



Influence of Family Conversation Behaviour Towards Parents Mental Health in Kitere Hill, Rongo, Kenya

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Abstract

Conversation is essential to the success of every interaction, it is a dynamic process that takes place all the time, one of the developmental communication areas that may desire dynamic conversation is family conversation. Conversation shape individuals throughout their lives, and it is the foundation of family life and functioning. A family without a well-structured conversation, is likely to experience mental health challenges, mental health challenges have introduced fear, anxiety, uncertainties and anger. The purpose of this study was to examine the influence of family conversation behaviour on family mental health of parents in Kitere Hill. The study was guided by the following objective: to examine the influence of family conversation behaviour on mental health of parents in Kitere hill. The study was anchored on interaction theory, study location was Kitere Hill, Rongo, Sub County. It employed a descriptive research design with a qualitative approach, convenience sampling was applied to identify participants. Data was collected using interviews and analyzed using Nvivo. Thematic analysis revealed five key behaviours, availability, listening, open conversation, feedback and empathy, that significantly shaped parental mental well-being. The findings, grounded in symbolic interactionism, underscore the role of family interactions in constructing emotional meaning and psychological resilience. In resource-limited settings like Kitere Hill, conversation within the family unit can serve as a protective mechanism for mental health. This study highlights the need to integrate conversation-based approaches in community mental health programs and family support policies. The findings are expected to provide insights on enhancing conversation approach in family mental health. The study is significant to the achievement of Sustainable Development Goal number 3, "Ensure healthy lives and promote well-being for all at all ages"

Keywords: *Family conversation, Behaviour, Mental Health, Availability, Feedback, Empathy*

Introduction

Conversations play a fundamental role in shaping relationships and fostering emotional well-being within families. It is a strategy emphasizing open, empathetic, and respectful dialogue and increasingly recognized as a critical tool in promoting mental health (Anderson & Gehart, 2014; Goodwin, 2018). Within the family setting, effective conversation contributes to psychological resilience by validating experiences, improving mutual understanding, and strengthening emotional bonds (Henry et al., 2015). Conversations hold immense power in our lives and can form new connections and deepen existing ones. It can change minds, behavior and save lives. Conversation approach is a communication strategy that aims to promote positive interactions and enhance relationships between family members. It involves teaching family members how to have open, respectful and honest conversations with each other. Globally, mental health is a major public health concern. According to the World Health Organization (2021), one in four people worldwide will face a mental health condition at some point in life. In Kenya, the urgency to address mental health has been acknowledged through key frameworks, including the Kenya Mental Health Policy 2015–2030 and the Mental Health Action Plan 2021–2025, which advocate for family-centered interventions (Ministry of Health Kenya, 2021). Despite this, service provision remains inadequate, particularly in rural areas like Kitere Hill, necessitating innovative approaches such as improved family dialogue.

The approach emphasizes active listening, empathy, availability, feedback and validation of each other's feelings and experiences. The goal of conversation approach is to improve conversation within families, increase understanding and relationship between family members, and reduce the risk of mental health challenges. Conversation approach can be applied in various settings, including family therapy, parenting programs and mental health promotion initiatives. According to World Health Organization (WHO), one in four people in the



world will be affected by mental health challenge at some point in their lives. Conversation approach in family mental health involves open and empathetic conversation within the family system to address mental health issues collectively (Keating, Russell, Cornacchione, & Smith, 2013). By fostering healthy conversation and support, conversation approach aims to improve the wellbeing of all family members and enhance the overall family dynamics. Conversation is a bridge of meaning involving a systematic and continuous process of speaking, listening and understanding (Anderson & Gehart, 2014). According to Goodwin (2018), conversation is a social interactional activity involving multiple modalities of expression that contribute to the construction of meaning among participants. Mental health is a key determinant of overall health and socio-economic development. It influences a variety of outcomes for individuals and communities such as healthier lifestyles; better physical health; fewer limitations in daily living; greater productivity, employment and earnings; better relationships with adults and with children; more social cohesion and engagement and improved quality of life (WHO, 2009). According to (WHO, 2021), mental health is defined as “a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. The journey towards transforming mental health in Kenya gathered momentum following the launch of the Kenya Mental Health Action Plan (2021-2025). Mental health remains an integral pillar in the country’s health system and socio-economic development.

The Kenya Mental Health Policy 2015-2030 provides for a framework on interventions for securing mental health systems reforms in Kenya. This is in line with the constitution of Kenya 2010, Vision 2030, the Kenya Health Policy (2014-2030) and the global commitments. The Constitution of Kenya, 2010, provides that “every person has the right to the highest attainable standard of health, which includes the right to healthcare services”. In Kenya, mental health is a growing concern, with an estimated one in ten people experiencing a mental health challenge (World Health Organization [WHO], (2021). Mental health challenges within families can have significant impacts on the overall well-being and functioning of the family unit (Elizaro, Konshina, Benish-Weisman, Lee, Van Ryzin, Vos, & Schwartz, (2023). The issues can affect conversation, relationships, and decision-making processes within the family, potentially leading to further stress and conflict. The effects of mental health challenges can also extend beyond the family unit and impact other areas of life, such as work and social relationships (Amato, 2005). Children need to feel heard, valued and supported by parents to give a sense of purpose in their lives as they grow (Damon, 2008). Relationships with family members is significant for wellbeing across the life course (Merz, Consedine, et al., 2009; Umberson, Pudrovskaya, et al., 2010). As parents continue living in the family, often the family relationships become complex with some complicated issues where there is a lot of competing pressures and obligations for care. Mental health affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood McDougall, (2011). Family conversations in this context, help in mental health building the relationship and the capacity to enhance emotion in the wellbeing of family members (Loth, Drabick, Leibenluft, & Hulvershorn, 2014; Mitchell & Reese, 2022). Family functioning as an ecosystem, assumes a highly significant role in the development of family mental health acting as a protection against adverse mental health (Henry, Sheffield Morris, & Harest, 2015).

The significance of family conversation becomes more prominent and its impact on parents behaviour on mental health gives a greater thought and importance. Going deeper into conversations can help families create connections that leave families happier. The paper aimed at investigating the Influence of Family Conversation Behaviour Towards Mental Health of Parents in Kitere Hill, Rongo Sub-County, Migori County. Research shows that poor family conversation behaviours characterized by silence, limited availability, lack of empathy, and disregard for feedback contribute to stress and psychological distress among parents (Loth et al., 2014; Mitchell & Reese, 2022). On the contrary, positive conversation fosters a supportive environment that can mitigate mental health risks and enhance overall well-being (Merz et al., 2009; Umberson et al., 2010). This study investigates how family conversation behaviours influence the mental health of parents in Kitere Hill, Rongo Sub-County, Migori County with the aim of informing strategies that leverage family conversation to support mental well-being.

Methodology

The study employed a descriptive research design with a qualitative approach to gain in-depth understanding of family conversation behaviours and their health implications. Convenience sampling was used to select participants from Kitere Hill. Data was collected using semi-structured interviews allowing participants to freely express their experiences and perceptions. Data was thematically analyzed to identify recurring patterns and



insights. The participants were briefed on the aim of the study. The design was suitable for the study as it allowed an in-depth examination of lived experiences, perceptions, and emotional responses of parents within their family conversation contexts (Creswell & Poth, 2018). The research was conducted in Kitere Hill, located in Rongo Sub-County, Migori County, Kenya. The area is predominantly rural, with a mix of traditional and modern family structures. Mental health awareness remains limited, making it a valuable site for understanding family-based conversation as an informal support system. The target population included family members residing in Kitere Hill who were part of nuclear or extended family systems. These individuals were conveniently selected based on their direct involvement in family conversation. A convenient sampling technique was employed to identify participants who could provide rich, relevant, and diverse insights into the family conversation process. Sample size was determined based on data saturation, the point at which no new information emerged from the interviews (Guest, Bunce, & Johnson, 2006). Each theme was clearly defined and named to reflect its scope and meaning. The final themes were availability, listening, open communication, feedback, and empathy. Data were collected using semi-structured in-depth interviews guided by an open-ended interview schedule. The questions focused on parents' experiences with family conversations, their perceptions of availability, listening, feedback, empathy, and how these elements affected their mental well-being. Interviews were conducted in Swahili, Dholuo, and English, depending on the participants' preference, and each session lasted approximately 40–60 minutes. Interviews were audio-recorded with consent and supplemented by field notes to capture non-verbal cues and contextual details. The recorded interviews were transcribed verbatim and translated into English. Data were analyzed using thematic analysis following Braun and Clarke's (2006) six-phase framework: familiarization with data, coding, generating initial themes, reviewing themes, defining and naming themes and producing the report. NVivo software was used to support the coding process and organization of emerging patterns.

Results and Discussion

This study aimed to investigate how family conversation behaviours influence parental mental health in Kitere Hill, Rongo Sub-County, Kenya. Through thematic analysis of in-depth interviews, five dominant themes emerged: availability, listening, open conversation, feedback, and empathy. These themes represent relational dimensions of conversation that impact the emotional well-being of parents in rural family systems. The identified themes are discussed below.

Availability

Availability both physical and emotional was identified as a key enabler of healthy conversation within families. Parents who experienced regular and intentional presence from family members reported reduced emotional strain and a stronger sense of connectedness. Conversely, a lack of availability due to work obligations or disengagement was linked to feelings of abandonment and increased psychological burden. From a symbolic interactionist perspective (Blumer, 1969), the meaning parents attach to family members' presence is shaped through repeated social interactions. When parents interpret availability as a sign of value and care, it reinforces their self-worth and emotional security. This supports existing literature which highlights availability as a cornerstone of positive family functioning (Merz, Consedine, Schulze, & Schuengel, 2009). A crucial aspect in the family is members' availability that encourages conversations. The ability to be present, responsive, and accessible to the needs of the family members during interactions (Bietti, 2010). This availability extends beyond just physical presence; it encompasses a genuine emotional and psychological presence that conveys a sense of support, understanding and readiness to engage in meaningful conversations. Individuals feel more comfortable expressing their thoughts, feelings and struggles without fear of judgement or rejection (Kennedy-Moore, & Watson, 2001). It is able to build trust as the family being a fundamental pillar. Individuals may be hesitant to share if the trust is not there and this can lead to mental health challenge the reason to embrace conversation. Availability was described not just in terms of physical presence but emotional presence and attentiveness. A participant cited

“He may be in the house, but it's like I'm alone, he's always on the phone or watching TV. It makes me feel invisible.” (P 6, female).

Another one said *“When my children take time to sit with me and ask how I am, I feel appreciate.”* (P 3, male).

These narratives show that perceived unavailability contributes to feelings of neglect and emotional loneliness. Consistent availability fosters a sense of value and belonging, which aligns with Merz et al. (2009) on family connectedness and mental well-being.



Availability help individuals deal with their struggles because their concerns will not be dismissed or invalidated. Mental health conversations often involve breaking down societal stigma by being available and receptive because family can discuss mental health in a normal and accepted manner (Kaushik, & Dewan, 2023). Family conversation behaviour of parents encouraged early interventions that enables the members to notice and address mental health concerns. This happens when there is open conversation and notice of behaviour change, it can be easily recognized leading to timely intervention and support. Availability prevents individuals from feeling isolated with the family knowing that there is a supportive family network encourages people to reach others for help (Kaushik & Dewan, 2023). This reinforced the understanding that they are not facing the mental health challenges in isolation.

Parents are reminded to be available no matter what and that their presence is felt (Kaushik & Dewan, 2023). This is valued because they will notice little things that teaches them to be conscious of mental and emotional states. Discussing issues of being grateful promotes positive wellbeing, parents can share with the rest of family members. Research showed that collaborative problem solving can be solved by parents being available to foster conversation in the family, family members work together to identify strategies, seek help and implement mechanisms to overcome mental health challenges (Kaushik & Dewan, 2023). For parents to maintain healthy conversation behaviour, it is important they give enough space to develop their behaviour and discover what they want from life. Being available and engaged in conversation about mental health, family members conversation sets a positive example how to discuss sensitive issues and reinforces the importance of emotional wellbeing.

Open Conversation

Families that embraced open conversation where emotions, challenges, and concerns could be freely expressed reported higher levels of psychological resilience and emotional cohesion. Parents in such families felt safer and more supported in navigating stressors. Openness in family conversation builds shared meaning and supports the co-construction of social reality, a central tenet of symbolic interactionism (Mead, 1934). When families normalize discussing mental health, it challenges stigma and creates a shared language around coping. This is consistent with Anderson and Gehart (2014), who argue that open dialogue is essential in therapeutic and familial conversation. Families need to encourage members to be open and honest on their experiences with mental health. For everyone to start talking about their mental health, it is crucial for them to feel the safe space. It means having open conversation between parents and children, they can normalize conversation about feelings and emotions. It is necessary to have open discussions with children about their feelings as early as possible, the best time to have open conversations on mental health is now or yesterday. A great way to create a safe environment is for parents to openly discuss their feelings with children to enable them get the opportunity to dialogue. Asking children how they feel should be normalized as this will encourage children to speak up. Open conversation was associated with greater trust and psychological freedom within the family. A participant said,

“How I wish there was open conversation, at time I don’t know what to say. Even when I’m low, I can’t say it freely. It hurts a lot.” (P9, female).

Another one, *“When I can speak my mind without fear of being judged, I feel more at peace.”* (P12, male).

This finding reinforces the symbolic interactionist idea that meaning is co-created through dialogue (Mead, 1934). Families that encouraged openness fostered emotional safety, reducing the internalization of distress. The more children talk about their feelings and the earlier mental health conversations happen, the more they become aware of their feelings. The children learn where the feelings come from and can become confident about openly expressing what they feel and why. At the end of the day, the best one can do for a child’s mental health is create an environment in which conversations about mental health are normal, open, encouraged and comfortable.

Listening

Active listening emerged as a powerful relational act that validates the speaker’s experience. Parents emphasized that being listened to without interruption or dismissal helped reduce emotional tension and enhanced their mental clarity. The lack of attentive listening often resulted in increased frustration and feelings of neglect. Symbolic interactionism explains that self-concept is continually shaped through the feedback and interpretations of others (Charon, 2010). When parents feel genuinely listened to, their internal dialogue reflects increased worth and



emotional affirmation, reducing the risk of stress-related outcomes. These findings align with Loth et al. (2014), who emphasize listening as a protective mental health behavior in families. Listening involves paying attention to what the other person is saying and showing that you are engaged in the conversation. It includes things like making eye contact, nodding, and asking questions to clarify what the person is saying (Topornycky & Golparian, 2016). Ensure there is enough concentration during conversation so that family members are able to get what is being communicated. Parents are supposed to learn to be empathetic, it involves understanding and acknowledging the other person's feeling and experiences. Learn to avoid dismissing or minimizing individuals concerns and show that you care about their wellbeing (Topornycky & Golparian, 2016). During conversation, respect each other's opinion, respectful conversation involves having interactions in a way that is respectful and non-judgmental. It is important to avoid blaming or criticizing the person and to focus on the issue at hand. For everyone to start talking about mental health it means listening attentively asking open-ended questions without judging others on what they say. Listening attentively requires one to be fully into the conversation and actively listen to the other person. Participants consistently emphasized how the act of listening or lack thereof affected their emotional states.

"Sometimes I just need someone to listen to me, not to fix anything. But when they interrupt or ignore, it hurts even more." (P8, female).

Another Participant narrated *"My child listens to me when stressed. I don't even realize how much I needed to talk until I start talking."* (P5, male)

Listening was often described as therapeutic, confirming previous findings by Loth et al. (2014) that attentive listening reduces internal tension and improves emotional clarity. Let family members learn the importance of active listening (McNaughton & Vostal, 2010), they should be encouraged to give their full attention during conversation, maintain eye contact and avoid interruption when someone is speaking to foster a sense of validation and understanding. As one listens to the speaker, learn to take turns in order to get the message being communicated. Turn taking allows the family members to have order during conversation and this gives room for better listening and getting the required information thus learning about each other. The language used must be supportive and encouraging, avoid languages that are dismissive or hurtful and focus on positive and constructive messages (Lind & Sønsterud, 2014). People have different speaking styles, this requires that parents behaviour show how to take turns during conversation, speak when given an opportunity so that you give your views on what is expected of you. Using these conversation styles can help create a safe and supportive environment for mental health conversations, where individuals feel comfortable expressing their concerns and seeking help when needed (Topornycky & Golparian, 2016).

It was realized that positive family conversation is characterized by the ability of family members to comprehend, trust and attentively listen to one another during conversation (Weger, Castle Bell, Minei, & Robinson, 2014). Negative conversation typically involves inability to engage in a calm conversation and expressing emotions and ideas effectively. Topornycky and Golparian, (2016) underscored the role of a family in emphasizing that conversation and behavioral patterns in families exert a profound impact on the members mental health. Poor listening has created an impact on family conversation because of the reduced rate of conversation eroding family relationships and leading to unhealthy family behaviours thus contributing to anxiety in the family. family conversation influences behaviour in a tremendous way and that is why interaction is important. The relationship in the family goes deep for all to learn that parents are a cornerstone for the growth and success of any family plan. High-quality listeners shape conversations (Bavelas et al., 2000; Itzchakov & Kluger, 2017). Gearhart and Bodie (2011), stated that active listening will generate more communication satisfaction than advice and simple acknowledgements for interactions in families. Listening requires concentration and most parents agreed that they concentrate during conversation. "high-quality" listening involves more than merely being silent and creating space, since the listener is an active agent in the conversation who can contribute verbally and non-verbally to shaping the interaction (Bavelas et al., 2000; Itzchakov, 2020; Pasupathi & Billitteri, 2015), this is what is required in family conversation. Effective listening tends to lead the conversations linked to satisfaction among family members

Feedback

Constructive feedback contributed significantly to emotional well-being, especially when framed with care and respect. Parents reported feeling appreciated and emotionally balanced when feedback was affirming. In contrast,



critical or absent feedback eroded self-esteem and reinforced negative internal narratives. Feedback plays a symbolic role in shaping individual identity and perceived competence. According to symbolic interaction theory, the “looking-glass self” (Cooley, 1902) explains how individuals perceive themselves based on how others respond to them. Positive feedback enhances self-image and reduces vulnerability to mental distress, a finding echoed in studies on parent-child dynamics (Mitchell & Reese, 2022). Feedback is a crucial part of conversation and is vitally required by all concerned in the process. It marks the end of a conversation process in the family (Ong, Barnes, & Buus, 2020). The communicator on one side should convey his/her information in such a way that other members can offer feedback or criticism on the information given. It was learnt that feedback during family conversation is crucial for all to improve in their behaviour. This can help improve mental health issues likely to affect the family. Constructive feedback played a vital role in emotional validation and self-image.

“I feel proud when my children tell me I’m doing well or thank me. It lifts me up mentally.” (P1, female)

From another participant, *“Sometimes they only notice what’s wrong, no one sees the effort. That hurts more than anything.” (P 10, male).*

These accounts suggest that both the presence and tone of feedback matter deeply. Feedback can serve as a symbolic mirror (Cooley, 1902), shaping how parents perceive themselves and their emotional worth. Feedback serves as a tool for building resilience addressing challenges, and promoting overall mental wellbeing (Coates 2016; Jorm 2012). Feedback is the ultimate aspect of conversation process, it is an effective and efficient tool in family conversation on mental health (Manusov, 2020). Feedback in conversation approaches is a dynamic process that plays a vital role in fostering understanding, support, and positive change within the family unit. Feedback is necessary to ensure that the information shared has been effectively comprehended. It is the final step of the conversation process where parents realized the importance of feedback that can improve family conversation on mental health. In other words, the receiver correctly interpreted the message as it was intended it is instrumental to make conversation effective and purposeful. Inappropriate or wrong feedback defeats the purpose of the conversation as message will not have been driven home. It results in conversation breakdown. It helps improve future conversation as the message can be easily interpreted and carefully channeled to the right person in the family, this was realized that it assisted families take early precaution on mental health. Families interact differently, but parents hold the greatest mantle to embrace feedback that fosters conversation by showing care, positivity and respectful interaction.

Empathy

Empathy was the most emotionally resonant theme, encompassing sensitivity, perspective-taking, and compassion. Parents valued moments when family members recognized their struggles and responded with understanding rather than criticism. Empathetic conversation was linked to reduced emotional fatigue and stronger family bonds. Symbolic interactionism emphasizes the role of taking the role of the other (Mead, 1934), a mechanism essential for empathy. When empathy is expressed, it affirms the individual's emotional state and validates their experience, reinforcing a positive self-concept and fostering mental stability (Henry, Sheffield Morris, & Harrist, 2015). These findings mirror prior work by Goodwin (2018), who noted that multi-modal expressions of empathy contribute to the co-creation of meaning in family conversations. Conversation in the family influences the development of emotion that can be seen in parenting practices, emotional family climate and different emotional learning experiences. Empathy emerged as the most powerful and emotionally resonant theme. Participants emphasized the importance of being emotionally understood. A participant narrated, “When my daughter says,

“I understand how hard it is, Mum, I cry tears of relief. I feel valued.” (P4, female).

“Sometimes all I need is someone to say, ‘I get you.’ That changes everything.” (P7, male)

Empathy functioned as a bridge of understanding, helping families connect across emotional challenges. These insights echo findings by Henry et al. (2015) and support the symbolic interactionist notion of “role-taking” as a mechanism for empathy and emotional healing. Supportive parenting and parental involvement play an important role in the development of emotional competence in the family, the way parents can empathize with other family members (Cludius, Mennin, & Ehring, 2020). Family members should be taught how to express empathy to accommodate each other's feelings. Encourage them to acknowledge emotions without judgment, even if they



may not fully understand or agree with the perspective. It helps create an atmosphere of support and acceptance. In family conversation, parents can regulate their own negative emotions in challenging parenting interactions, they may be better able to support emotional reactions, and be less likely to respond with harsh, or disengaged parenting (Maliken & Katz, 2013). This can be achieved easily through family conversation that is the major aspect in families. Use of storytelling creates an environment where each other's feelings are easily recognized, can relate to behaviours in the family and this fosters good and healthy relationships (Langellier & Peterson, 2004). It shows the care among family members and how they can bear each other's burden during difficult times especially on mental health. Stories have the power to evoke emotions and create a strong emotional connection with the audience who are the members of the family. By appealing to their emotions, one can easily influence their attitudes, beliefs and behaviours.

Conclusion and Recommendations

From the study, it was established that family conversation behaviour is more than just interaction but involves availability, open conversation, listening, feedback and empathy to handle mental health in families. Adapting to conversation is effective when all family members are involved and willing to cooperate. From the findings, there is clear demonstration that there is need for a collective call for greater awareness, empathy and proactive measures to address the silent epidemic of mental health in the family. On listening, concentration was seen as an important aspect and most parents kept silent during conversation and it is seen in their behaviour. Parents rarely get feedback during conversation and little understanding was recognized and most parents empathized. The study contributes to the growing discourse on mental health and family conversation by offering localized insights from a rural Kenyan perspective, the findings are expected to inform mental health interventions and family counselling programmes, with potential implications for policy and practice. The study aligns with Sustainable Development Goal 3, which seeks to ensure healthy lives and promote the wellbeing for all at all ages.

Based on the findings of the study, it was notable that parental support be embraced by establishing community-based support groups where parents can share experiences and strategies on improving conversation and manage mental health challenges. Mental health awareness campaign to be developed to reduce stigma around mental health and encourage open conversation within families. Family conversation training programs, educate parents on active listening, effective feedback and emotional expression. Policy inclusion on conversation in rural development agendas ensuring resources are allocated for trainings, counselling and community engagement, empower local health workers as facilitators of healthy conversation. Finally, further research should be conducted on conversation approach across different regions to deepen understanding of how family conversation affects mental health in various cultural contexts and rural setting.

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