findings affirmed what she hoped was working and motivated her to ask members to see what was happening to them in a different way or to help one another better understand the likelihood of both desired and feared outcomes. One member came to better accept a painful side effect of treatment she was experiencing when she realized it really was only a “once in a blue moon” sort of occurrence. The facilitator claims that she and the women she leads in support are all more skilled now that they are equipped with the awareness and recommendations we provided.

The findings and direction generated by the cancer support group research have also informed the efforts of those who engage in individual counseling and therapy. One hospice care worker offered that her attempts to draw sense making assessments from her clients assist them with the “why me” questions the terminally ill often ask. A mental health care professional saw instant value in our recommendation to summarize

important details when information overload seems imminent and vowed to “make that one a priority” in dealing with some of his patients.

Our communication research efforts have clearly contributed to specific practices that are helping people to assist others through the struggles of health-related coping.

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