

Glossary

Accommodation: Proactive social constructions made by individuals, family sub-systems, and families in response to interactions with household and larger contextual systems that contradict, threaten or compete with accepted family norms.

Adaptation: Passive social constructions made by individuals, family sub-systems, and families in response to interactions with household and larger contextual systems that contradict, threaten or compete with accepted family norms. It is a way to understand how actions, behaviors, and even biological responses are modulated.

Actual environment: The realized environment where the individual is present and life events are occurring.

Caregiving: One of the core processes important to health. A concern for other family members generated from close intimate relationships and member affections resulting in watchful attention, thoughtfulness, and actions linked to member's developmental, health, and illness needs. Active accommodation to the changing needs (e.g., physical, emotional, social, contextual) of developing persons within the household niche over the life course.

Care-tender: A maternal role where the greatest responsibility for the core processes of family health (i.e., caregiving, cathexis, celebration, change, communication, connectedness, and coordination) are assumed to meet daily and incidental individual and family needs related to chronic illness, caring for members with disabilities, enabling ill members to regain health, protecting members from getting sick when others are ill, nurturing members with a terminal illness, and attending to end-of-life care needs.

Cathexis: One of the core processes important to health. The emotional bond that develops between a developing person and those cared about as the developing person invests emotional and psychic energy into the loved one.

Celebrations: One of the core processes important to health. Tangible forms of shared meaning where formal celebrations, family traditions, and family leisure are used to commemorate times, days, and events in ways that distinguish them from usual daily routines across the life course.

Change: One of the core processes important to health. A dynamic non-linear process that implies altering or modifying the form, direction, and outcome of the original identity by substituting alternatives.

Chronosystem: An accounting for time experienced by individuals, family sub-systems, families, and others in response to the embedded context experience.

Communication: One of the core processes important to health. The primary way parents socialize children about health beliefs, values, attitudes, and behaviors and use information, knowledge, and actions applicable to individual and family health.

Connectedness: One of the core processes important to health. The ways individuals are committed and linked to family, educational, cultural, spiritual, political, social, professional, legal, economic, or commercial interests.

Coordination: One of the core processes important to health. A cooperative sharing of resources, skills, abilities, and information within the family and with the larger contextual environment to optimize individual's health potentials, maximize the household production of health, and achieve family goals.

Core processes: The conceptual idea used to describe concepts germane to family's functional status and family health that can be targeted by nurses to enable family members to realize health potentials. These processes are caregiving, cathexis, celebration, change, communication, connectedness, and coordination

Deconstruction: Take apart ideas, mindsets, relationships, hierarchies, and current worldviews apart and critique meanings to determine implications not clearly stated and gain new insights.

Developing person: Individuals from birth to death who have the potential to positively and negatively influence and be influenced by multiple environments and larger contexts over time.

Developmental niche: The household niche and multiple social, cultural, and psychological environments where members interact on a consistent or regular basis over time that influence developing persons' well-being and processes of becoming.

Dyadic units: Interpersonal relationships between two individual family members. External dyads are initially formed with family members, but later include others outside the family boundaries.

Ecocultural domains: Twelve categories of family life in families that describe the family themes in families that are germane to family identity and routines. These domains include variables imposed by contextual resources and constraints and family values, goals, and accommodations.

Ecocultural factors: Variables that are produced by the context or result from interactions within the context. They are the themes that families use to organize their daily behaviors and family health routines.

Ecocultural niche: The cultural, geographical, social, economic, and political surround and history (e.g., proximity of kin, health conditions imposed by the environment, stresses imposed by neighborhood conditions, employment opportunities) influence the ways family members value themes and practice routines in their homes, households, and socio-cultural environment. It is the unique ways family members perceive their traditions, value symbols, and include/exclude factors into the organization and practices of everyday life.

Ecocultural theory: This theory is applicable to all cultures as it gives credence to the intense meanings of environment and assumes the family's viewpoint about goals, values, and needs.

Family-constructed meanings of circumstances, proactive responses to those circumstances, and the development and components of daily routines are key aspects for analysis of family interactions.

Ecological model: A model that allows one to view human development from interaction perspectives occurring between the developing person and environmental determinants.

Ecology of human development: The progressive mutual accommodation that occurs over the life course between developing persons and changing environments. Past, present, and future household niches where persons live and interact with their larger contextual systems mediate development processes.

Ecosystem: A subset of the larger environment with elements of wholeness and interdependent parts or “an arrangement of mutual dependencies in a population by which the whole operates as a unit and thereby maintains a viable environmental relationship” (Hawley, 1986, p. 431).

Embedded: To be embedded implies that a developing person dwells within a context where multiple environmental actions occur. Although the interactions have consequences, the developing person may have no awareness of these relationships or effects.

Embedded family context: The ecological environments and nested relationships that affect family health over the life course.

Exosystem: One or more settings that do not directly involve the individual as an active participant, but one where the events occurring there affect individuals and families.

Family: A collection of individuals with a general commitment to the well-being of one another and who label themselves as family.

Family context: The multiple environments that affect and are affected by developing persons over time. All of the environments where individual members interact or larger contextual systems that have potential to act upon developing persons, family sub-systems, and families.

Family-focused care: Nursing care that perceives the whole family as the unit of care even when singular individuals within family households are the focus of care. Family-focused care is an interactive process where the members, family nurse, health care professionals, and others collaborate to devise, implement, and evaluate a plan of care specific to family needs. The family nurse collaborates with persons-in-context to identify outcomes, objectives, and strategies that address the well-being and processes of becoming relevant to developing persons, family sub-systems, families, household niches, and larger contextual systems.

Family functioning: The individual and cooperative processes used by developing persons to dynamically engage with one another and their diverse environments over the life course. These interactive member processes have potential to assist developing persons, family sub-systems, and families as a whole attain, sustain, maintain, and regain individual and family health.

Family health: A complex phenomenon that includes the complex systems, interactions, relationships, and processes with potential to maximize processes of becoming, enhance individual and family well-being, capitalize on the household production of health, and make the best use of contextual resources.

Family health paradigm: The ways developing persons within unique families interpret health behaviors as meaningful and elect to engage in patterned behaviors that affect health.

Family health routines: Patterns of dynamic behaviors relevant to individual and family health that is rather consistently adhered to by individuals, family sub-systems, and families within a household niche and in relationship to larger contextual systems.

Family household: The domicile maintained and resided in by the developing members; this residence is more than merely a physical structure, but includes the immediate surroundings, material goods, tangible and intangible family resources, and interactions between individuals, family sub-systems, family, and larger contextual systems over the life course. The residence or place where individuals abide and form dyadic and triadic relationships has potential to negate or potentiate health. The household includes the family shelter, adjoining properties and material goods possessed by the members, and the social and economic resources available.

Family identity: The dynamic ways developing members within a family microsystem view themselves and collectively interpret memories and meanings of unique affiliations and attachments to persons, places, and things.

Family leisure: Informal usual home-based activities that have minimal costs connected, but provide multiple members opportunities to interact in casual relaxed ways as they participate together (e.g., game playing, watching television or home videos, gardening, cookouts).

Family microsystem: Individuals, family sub-systems, extended family members, and intergenerational relationships that characterize family as a whole. Family microsystems usually identify a household niche where they reside and interact with larger contextual systems.

Family-to-context: Relationships that occur between a family and embedded contextual settings beyond the boundaries of the household niche.

Family traditions: Formally organized family times like vacations, weekend getaways, family reunions, and other unique events that are characteristic of a particular family.

Formal celebrations: Prescribed events with expectations that former behaviors will be repeated and used to commemorate meaningful events tied to family identity (e.g., birthdays, anniversaries, weddings, holidays, family reunions, religious practices). They usually involve extended family members and close friends and take extensive member commitment, planning time, and are costly.

Functional processes: Member interactions that potentiate, negate, threaten, mediate, and enhance individual and family health. These processes can be best understood through the dyadic and triadic interactions within families and those formed with others outside the household niche.

Gatekeeper: Mothers' role in making determinations about member use of traditional medical care services and non-traditional health care services, decision making about the ways medical care would be used for illness, disease, and care of acute and chronic conditions, what health information would be obtained, how information would be used, and who and when care consultations related to member care would occur.

Genogram: A model or graphic summary constructed to depict interests related to family health. The genogram might include such things as family history, marriage or the joining of families, divorce or other broken relationships relevant to children, life transitions, family developmental stages, behavioral patterns of individual family members, defining characteristics of individuals, residence and patterns of household residence, parent-child relationships, connections to others outside the household, genetic and health related information.

Health: An adaptive state experienced by individuals as they seek opportunities and wrestle with liabilities found within self, family, households, and larger contextual systems throughout the life course.

Health constraints: Forces imposed by persons, structures or systems that impede, restrict or inhibit processes of becoming, health, and well-being.

Health potentials: Individual and family possibilities for optimizing individual processes of becoming and wellness states so that family health is maximized. Individual potentials are aimed at achieving characteristics such as hardiness, resilience, maturation, and individuation. Family potentials are aimed at achieving interactive processes characterized by cohesiveness, accommodation, stability, and perseverance.

Health-related behaviors: Activities, practices, routines, and habits of individuals, family-subsystems, and families that are influenced by cultural beliefs, values, and knowledge that result from interactions with larger contextual systems.

Health routines: Dynamic member interactions affected by biophysical, developmental, interactional, psychosocial, spiritual, and contextual realms that have implications for the health and well-being of the members and family as a whole. Patterns of behavior, activity, or ritual relevant to health that are rather consistently adhered to for extended time periods that can usually be recalled and described by more than one family member.

Healthy family: Nurturing acts, emotional support, caring attributes, and member interactions that produce an outcome that results in individuation, unity, and identity that satisfies members' needs. The status of healthy family is dynamic, changes over the life course, and might be viewed differently when looking at various family proponents.

Helping processes: Interventions used by nurses and others to provide family-focused care that assists individuals, family sub-systems, and families to enhance the functional processes used to optimize processes of becoming, health, and well-being.

Holism: A dynamic condition or state of being experienced in multiple realms by developing persons as they struggle with complex, dichotomous, and ambiguous phenomena to attain the ephemeral state of well-being.

Household niche: The family residence that evolves over time as members adapt, accommodate, and mediate threats and resources created by member interactions and larger contextual systems. The niche includes both process (i.e., evolving, adapting, and changing) and product (i.e., uniquely contrived health patterns and routines) that potentiate or negate the household production of health.

Household production of health: “A dynamic behavioral process through which households combine their (internal) knowledge, resources, and behavioral norms and patterns with available (external) technologies, services, information, and skills to restore, maintain, and promote the health of their members” (Berman, Kendall, & Bhattacharyya, 1994, p.2).

Isomorphism: The processes in one system influence those in another system with the result being functionally similar outcomes

Macrosystem: The overarching patterned characteristics over the life course of complex interconnected contextual systems common to specific ideologies, social organization, cultures, or subcultures where individuals and families are embedded.

Mesosystem: Inter-relationships among two or more settings where an individual actively participates; settings may not be physically connected, but they are not independent of one another.

Member-to-context: Relationships that occur between an individual or family sub-system and settings beyond the boundaries of the household niche

Microsystem: A pattern of roles, activities, and interpersonal relationships experienced by the developing person in face-to-face interactions within specific settings that contain other family members who may be similar or have distinct characteristics. It is the principle environment where family members share meanings, objects, resources, and information. It includes interactions between individuals, sub-systems, family, the household niche, neighborhood, and community.

Negating effects: The ability of a single or series of acts, behaviors, deeds, events, experiences, or supports to negatively influence health outcomes.

Niche: Places occupied by individuals where they assume interdependent relationships, roles, functions, and purposes.

Ontogenic system: The complex interactive systems where each developing person brings unique characteristics, beliefs, behaviors, and experiences to the development of other individuals within the family.

Optimize: Make as effective or functional as possible.

Person-in-context: Individuals interact within contextual systems that permeate family life and present ambiguous and contradictory influences integral to health.

Person-process-context: The complex individual, sub-system, family, and larger contextual system interactions that affect health over the life course.

Post-modernism: No single definition is adequate, but usually means a period that goes beyond a modern era and initiates a new period in human history. This time is emergent, dynamic, and evolving and implies the acceptance of the possibility of many truths rather than a universal or absolute truth. Ideas such as multiple meanings, constructed realities, and non-linear thinking are valued.

Potentiating effects: The ability of a single or series of acts, behaviors, deeds, events, experiences, or supports to positively influence health outcomes.

Process of becoming: An evolving holistic intra-personal status encountered by individuals as they seek opportunities to increase well-being and overcome liabilities through inter-personal relationships and interaction with diverse contextual systems over the life course.

Proximal Processes: Complex reciprocal interactions between developing person and larger contextual systems where individuals, family sub-systems, and family work, play, and live that have potential to affect health. Proximal processes are affected by the beliefs, values, and knowledge held about the embedded context and their own abilities. Families create conversations of beliefs, values, and knowledge that serve as opportunities or threats to functional processes and health behaviors.

Provisional environment: Contextual settings beyond where one is present, but include circumstances, situations, events, or surroundings that affect or have potential to affect individuals and families.

Reconstruction: Reordering patterns and relationships in original ways that result in fresh meanings, expanded ways of thinking, and different values. Discovery of new interpretations and explanations for what was previously thought as fixed or absolute.

Sentinel: A maternal role related to protecting individual and family health from illness, disease, and injury. Mothers are accountable for maintaining health, teaching and reinforcing health behaviors, and minimizing household and neighborhood risks associated with disease, trauma, or injury

Social construction: Family's patterned routines that accommodate beliefs, values, goals, resources, constraints, and information about health and illness. Family processes and health behaviors respond to constructed meanings about everyday circumstances and contextual events occurring across the life course.

Spirituality: A contextual aspect defined as an innate trait of all persons that concerns connectedness to self, others, and a higher power, transcendence to places and energies beyond one's own being, and an essence of meaningfulness. Spirituality often includes religion, faith systems, sacred principles, worship, symbolic meanings, and ritual practices

Steward: A maternal role related to the ways that family health resources were used, monitored, and dispensed to meet competing individual and family needs. Resources germane to family health include things such as family members, personal time, finances, health insurance, health knowledge, material goods, availability and access to needed health services.

Temporal events: Time factors that were on-going influences on family routines as they created stress, directed choices, and influenced perceptions (i.e., seasons, clock time, calendar days, traditional times, developmental stages, significant events).

Triadic units: Interpersonal relationships initially formed among three family members. External triads can also be formed when one or two family members include a person(s) or system outside the family boundaries.

Well-being: An optimum state of health where opportunities have been realized, liabilities have been minimized, and the "process of becoming" has been maximized by individuals, family sub-systems, and families.

Well families: Community families usually identified by nurses and others as 'healthy' or fully functional even when a member suffers from a chronic illness, disability, or is dying.