THE EXPANDING FAMILY LIFE CYCLE

Individual, Family, and Social Perspectives

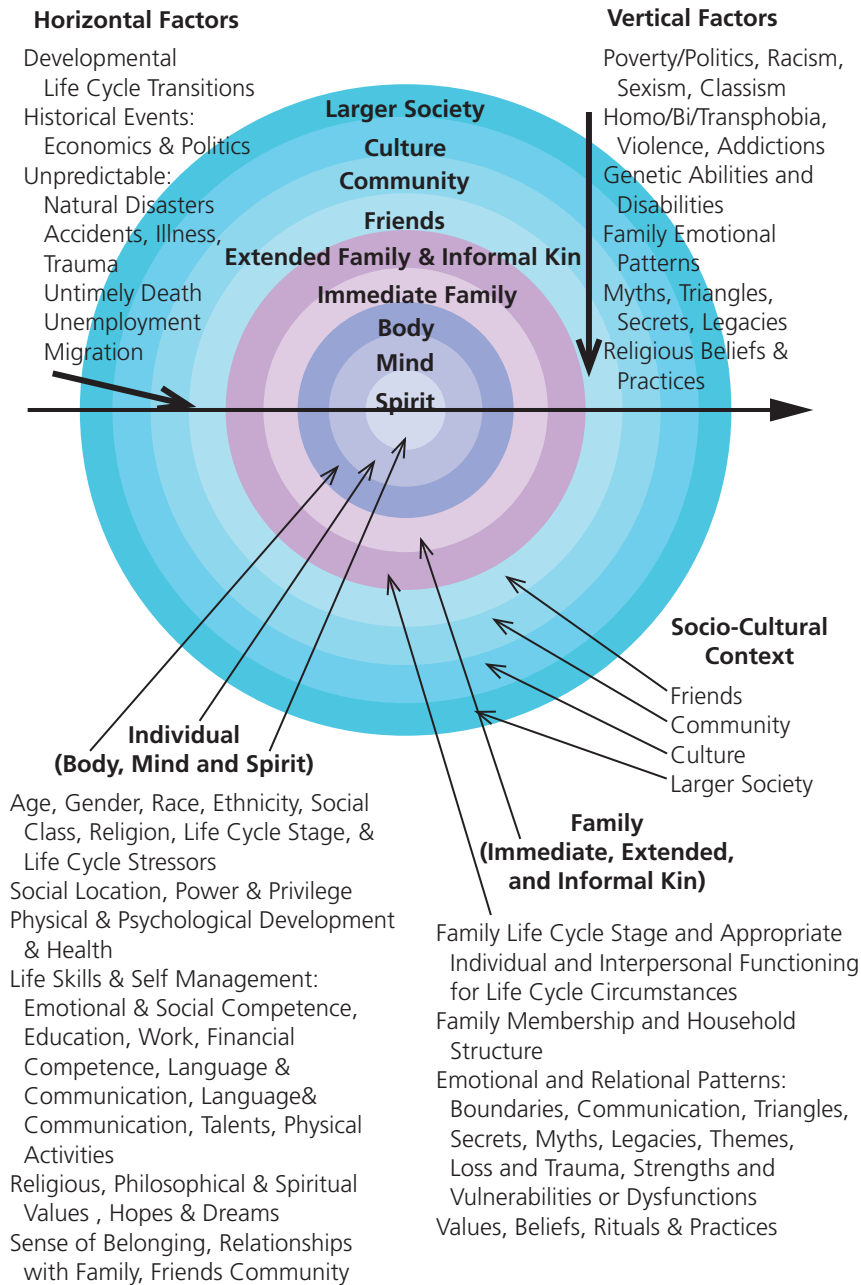## FIFTH EDITION

Monica McGoldrick

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Betty Carter

Multicontextual Life Cycle Framework for Clinical Assessment.

Horizontal Factors

Developmental
  Life Cycle Transitions
Historical Events:
  Economics & Politics
Unpredictable:
  Natural Disasters
  Accidents, Illness,
  Trauma
  Untimely Death
  Unemployment
  Migration

Vertical Factors

Poverty/Politics, Racism,
  Sexism, Classism
Homo/Bi/Transphobia,
  Violence, Addictions
Genetic Abilities and
  Disabilities
Family Emotional
  Patterns
Myths, Triangles,
  Secrets, Legacies
Religious Beliefs &
  Practices

Larger Society
Culture
Community
Friends
Extended Family & Informal Kin
Immediate Family
Body
Mind
Spirit

Socio-Cultural Context
Friends
Community
Culture
Larger Society

**Individual
(Body, Mind and Spirit)**

Age, Gender, Race, Ethnicity, Social
  Class, Religion, Life Cycle Stage, &
  Life Cycle Stressors
Social Location, Power & Privilege
Physical & Psychological Development
  & Health
Life Skills & Self Management:
  Emotional & Social Competence,
  Education, Work, Financial
  Competence, Language &
  Communication, Language&
  Communication, Talents, Physical
  Activities
Religious, Philosophical & Spiritual
  Values , Hopes & Dreams
Sense of Belonging, Relationships
  with Family, Friends Community

**Family
(Immediate, Extended,
and Informal Kin)**

Family Life Cycle Stage and Appropriate
  Individual and Interpersonal Functioning
  for Life Cycle Circumstances
Family Membership and Household
  Structure
Emotional and Relational Patterns:
  Boundaries, Communication, Triangles,
  Secrets, Myths, Legacies, Themes,
  Loss and Trauma, Strengths and
  Vulnerabilities or Dysfunctions
Values, Beliefs, Rituals & Practices

The Expanding Family Life Cycle: Individual, Family, and Social Perspectives

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PEARSON

Betty Carter (1929–2012) was the bright star that guided the evolution of this book from its first edition in 1980. The brilliance and creativity of Betty's thinking is still at the center of our thinking about the life cycle and of this book. We still feel deeply her presence as our guardian angel as we move the ideas forward to address the dramatically changing life cycle of the twenty-first century. We hope we are continuing to live up to her highly collaborative and rigorous standards even without her physical presence. This book has been very much a continuation of her creative energy and we hope it is worthy of her.

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PREFACE

WHAT IS NEW TO THIS EDITION

- Expanded delineation of individual and family life cycle tasks and phases in relation to the larger societal context
- New chapter on friendship over the life cycle
- New chapter on sexuality over the life cycle
- Expanded exploration of psychological and physical health and illness over the life cycle
- Completely revised discussion of men's issues through the life cycle, individually, in family life, and in the social context
- Revised discussion of the expanding phase between adolescence and adulthood, often referred to as "adultolescence," where young people are requiring more time for developing their ability to support themselves and a new generation of family
- Revised discussion of cultural and spiritual aspects of major diagnostic categories in the DSM5.
- Provides clinical example to demonstrate using the three-generational multicontextual framework for assessment and intervention.
- Expands discussion of the rapidly changing patterns of coupling and marriage through the life cycle.

FOR WHOM WE ARE WRITING

The Expanded Family Life Cycle is a book for professionals and students in all areas of health care, social service, and education: psychology, social work, family therapy, nursing, and sociology, and all fields of counseling, such as school, vocational, college, addictions, and pastoral counseling. Our aim has been to lay out a perspective that has broad applicability for understanding and working with individuals and families as they evolve through the life cycle in a social and cultural context. We have divided the book into three parts: Perspectives on the Evolving Family Life Cycle, Life Cycle Transitions and Phases, and Clinical Dilemmas and Interventions.

REDEFINING HUMAN DEVELOPMENT

The book bridges the traditionally separate spheres of individual development and the family life cycle in a way that transforms the traditional categories and proposes a new, more comprehensive way to think about human development and the life cycle within the larger context of cultural and social perspectives. Our expanded view of family actively includes the reciprocal impact of stresses at multiple levels of the human system: the individual, the immediate family household(s), the extended family, the community, the cultural group, and the larger society.

PUTTING THE INDIVIDUAL IN CONTEXT

Although social scientists give lip service to the notion of the individual's role in the system, there has been a tendency for mental health professionals to compartmentalize theorizing about families separately from theorizing about the individual. Theories of individual development,

evolved in the field of human development, have espoused primarily psychodynamically oriented schemas, especially Erikson's modifications of Freudian theory, that ignore the gender, race, sexual orientation, and class norms of society that have produced deeply skewed models of "normal" child and adult development; such schemas make those who don't conform to dominant norms seem deficient. This thinking has been reinforced by the entire enterprise of diagnosis focused on universalizing individual pathology and ignoring systemic assessments as they influence human health and illness, strengths and resilience. Such splitting is not compatible with systemic thinking. It leads to divergent and inconsistent definitions of problems and their locus. Murray Bowen's family systems theory, like George Engel's bio-psycho-social model in medicine, is a notable exception to this tendency to split individual and family systems thinking. Bowen's theory places individual behavior and feelings squarely in the context of the family system, elaborating on the intricacies of the impact and the interaction between an individual and the family system of three or more generations. Bowen's theory also holds each adult individual responsible for creating change in the system. We have made a continuing effort in this edition to spell out a more comprehensive framework for individual development in the context of relationships and society (Chapter 1). The importance of situating individual development in context of the larger system is brought home by Steve Lerner in his expanded chapter (27) on the intersection between the therapist's life cycle issues and that of the family in treatment—a key dimension of the fit between therapist and family as the clinical process unfolds. As his chapter profoundly illustrates, this framework helps us locate the points at which the chronic background anxiety in a family is likely to coincide with the acute stress of navigating a current life cycle transition.

REDEFINING FAMILY: WIDENING OUR LENS

This edition celebrates the diversity of the twenty-first century. We refer not only to cultural diversity but also to the diversity of family forms. There are many ways to go through life in a caring, productive manner, and no specific family structure is ideal. Indeed, most life cycle theory has focused theoretical and research attention on the developmental stages of just one family form: the White, Anglo, middle class, nuclear families of a once-married heterosexual couple, their children, and (occasionally) their extended families. This book expands the definition of family in ways that attempt to include everyone in our society. We have widened our lens to deal more concretely in large and small ways with the fact that every family is a group of individuals embedded in communities and in the larger society whose impact is definitive and must be taken into account for interventions at the family level to succeed.

Our choice of language symbolizes our recognition of the vast changes in family structure that are taking place. We have replaced the limited term "nuclear family," which has come to refer only to a father and mother and their children in intact first families, with the term "immediate family," referring to all household members and other primary caretakers or siblings of children, whether in a heterosexual couple, single-parent, unmarried, remarried, gay, or lesbian household. We believe "commitment to each other" more than biological or legal status to be the basic bond that defines a family.

While it may be statistically accurate to outline the widely experienced stages of the family life cycle, focusing on marriage (Chapter 14), the birth and development of children and adolescents (Chapters 15 and 16), midlife and launching (Chapter 17), young adulthood (Chapter 13), aging (Chapter 18), and death (Chapter 19), no single list of life stages can be sufficiently inclusive. Throughout this edition, we have tried to recognize the vast number of people whose family life cycle varies in significant ways from the traditional stage outline. Individuals of different cultures and socioeconomic groups go through the stages at very different ages. A growing

number of adults are choosing not to marry (Chapter 10) or, like gays and lesbians, are prevented from marrying (Chapter 7) or, like the poor (Chapter 5), find marriage almost impossible to afford. It thus becomes appropriate because of the increasing diversity of couples over the life cycle to speak of "couples therapy" rather than "marital therapy" (Chapter 14). Growing numbers of women are delaying childbearing or are choosing to remain childless. The prevalence of divorce and remarriage is requiring a large proportion of our society to manage additional life cycle stages and complete restructuring of their families as they move through life. There has been a dramatic increase in the percentage of permanent single-parent households created by divorce or single-parent adoption. For clinical interventions with families at these stages, we offer chapters on divorce (Chapter 20), single parents (Chapter 21), and families transformed by the divorce cycle: reconstituted, multinuclear, recoupled, and remarried families (Chapter 22).

Families that experience migration must also negotiate an additional life cycle stage of adjusting to a new culture (Chapter 12). Finally, vast differences in family life cycle patterns are caused by oppressive social forces: racism, sexism, homophobia, classism, ageism, cultural prejudices of all kinds, poverty, and immigration. We seek to include all of these dimensions in our thinking, while still providing clear and manageable clinical suggestions related to the family's place in its many contexts. Chapters that expand on these more inclusive perspectives include the chapters on women (Chapter 2) and on men (Chapter 3), on social class (Chapter 4), and on LGBT families (Chapter 7). Further expanding our view of family relationships, we have separate chapters on siblings through the life cycle (Chapter 9), spirituality (Chapter 8), sexuality (Chapter 6), chronic physical and mental illness (Chapter 23), alcohol problems (Chapter 24), domestic violence (Chapter 25), and on creating meaningful life cycle rituals (Chapter 26).

While family patterns are changing dramatically as we enter the twenty-first century, the importance of community and connection is no less important than ever, but we must shift our paradigm to understand people's experiences of community as they move through life. We have added a chapter on friendship through the life cycle (Chapter 11) to convey the centrality of these connections throughout our life cycle. Our identity is bound up in our interrelatedness to others. This is the essence of community—relationships that bridge the gap between private, personal, and family relationships, and the impersonal public sphere. We have a need for a spiritual sense of belonging to something larger than our own small, separate concerns. With our ever-greater involvement in work, time for anything "unnecessary" has been disappearing, leaving little time for church or synagogue, friends, family Sunday dinners, supporting children's school activities, political action, or advocacy. These activities often get lost in the scramble to survive, leaving little but the individual striving for power and money. We look at the concept of home as a place of self-definition and belonging, a place where people find resilience to deal with the injustices of society or even of their families, a place where they can develop and express their values. Home reflects our need to acknowledge the forces in our history that have made us strong, but it is also a concept that we remake at every phase of life, with family, with friends, with work, with nature, with smells and sounds and tastes that nurture us, because they give us a sense of safety and connection. Clinical intervention needs to acknowledge the importance of these spiritual, psychological, and physical places of belonging and safety at each life cycle phase. We see the concept of home as at the core of a meaningful life cycle assessment. We must assess clients with regard to their sense of belonging and connection to what is familiar. Having a sense of belonging is essential to well-being. Grasping where this sense of home is for a client is an essential part of any assessment and clinicians and policy makers who do not consider our deep-seated need for continuity and belonging as we go through life, especially through traumatic transitions and disruptions, will increase the trauma of the original experience.

THE SOCIAL PERSPECTIVE

In addition to focusing on the individual in the context of the family, this text expands our lens to the community and larger societal levels as they impact families and individuals. Our aim is to facilitate readers including in their clinical evaluations and treatment all the major forces that influence human beings as they move through life: race, class, sexual orientation, gender, ethnicity, spirituality, politics, work, time, community, values, beliefs, and dreams. We do not have separate chapters on culture, because we believe that consideration of culture, race, and ethnicity is so essential to every issue discussed in the book. All authors have worked to keep cultural considerations in the forefront of their clinical descriptions. As our awareness of societal patterns of domination and privilege has grown, we have expanded our analysis of the impact of social norms on families. We have also included throughout the book cases that reflect the social forces that impinge on individual and family functioning. It is our strong belief that this expanded family life cycle context is the best framework for clinical intervention because it deals with the development over time of individuals in their family relationships and within their communities as they struggle in this new millennium to define and implement life's meanings within a larger society that helps some more than others. To be lasting, change must encompass every level of our lives. We have summarized this multicontextual lifecycle framework in our opening chapter.

MONICA MCGOLDRICK'S ACKNOWLEDGMENTS

The 5th edition of *The Expanding Family Life Cycle* has been a labor of love with my dear friend and sister, Nydia Garcia Preto. I am extremely grateful that Nydia, who has been my collaborator in so many other efforts over four decades, has been at my side to develop this new edition. We have struggled together mightily to figure out how to transform this edition to include the rapidly changing patterns of families in the twenty-first century. I am so appreciative of her thoughtful efforts to make sense of the complex issues of the life cycle in this new century. I know I pressed her for more time than she had, and I am grateful for the many days we spent at our table trying to figure out how to express ourselves, organize our thoughts, understand the complex phenomena of the life cycle, and to deal with the numerous challenges of this many layered book for which we had a strong vision that demanded much rigor from our authors. This book has also been the fruition of my love for and debt to Betty Carter, with whom I shared so much for so many years. For three decades, she and I wrote together, taught together, and thought together more closely than I have ever done with anyone else. I have greatly missed her in working on this edition. Having to proceed without her enormous good humor, creativity, energy, and willingness to stretch me and herself and others has been hard indeed. I have missed her at every turn. I am thankful to Nydia's commitment and good thinking (just when I run out of steam!). I am extremely proud of what we have accomplished together. I am very grateful as well for the contributions from so many colleagues who have delivered the best papers ever for this edition! I know Betty would appreciate their efforts. This edition required a whole rethinking of the life cycle to fit the changing circumstances as we proceed in the new millennium. Nydia and I have worked hard to understand the increasing complexities of families as they move through the life cycle and deal with increasingly difficult global constraints. These complexities have made it very difficult to write in as straightforward a way as we would wish. Each time we would write a sentence, we would say, "On the other hand, there is this other factor that influences that phenomenon." Space constraints were especially challenging, and we were incredibly fortunate in the efforts of our authors to write meaningful chapters in their limited space.

I thank my wonderful friends for the support they give me every day, no matter where on the globe they are. In addition to Nydia, my appreciation goes to Nollaig Byrne, Froma Walsh,

John Folwarski, Imelda McCarthy, Jayne Mahboubi, Elaine Pinderhughes, Matthew Mock, Maria Root, Fernando Colon, Robert Jay Green, Michael Rohrbaugh, Doug Schoeninger, Glenn Wolff, Salome Raheim, Vanessa Jackson, Vanessa Mahmoud, Gyorgy Gaspar, Liz Nicolai, Kalli Adamides, Charlotte Danielson, Jane Sufian, Janey Hart Tollinger, John Dumas, Roberto Font, Barbara Petkov, and Sueli Petry. I also thank my friends, Evelyn Lee, Michael White, and Sandy Leiblum, and my dearest friend and sister, Carol Anderson, who lived through thick and thin with me for more than 40 years. Her brilliance and friendship inspire me every day. I miss Carol and my other friends greatly, and they live on in my heart every day. I hope I am doing them proud with this work.

My son has gotten married since our previous edition appeared, so I have gained a new daughter, Anna, and a wonderful new extended family in her parents, Renee Psiakis and Bill DePalma. How lucky is that! Sophocles has kept the home fires burning, as he has done for more than 45 years now, while I was preoccupied or off working to bring this book forth. I am very grateful for his love and steadiness through all. I thank my sisters, Morna and Neale, for being at my side for my life cycle journey, and my nephews, Guy and Hugh, for rooting for me from their place in the next generation. I celebrate the entrance of my grandnephew, Renzo Robert Livington, the first member of the next generation of our family, who is a complete love. Long may he thrive. I have always been fortunate to stand on the shoulders of my parents; my caretaker, Margaret Pfeifer Bush, my Aunt Mamie, and my godparents, Elliot and Marie Mottram, and Jack Mayer.

Finally, I thank my sister, soulmate, friend, and longtime collaborator Betty Carter for her friendship and intellectual stimulation over so many years. I am so grateful for her life force, her humor, her intelligence, her sticking power, and the warmth of her friendship for so many years.

NYDIA GARCIA PRETO'S ACKNOWLEDGMENTS

Working on this new edition of *The Expanding Family Life Cycle* with Monica McGoldrick has been an extraordinary experience. Monica's commitment and ability to stay focused and excited about these ideas have been inspirational for me. Although there were times when events in my own life cycle limited the time I could give to working on this book, the hours we spent thinking and sharing ideas, writing and rewriting, and then thinking again because changes were taking place faster than we thought were always rewarding. Taking part in this project has been challenging and transformative in more ways than I expected. I want to thank Monica for her friendship, encouragement, and generosity throughout the years we have worked together. Our personal histories and lives are very different, yet we seem to share a strong spiritual connection and a thirst for learning about and understanding the complexities of life, which for me has been essential. It has been a privilege to work with her, and to share the joys and pains in our personal and professional lives during all these years.

When she first asked me to co-edit the previous edition of this book, a book I have found to be fundamental in my learning about families, I was taken aback. Knowing how closely she and Betty had worked together, and how powerful and influential their thinking has been for so many of us who studied with them, I questioned the value of my contribution. My initial response was not to do it. But, in her wonderfully convincing way, Monica presented her reasons for asking me. We teach together, we stay up late trying to figure out how to continue on this journey of learning and teaching the concepts we love and find transformative. We love working with families, teaching about systems theory, strategizing about changing systems, mentoring students, building networks, and supporting each other when we are without answers. How could I not be part of rethinking and editing this wonderful book? I continue to be thankful for her trust, for our collaboration, and for the creativity that she brings to our work.

I am also especially thankful for the experience of working with all the authors in this book, whose amazing contributions and good will when we kept asking for rewrites made this edition possible. They are truly dedicated scholars and clinicians. I have learned so much from them! I also want to acknowledge the generous and invaluable support of my colleagues at MFI: Barbara Petkov, Roberto Font, and Sueli Petry, who were willing to read my writing and listen to my complaints, and my friends who understood my unavailability when I could not play with them. And, of course, I am especially grateful for the encouragement and support I received from the many members of my family, particularly my daughter Sara and son David. They have given me the opportunity to experience the complexities of being a mother raising children while also having a career. We have gone through adolescence, and now they are both at different stages of adulthood. I am learning about staying connected while letting go, and enjoying having two wonderful grandsons, Tahan (16) and David (5). We have survived my separation from their father and are adjusting to different configurations of family structure. I thank them for their lessons, their challenges, and their love. This year when Carl, their father, died after a battle with cancer, they showed an amazing ability to love and nurture as we took care of him, and helped him die with dignity. Through the years, Carl and I remained friends, for which I am grateful, and very thankful for his extended family's exceptional understanding, friendship, and support.

I have found strength in the memories of my life with my mother, Santa; father, Herminio; and brother, Luis, who are now gone, but living in my heart. And I especially want to acknowledge my partner in life, Conrad, whose generosity and caring keep me hopeful as I become older.

JOINT ACKNOWLEDGMENTS

We give heartfelt thanks to every author in this book. We know we have been, as Betty used to put it, "critical, hands-on, in-your-face editors, full of requirements and suggestions." It could not have been easy for you authors, but you came through with wonderful, thoughtful new material.

And those of you who answered our cries for help very late in the process—you know who you are—we'll never forget your rescue of several important chapters! And to those who did yet one more draft when you thought you weren't up to it—and you know who you are—we are grateful for your perseverance. We love you for it and we know the readers will as well. We are grateful to Tracey Laszloffy who put enormous effort into the extraordinarily challenging task of creating multiple-choice questions for psychological and cultural concepts as complex as those presented in this book. We also thank our friend and collaborator, Sueli Petry, for all the extra work she did in the development of this manuscript. We are so grateful for her quiet willingness, steadiness, and extraordinary competence in making complicated tasks doable. Our administrator, Georgeann Sorensen, and office manager, Roberto Font, supported our efforts on the book by keeping our office running smoothly, so that we could concentrate on the many tasks this book entailed. You helped us keep things in order, communicated with authors, and also protected us when we needed time alone to concentrate on the book.

We are very grateful that Pearson brought this 5th edition of our Life Cycle book to fruition. We thank all the people who worked diligently to make the book a reality, in these difficult times for book publishing and even while the organization was undergoing a major transition. Julie Peters oversaw the publication, with the help of many others. We thank also our previous Pearson editor, Ashley Dodge, who took our calls in the middle of the night and was a true friend in helping us wend our way through a complex system. Our Project Manager, Harleen Chopra went way beyond the call of duty to help us finish the production in as timely a fashion as possible. We thank you all.

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Monica McGoldrick, M.A., M.S.W., Ph.D. (h.c.), is the Director of the Multicultural Family Institute in Highland Park, New Jersey, and on the Psychiatry Faculty of the Robert Wood Johnson Medical School of Rutgers University. Her other books include *Ethnicity and Family Therapy*, Third Edition; *Genograms: Assessment and Intervention*, Third Edition; *Living Beyond Loss,* Second Edition; *Revisioning Family Therapy: Race, Culture, and Gender in Clinical Practice*, Second Edition; and *The Genogram Journey: Reconnecting with Your Family* published by W. W. Norton in 2011, which translates her ideas about family relationships for a popular audience, using examples such as Beethoven, Groucho Marx, Sigmund Freud, and the Kennedys. Her newest book *The Genogram Casebook: A Companion to Genograms: Assessment & Intervention* will be published in 2016.

She received her B.A. from Brown University, a Masters in Russian Studies from Yale University, and her M.S.W. and an Honorary Doctorate from Smith College School for Social Work. Dr. McGoldrick is known internationally for her writings and teaching on topics including culture, class, gender, loss, family patterns (genograms), remarried families, and sibling relationships. Her clinical videotape demonstrating the use of the life cycle perspective with a multicultural remarried family dealing with issues of unresolved mourning has become one of the most widely respected videotapes available in the field. Her new videotape, *Harnessing the Power of Genograms*, demonstrates an initial interview with a client exploring the connections between the presenting problem and the client's history and family relationship patterns.

Nydia Garcia Preto, M.S.W., is the Associate Director at the Multicultural Family Institute in Highland Park, New Jersey, where she also has a private practice. Ms. Garcia Preto was formerly a Visiting Professor at the Rutgers Graduate School of Social Work, and for many years the Director of the Adolescent Day Hospital at the University of Medicine and Dentistry of New Jersey. She received her M.S.W. from Rutgers Graduate School of Social Work and her B.A. in Sociology at Rider College. A highly respected family therapist, author, and teacher, and organizational trainer, she has publications in textbooks and journals on issues of cultural competence, Puerto Rican and Latino families, Latinas, immigration, ethnic intermarriage, and families with adolescents. She is coeditor of the most recent edition of *Ethnicity and Family Therapy*. Ms. Garcia Preto received the Frantz Fanon, M.D. Award from the Post Graduate Center for Mental Health for her work with Puerto Rican and Latino Adolescents and Families, and the Social Justice Award from the American Family Therapy Academy. She and her colleagues at MFI have developed many trainings for many years on multiculturalism in clinical work and organizational consulting on cultural competence.

Betty Carter, M.S.W., (1929–2012), was the founder and Director Emerita of the Family Institute of Westchester in White Plains, New York. She spent over 30 years as a family therapy clinician, supervisor, teacher, and director of a major training institute. She received awards from the American Family Therapy Academy, Hunter College School of Social Work, and the American Association for Marriage and Family Therapy Research and Education Foundation. With her colleagues Peggy Papp, Olga Silverstein, and Marianne Walters, she cofounded the Women's Project in Family Therapy, which promoted a feminist revisioning of family therapy and received awards from both the Family Therapy Academy and the AAMFT. Their work culminated in a book on gender-sensitive family therapy practice: *The Invisible Web: Gender Patterns in Family Therapy Relationships*.

In 1996 Betty Carter authored a trade book on couples, *Love, Honor and Negotiate: Building Partnerships That Last a Lifetime*. She published numerous professional book chapters and journal articles, along with educational videotapes produced by Steve Lerner for Guilford Press. Her husband of more than 50 years, Sam, was a musician. They had two sons and three grandchildren. She always said that of all her ideas she always loved the family life cycle framework most "because it contains all the other ideas and has room for more."

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The Life Cycle in Its Changing Context: Individual, Family, and Social Perspectives

Monica McGoldrick, Nydia Garcia Preto, Betty Carter

Learning Outcomes

- Describe how generations within a family impact each other.
- List changes in family life cycle patterns that have occurred in recent decades.
- Describe the importance of belonging and friendship in healthy development.
- Define the individual, family, and social levels of the multi-contextual framework for clinical assessment, and describe the components of each level.
- List and describe the guidelines for a multi-contextual life cycle assessment.

"Life must be understood backward, but . . . it must be lived forward."

Soren Kierkegaard, 1843 (Kierkegaard, 2000, p. 12)

The Family Life Cycle: A System Moving Through Time

Human development takes shape as individuals evolve through the matrix of the family life cycle, embedded in the larger sociocultural context. All human experiences are framed by the interlocking nature of individual trajectories and kinship networks in the context of temporal motion, culture, and social change. An individual's life takes place in the context of the family and the social system's past, the present tasks it is trying to master, and the future to which it aspires. Thus, the family life cycle, embedded in the larger social context, is the natural framework within which to focus our understanding of human identity and development. This chapter and this book offer a multicontextual life cycle framework for understanding families in the United States in their cultural context over their life course. Statistics offered refer to the United States unless otherwise specified and are an effort to help clinicians appreciate individuals as they move through their lives, in the context of their families and the larger social system.

We are born into families. They are the foundation of our first experiences of the world, our first relationships, and our first sense of belonging to a group. We develop, grow, and hopefully die in the context of our families. Families comprise people who have a shared history and an implied shared future. They encompass the entire emotional system of at least three, and frequently four or even five, generations held together by blood, legal, emotional, and/or historical ties. Relationships with parents, siblings, and other family members go through transitions as they move through life. Boundaries shift, psychological distance among members changes, and roles within and between subsystems are constantly being redefined (Norris & Tindale, 1994; Cicirelli, 1995;

Tindale, 1999; Meinhold, 2006; McKay & Caverly, 2004; Connidis, 2001, 2008). It is extremely difficult to think of the family as a whole because of the complexity involved.

As a system moving through time, families are different from all other systems because they incorporate new members only by birth, adoption, commitment, or marriage, and members can leave only by death, if then. No other system is subject to these constraints. A business manager can fire members of his organization viewed as dysfunctional, and members can resign if the organization's structure and values are not to their liking. In families, by contrast, the pressures of membership with no exit available can, in the extreme, lead to severe dysfunction or even suicide. In nonfamily systems, the roles and functions are carried out in a more or less stable way, by functional replacement of those who leave for any reason, or else the group dissolves and people move on into other systems. Although families also have roles and functions, their main value is in the relationships, which are irreplaceable.

Until recently, therapists have paid little attention to the family life cycle and its impact on human development. Even now, psychological theories tend to prioritize individual development, relating at most to couples or parents and children in the nuclear family, ignoring the multigenerational context of family connections that pattern our lives. But our society's swiftly changing family patterns, which assume many configurations over the life span, are forcing us to take a broader view of both development and normalcy. Those milestones around which life cycle models have been oriented (birth, marriage, childbearing, and death) hold very different roles in the lives of families in the twenty-first century than they did in earlier times. Even in the three decades of this book's history, we have revised the definitions of life cycle phases and their meanings with each of our five editions to reflect our evolving understanding of this framework and the exciting and dramatically changing realities of the life cycle of families in the United States in our times.

The tremendous life-shaping impact of one generation on those following is hard to overestimate. For one thing, three, four, and sometimes now five different generations must adjust to life cycle transitions simultaneously. While one generation is moving toward old age, the next is contending with late middle age, caregiving, or the empty nest. The next generations cope with establishing careers and intimate peer adult relationships, having and raising children, and adolescents, while the youngest generations are focused on growing up as part of the system. Naturally, there is an intermingling of the generations, and events at one level have a powerful effect on relationships at each other level. The important impact of events and relationships in the grandparental generation is routinely overlooked by therapists who focus only on the nuclear family. Indeed, human beings are unique for the role grandparents and other adults play in parenting (Bateson, 2010). This supportive role is supremely important for our very survival as a species, as the extra caretaking provided by grandparents, aunts, uncles, and other adults is very protective for children's development.

The developmental literature has also largely ignored the powerful impact children have on adult development. Children's role in changing and "growing up" their parents, as parents respond to the unfolding of their children's lives, is lost in a unidirectional linear framework. It also ignores the powerful role grandchildren often play in promoting their grandparents' development, just as grandparents are often a major influence on their development (Mueller, Wilhelm, & Elder, 2002; Mueller & Elder, 2003). Children are actually a major impetus for growth for older generations. Indeed, there is suggestive evidence that having only daughters impacts fathers' feminist sympathies, and the more daughters they have, the more impacted they are (Washington, 2007). Just as parents, siblings, peers, and neighbors influence us (Bertrand, Luttmer, & Mullainathan, 2000; Fernandez, Fogli, & Olivetti, 2004), so do our children. Far from being the one-way street that most life cycle formulations have offered us, our lives continually spiral through multigenerational and contextual connections with those who come before us, those who go with us through life, and those who come after us.

In addition to what we have inherited from past generations and what we learn from our children, as we move through the family life cycle, there is also, of course, the impact of living in a given place at a given time. It is always important

to consider the cohort to which family members belong, that is, the period in history when they grew up. The cohort to which people belong historically influences their worldview, their sense of possibility, and their beliefs about life cycle transitions. Each generation or cohort is different, as cultures evolve through time, influenced by the social, economic, and political history of their era, which makes their world view different from the views of those born in other times (Elder & Shanahan, 2006; Elder & Giele, 2009; Gladwell, 2008).

Cohorts born in different cultures and living through different periods vary, of course, in fertility, mortality, acceptable gender roles, migration patterns, education, attitudes toward child-rearing, couple relationships, family interrelationships, and aging. Those who lived through the Great Depression and World War II, those who experienced the Black migration to the North in the 1940s, the baby boomer generation that grew up in the 1950s, those who came of age during the Vietnam War in the 1960s, and cohorts who grew up during the Reagan years, will have profoundly different orientations to life, influenced by the times in which they have lived. For more references on cohorts, see Elder (1992, 1999); Elder and Shanahan (2006); Elder and Johnson (2002); Mueller and Elder (2003); Schaie and Elder (2005); Johnson, Foley, and Elder (2004); Neugarten (1979); Treas (2002); Shanahan and Elder (2002); Brown and Lesane-Brown (2006); Gladwell (2008).

And as Malcolm Gladwell (2008) points out, there are specifics of being at a certain key life cycle point when opportunities open up. For example, 19 percent of the wealthiest 75 people ever born anywhere in the world were born in the United States between 1830 and 1840. These people made their money in the industrial manufacturing era of the 1860s and 1870s, when Wall Street emerged, and the rules by which the economy had traditionally operated were transformed. Gladwell suggests that those born after the 1840s were too young to participate and those born before the 1830s were too old and fixed in their ways of doing things to become part of the new era. Thus, there is a certain life cycle trajectory that influences our creativity in particular ways, assuming that we have the family and community to support the endeavor.

A similar pattern occurred with the development of computers in the 1970s. Bill Gates, Steve Jobs, and a great many of the other key geniuses of the computer age were born smack in the mid-1950s and came of age at the first moment when anyone had the opportunity to work on the newly developed main frame computers. They grew up in communities and families that fostered their developing interests and allowed for their creative energy. Thus, if we want to understand what creates resilient, innovative, healthy citizens, we need to look at a multiplicity of factors including the historical era, the individual, the family and its social location (in terms of class, race, and ethnicity), and the community life in which they were embedded. Each group or cohort born at a given time in history and living through various sociocultural experiences at the same life cycle phase is, to an extent, marked by its members' experiences, particularly those that occur during their "coming of age" phase of the life cycle (late adolescence and early adulthood).

Assess your comprehension of the family life cycle: a system moving through time by completing this quiz.

The Changing Patterns of the Family Life Cycle

Of course, the phases of the life cycle themselves are rather arbitrary breakdowns. The meaning of various phases is also changing in our time. For example, the phase of aging has changed dramatically in the past century, as people are living 30 years longer in the past century than they ever lived in human history. Even the phase of "retirement" has a completely different meaning in the past 50 years, as people are now in the same physical condition at 65 or 70 as they used to be in their early 50s or even younger (Bateson, 2010). The phase of midlife, some are calling it "Adulthood II" (Bateson, 2010), is also new, since there never before was a phase of active healthy adult life post child-rearing. Even the notion of childhood is not universal. It has been described as the invention of eighteenth-century

Western society and adolescence as the invention of the nineteenth century (Aries, 1962), related to the cultural, economic, and political contexts of those eras. The notion of young adulthood as an independent phase could be thought of as an invention of the twentieth century, due to society's technological needs. In recent times, it is even suggested that we need a new phase called "adultolesence" to describe the period that is expanding at both ends in between adolescence and independent adulthood (Kimmel, 2009). Adolescence has expanded downward by about 4 years in the past century to about 12 for girls and 14 for boys. Our society has created a huge dilemma with children who are physically the size of adults, and think they should be free to act like adults, but they are often unable to support themselves for as long as 20 years from age 12 into their 30s! Where it used to be possible for someone with a high school education to support a spouse and children, this is, for the most part, no longer the case. In general, the tasks of finishing one's education, leaving home, finding a spouse, and becoming a parent all used to occur within a short period of time in the early 20s. But within the past generation, these tasks have been spread out and changed so that the average marriage does not occur until people are in their late 20s, and education may continue until at least that late. So there may be an increasing phase of "preparation" for adulthood during which unlaunched children require ongoing parental support in a very changed life cycle process than has ever been the case before.

The inclusion of women as independent individuals could be said to be a construct of the late twentieth century. The lengthy phases of midlife, the empty nest, and older age have certainly been developments primarily of the late twentieth and early twenty-first centuries, brought about by the smaller number of children and the greatly increased life span of our times. Given the current changes in the family, the twenty-first century may become known for an even more expanded launching phase, influenced by the educational requirements of the postindustrial age. We are also certainly involved in a transformation in our concept of marriage and of nurturing/caretaking relationships with both children and older family members. So we must be extremely cautious about stereotyping people who do not fit into traditional norms for marriage, or having children, as if these were in themselves measures of maturity, which they are not. We must consider in our clinical assessment the critical life cycle challenges of individuals and families at each point in their lives, while being careful not to marginalize those whose life courses differ from the norms of the majority. As Johnnetta Cole (1996) put it: "No one family form—nuclear, extended, single-parent, matrilineal, patrilineal, fictive, residential, nonresidential—necessarily provides the ideal form for humans to live or raise children in" (p. 75).

And we must keep in mind that the family of the past, when the extended family reigned supreme, should not be romanticized as a time when mutual respect and satisfaction existed between the generations. The traditional, more stable multigenerational extended family was supported by patriarchy, sexism, classism, racism, and heterosexism. In those traditional family structures, respect for parents and obligations to care for elders typically went along with their control of resources, and was often reinforced by religious and secular sanctions against those who did not go along with the ideas of the dominant group. Now, with the increasing ability of younger family members to determine their own fate regarding marriage and work, the power of elders to demand filial piety is reduced.

Family life cycle patterns are changing dramatically in the past century. In 1900, the average life expectancy in the United States was 47 years; by the year 2000, dying before old age has become a rare event. About 75 percent of the population lives beyond their 65th birthday, whereas, in 1850, only 2 percent of people lived to this birthday (Skolnick, 2013)! Half of the longevity increase of all human history has taken place since 1900. At that time, half of all parents experienced the death of a child; by 1976, this rate was only 6 percent. In 1900, 25 percent of children had lost a parent by death before the age of 15; by 1976, only 5 percent of children experienced this. In 1900, one out of 62 children had lost both parents; by 1976, this was only 1 out of 1800 (Skolnick, 2013).

At the same time that we are living much longer and experiencing much less untimely loss than ever

in history, our couple and parent–child patterns have been changing rapidly. One of the greatest changes in living patterns in the United States in recent years is the increase in single-person households. Since 1960, the percentage of people living alone has doubled. Today, 27 percent of all households consist of one person, the highest level in U.S. history (U.S. Census Bureau, 2010).

Overall changes in family life cycle patterns have escalated dramatically, in recent decades owing to many societal patterns as indicated in Figure 1.1.

Despite the fact that in our era nuclear families often live on their own and at great distance from extended-family members, they are still part of the larger multigenerational system, their past, present, and anticipated future relationships being intertwined. Family members have many more choices than they did in the past: whether or whom to marry; where to live; how many children to have, if any;

how to conduct relationships within the immediate and extended family; and how to allocate family tasks. Our society has moved from family ties that were obligatory to those that seem voluntary, with an accompanying increase in ambiguity of the norms for relationships. Relationships with siblings and parents are fairly often disrupted by occupational and geographic mobility as families move through the life cycle; even couples are increasingly managing long-distance relationships.

Another major change in life cycle patterns is that child-rearing, which used to occupy adults for their entire active life span, now generally occupies less than half of adult life prior to old age. Even women who choose primary roles as mother and homemaker now face an "empty nest" phase that is likely to be longer than the number of years they devote to child care. The meaning of family is thus changing drastically, and there are often no agreed-upon values, beyond child-rearing, by which families define their connectedness.

Indeed, the notion of the nuclear family seems to be an invention of the industrial age. Prior to that, families lived in community groups, but with mechanized transportation and the need for concentrated groups of workers for factories, the size of family groups became smaller. In traditional societies, when children were raised in large family groups, there were usually three or more caregiving adults for each child younger than six, and there was little privacy. Through most of history, families lived in clans of extended families of about 40 people (Perry, 2002). By 1500 in the west, the average household had decreased to 20 people, by 1850 to 10, and by 2000 to less than 3 in the United States with, as stated earlier, 27 percent living alone!

In our society, with three people or fewer in the average household, families often do not even eat family meals together, and spend a great percent of available family time watching TV or on the computer (Perry, 2002). Children, young adults, as well as parents who have launched their children, and the aging, tend to live in age-segregated cohorts. Age segregation is a big factor in the frequent isolation of family units, which is also a result of the high mobility of families and the frequent lack of stable, long-lasting community networks.

Figure 1.1 Recent societal changes influencing life cycle patterns.

- A lower birth rate
- Longer life expectancy
- The changing role of women
- The rise in unmarried motherhood
- The rise in unmarried couples
- Increasing single-parent adoptions
- Increasing LGBT couples and families
- Increasing longevity with the implications of caretaking needs at the end of life
- Greater physical distance among family members
- Increasing work time, especially for women
- High divorce and remarriage rates
- Increasing two-paycheck marriages to the point where they are now the norm
- Changing household composition: more single-person households than ever before

The changing role of women has been central in changing family living patterns. Almost half of the U.S. labor force is made up of women (U.S. Department of Labor, Bureau of Labor Statistics, 2011), which means they have less time to be social connectors within the family and within the community. Yet, our social institutions still operate mainly on the assumption that women in families will do all the caretaking society needs without compensation. And women are still, largely, trying to do this caretaking. The "typical" caregiver in the United States is a woman in her 40s, who works outside the home, and spends more than 20 hours a week providing unpaid care (Family Caregiver Alliance, 2009; Folbre, 2012). But, because our society does not reward attention to the needs of others, women, shockingly, have no Social Security benefits for any time they have spent caretaking! They often experience serious economic losses for the time they spend caring for others, including lost wages, health insurance and other job benefits, and lower retirement savings (Rivers & Barnett, 2013a).

There is also an increasing chasm between less fortunate children, who grow up in poverty with financially pressed, often single parents, and more advantaged children, who grow up in comfortable circumstances with highly educated dual-earner parents. While privileged children live lives with many scheduled activities and have little time for free play, children in poor families often have no access to resources that would support their development and education at all. These profound differences create a huge differential even in longevity between the rich and the poor. Education is, in fact, a powerful differential in the potential for a longer, healthier life (Kolata, 2007; Vaillant, 2012). In 1980, the differential was only 3 years, but that difference has increased to 10 years (Pear, 2008). At the age of 35, even a year of more education leads to as much as a year and a half longer life expectancy (Pear, 2008). Children, in general, might develop very differently if our society provided real equity in access to education and health care, most of all for our youngest citizens (Neuman & Celano, 2012; Friedman, 2012). If we as a society really believe in social justice, we owe it to our children to be accountable to them, rather than individualizing our response to child problems with punishment,

medication, and court sanctions. What if we required children to be accountable to the community in making up for their misdeeds? Speck and Attneave (1973) recommended such interventions decades ago. If we were accountable to our children, they could be accountable back to the community of those who care for them, and our world might begin to look very different (Perry, 2002).

Our social institutions must change to address the needs of families today. Hopefully, the more flexible upcoming generations will assist in this process and the universality of changes in families' structure will bring about new thinking on family and social policy and a new attention to the integrity of families in their community context.

> Assess your comprehension of the changing patterns of the family life cycle by completing this quiz.

Dimensions of Human Development in the Context of the Family and Society

This chapter and this book attempt to broaden traditional Euro-American formulations of human development, which have begun with the individual as a psychological being and generally defined development as growth in the human capacity for autonomous functioning. In African and Asian cultures by contrast, the very conception of human development begins with a definition of a person as a social being and defines development as the evolution of the human capacity for empathy and connection. It makes much more sense to think of human development always in the context of the family and society (Korin, McGoldrick, & Watson, 1996; Jordan, 1997). This framework defines maturity by our ability to live in respectful relation to others and to our complex and multifaceted world. Maturity requires us to appreciate our interconnectedness and interdependence on others and to behave in interpersonally respectful ways, controlling our impulses and acting on the basis of our beliefs and values, even if others do not share them. This view of maturity requires the ability to empathize, trust, communicate, collaborate, and

respect others who are different and to negotiate our interdependence with our environment and with our friends, partners, families, communities, and society in ways that do not entail the exploitation of others.

Most previous theories of "normal" human development proposed supposedly inherent, age-related, developmental stages for the individual (Erikson, 1963, 1994; Levinson, 1986, 1996; Sheehy, 1977, 1995; Vaillant, 1977; and others). Even many feminist theorists have ignored the family system in their effort to move away from traditional notions of the family, and act as if the individual existed in society with no mediating family context.

Part of the pull, even for family therapists, to revert to psychodynamic thinking whenever the individual is under consideration, seems to come from the predominance of models of psychology built on Freud and Erikson's ideas of psychosocial development. Compared to Freud's narrow focus on human development evolving through different erogenous zones, Erikson's (1963, 1968) outline of eight stages of human development was an effort to highlight the interaction of the developing child with society. However, Erikson's stages actually emphasize not relational connectedness of the individual but the development of individual characteristics (mostly traits of autonomy) in response to the demands of social interaction (Erikson, 1963). Thus, trust, autonomy, industry, and the formation of an identity separate from his family are supposed to carry a child to young adulthood, at which point he is suddenly supposed to know how to "love," go through a middle age of "caring," and develop the "wisdom" of aging. This discontinuity—a childhood and adolescence focused on developing one's own individuality and autonomy—expresses exactly what we believe is wrong with developmental norms of male socialization even today; they devalue by neglect most of the major tasks of adulthood: collaboration, interdependence, intimacy, caring, teamwork, mentoring, and sharing one's wisdom.

We want to draw attention to the developmental transitions required as people move through life and to help clinicians think in terms of where people are in their life cycle development and what tasks they need to accomplish at this phase. We believe

it is essential to embrace and affirm (with all their complexities) the importance of all levels of the human system: individual, familial, and social.

Although we do not believe life cycle stages are inherent or universal, we do believe that individuals and families transform, and need to transform, their relationships as they evolve, to adapt to changing circumstances over the life course. Moving to a new phase requires a change of the system itself. That is, family members must change their roles and rules of relating as they move to a new phase. Most of these phases pertain to entries and exits of family members or to changes in the nature of family members' relationships, role functioning, and status in relation to each other. Coupling and having children are, of course, the major life cycle phases of family member expansion, while launching and death are the major phases of contraction. The relationships and roles of family members with each other must also shift as parenting phases move from parents raising young children, to parents managing adolescents, to parents launching young adults, to parents welcoming their children's partners and their families, to midlife adults caring for aging parents. Each of these phases requires major change in how the family is organized and how it functions. All families must renegotiate their relationships with each other many times as they move through life. When families cannot adapt to individual and systemic changes as their life cycle phases require, they become stuck and their healthy development is subverted.

Our conceptualization of human development broadens the focus from discrete tasks and stages of accomplishment to an identity which evolves in the context of our families, and our social and cultural world, including dimensions of gender, class, race, spirituality, sexual orientation, and ethnicity. We believe that these dimensions of culture structure development in fundamental ways. Because our society so quickly assigns roles and expectations based on gender, culture, class, and race, children's competences are not milestones that they reach individually, but rather accomplishments that evolve within the complex web of these dimensions. Racial, religious, and other prejudices are generally learned emotionally in childhood and are very hard to eradicate later, even if one's intellectual beliefs change.

Children's acquisition of cognitive, communicative, physical, emotional, and social skills to succeed over the life course is circumscribed by the social context in which they grow up. Our evaluation of their abilities is meaningful only if these constraints are taken into account.

Developing a schema that examines human development by including milestones of emotional connectedness from earliest childhood has drawn us to the work of those whose perspectives have gone beyond White male development. These include Hale-Benson (1986), who explored the multiple intelligences and other developmental features she identified in African American children; Comer and Poussaint (1992), who factored racism and its effects into their blueprint for the development of healthy Black children; Ian Canino and Jeanne Spurlock (2000), who outlined many ways in which minority ethnic groups socialize their children; and Joan Borysenko (1996), whose descriptions of the stages of female development appear to have universal applicability for understanding interdependence, a concept that girls and children of color learn early, but that is ignored in traditional western theories of development.

Dilworth-Anderson, Burton, and Johnson (1993), and Burton, Winn, Stevenson, and Clark (2004), and their colleagues argue for the importance of a life cycle perspective because it is based on interdisciplinary ways of thinking, being a framework that emerged from the cross-fertilization of the sociology of aging, demographic cohort analysis, and the study of personal biography in social psychology and history. In their view, a life cycle perspective represents a dynamic approach to the study of human development by focusing on the interlocking nature of individual trajectories within kinship networks in the context of temporal motion, culture, and social change. They have highlighted the importance of a life cycle perspective for research, offering as it does the conceptual flexibility to design frameworks and studies that address families in their diverse contexts and structures (Dilworth-Anderson et al., 1993). This is a most compelling argument, and one that we highlight to encourage culturally meaningful research that includes diverse populations.

Coming from a very different context as a psychodynamically trained psychiatrist who inherited two large longitudinal research samples, George Vaillant has come to argue very similarly for the importance of a life cycle perspective based on multiple conceptualizations (1977, 1983, 1995, 2002, 2012). Vaillant, whose work has now gone on for more than 40 years, has indeed offered a magnificent developmental account of the evolution of his longitudinal research. He demonstrates the complex dynamics and interplay of his own life cycle and that of the other researchers, with the lives and theories of the men they have been studying.

Developing a self in context: belonging

Healthy development requires establishing a solid sense of our cultural, spiritual, and psychological identity in the context of our connections to others. This context carries every child from birth and childhood through adulthood to death and defines his or her legacy for the next generation. As we have been stressing, gender, class, culture, race, sexual orientation, and spirituality structure, our developing beliefs, values, relationships, and ways of expressing emotion, prescribe each person's identity and ways of being emotionally connected to others.

This context involves the development of a sense of belonging or "home," as we go through life. Researchers on African Americans and others who have been marginalized in our society have written often about the need for "homeplace," for belonging, for rootedness, and connection to place and kin that is a crucible of affirmation for their sense of social and cultural identity (hooks, 1999). Homeplace involves multilayered, nuanced individual and family processes that are anchored in a physical space that elicits feelings of empowerment, belonging, commitment, rootedness, ownership, safety, and renewal. This includes the ability to develop relationships that provide us with a solid sense of social and cultural identity. In the long-term ethnographic and clinical research with African Americans of Burton and her colleagues, "homeplace" emerges as a pivotal force for individuals and families throughout their life course (Burton, Hurt, Eline, & Matthews,

2001; Stevenson, Winn, Coard, & Walker-Barnes, 2003; Burton, Winn, Stevenson, & Clark, 2004).

While the particulars of the meaning of home are likely to change over the life cycle, the need for a sense of belonging remains essential to our well-being throughout life. This sense of belonging is especially important for marginalized populations, who are denied a sense of belonging by the dominant culture, and for immigrant groups, who must find ways to recreate their sense of belonging in a new culture. Many people in the United States do not seem to have an evolving sense of themselves as community members or participants in the development of a U.S. identity or as evolving citizens of a global community.

A sense of home provides the security and safety to develop self-esteem, political consciousness, and also to resist the oppressive forces of our society (Burton et al., 2004). Of course, those who are gay, lesbian, bisexual, or transgender may need special adaptive strategies to find a place where they can feel at home, because the very place that others rely on fundamentally may become a place of greatest danger. This is often true as well for children whose families suffer from mental illness, violence, addictions, and other negative or disruptive forces.

Home may be a physical location, with physical associations, but it is also absolutely a spiritual location. Burton and her colleagues provide important clinical examples of the value of proactively attending to our clients' need for the continuity and belonging provided by the concept of "homeplace" (Burton et al., 2004). Transferring clients to a new therapist or a new home, or ignoring their important kin connections, even where there are serious dysfunctions, may only compound their distress. We see the concept of belonging, homeplace, and connection to what feels safe as being at the core of a meaningful life cycle assessment.

Grasping where this sense of home is for a client is an essential part of any assessment, and clinicians and policy makers who do not consider our deep-seated need for continuity and belonging as we go through life, especially through traumatic transitions and disruptions, will increase the trauma of the original experience. We can, through our clinical efforts, validate, empower, and strengthen family and community ties or, by ignoring them, perpetuate the invalidation, anomie, and disconnection of the dominant value structure of our society, which privileges individualism, autonomy, competition, and materialistic values, over connectedness to a whole network of kin with whom one is linked by history and hopefully by a shared future.

Friendship through the life cycle

As part of our sense of home and the importance of community, friendship is one of our most important resources through life. Indeed, dramatic research on women in the past few years has turned upside down five decades of stress research that focused on the fight-flight responses to stress, by demonstrating that women are more likely to "tend and befriend," that is, their tendency to turn to their friends when under stress throughout the life cycle is a major resource and protection (Taylor, Klein, Lewis, Gruenewald, Gurung, and Updegraff, 2000). It helps when marriages are in trouble, when a spouse has died, and it even contributes to longevity. While our society has a well-developed ideology about marriage and family, we have tended to relegate friendship to the cultural attic, which has blinded us to its importance throughout the life cycle (Rubin, 1993). Friends can be crucial supports from early childhood and through adolescence and young adulthood, mitigating family trauma and dysfunction and providing encouragement, socialization, and inspiration for our development. In the phases of adulthood, friends can again buffer stress, tell us the truth about ourselves, stimulate us to change our ways, and, in fact, keep us healthy. The loss of a close friend at any point in the life cycle can be a major stress. Friends should always be included on genograms and considered in our life cycle assessment and intervention. Indeed, Christakis and Fowler (2011), and others (Conniff, 2014) are suggesting through scientific research what we have always known, that our lives are majorly determined not just by nature and nurture, but by our social networks.

Developing a self in context: gender

Although there has always been a "his" and "hers" version of development, until the late twentieth century,

only the former was ever described in the literature (Dinnerstein, 1976; Gilligan, 1993; Miller, 1976). Most theoreticians tended to subsume female development under male development, which was taken as the standard for human functioning. Separation and autonomy were considered the primary values for male development, the values of caring, interdependence, relationship, and attention to context being considered primary only for female development. In general, developmental theories have failed to describe the progression of individuals in relationships toward a maturity of *interdependence*. Yet human identity is inextricably bound up with one's relationships to others, and the notion of complete autonomy is a delusion. Human beings cannot exist in isolation, and the most important aspects of human experience have always been relational.

Most developmental theorists, however, even feminist theorists, have espoused psychodynamic assumptions about autonomy and separation, overfocusing on relationships with mothers as the primary factor in human development.

Much of the feminist literature continued the overfocus on mothering, even while locating the mother–child dyad within a patriarchal system (Chodorow & Contratto, 1991; Dinnerstein, 1976). Most child development theories, even feminist theories (Chodorow, 1974; Gilligan, 1993), explain male development's focus on autonomy and independence as resulting from the child's need to separate from his mother by rejecting feminine qualities. Silverstein and Rashbaum (1994), Gilligan (1993), and Dooley and Fedele (2004) have effectively challenged the assumption that male development requires separating from one's mother. Gilligan (1993) critiqued Piaget's conception of morality as being tied to the understanding of rights and rules and suggested that for females, moral development centers on the understanding of responsibility and relationships, whereas Piaget's description fits traditional male socialization's focus on autonomy. Eleanor Maccoby (1990, 1999), the Stone Center at Wellesley (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Jordan, Walker, & Hartling, 2004), and others (Barnett & Rivers, 2004; Michael Kimmel, 2009, 2012, 2013) have expanded our understanding of the power dimensions in the social context of development. Their

work suggests a broader conception of development for both males and females.

As women have come to insist upon the right to a personal identity, perhaps a feminist movement was inevitable. Having always had primary responsibility for home, family, and child care, women began to resist their burdens as they came to have more options for their own lives. Given their pivotal role in the family and their difficulty in maintaining concurrent functions outside the family, it is perhaps not surprising that they have been the most prone to symptom development at life cycle transitions. For men, the goals of career and family have been parallel. For women, these goals have generally presented a serious conflict. Surely, women's seeking help for family problems has much to do with their socialization, but it also reflects the special life cycle stresses on women, who have borne primary emotional responsibility for family relationships at every stage of the life cycle.

Men's roles in families are also changing. While men of color have long had more flexible family roles, White men and others are participating more in child care (Khazan, McHale, & Decourcey, 2008; Levine, Murphy, & Wilson, 1993) and housework (Byron, 2012; Barnett & Rivers, 1996; Bureau of Labor Statistics, 2007), and many are realizing, in their minds, if not always in action (Hochschild, 2012), that equity and partnership are a sensible ideal for couples (Sayer, Bianchi, & Robinson, 2004). Sociologist Michael Kimmel holds out the ideal of men cherishing and nurturing their family relationships and also reforming the norms of the public arena to increase everyone's potential to live in a way which honors family and community commitments (Kimmel, 2012). He welcomes feminism, gay liberation, and multiculturalism as blueprints for the reconstruction of masculinity. He believes that men's lives will be healed only when there is full equality for everyone (Kimmel, 2013).

Traditional norms of male development (Green, 1998; Kivel, 2010; Dolan Del Vecchio, 2008) have emphasized characteristics such as keeping emotional distance; striving for hierarchical dominance in family relationships; toughness; competition; avoidance of dependence on others; aggression as a means of conflict resolution; avoidance

of closeness and affection with other males; suppression of feelings except anger; and avoidance of "feminine" behaviors such as nurturing, tenderness, and expressions of vulnerability. Such norms make it almost impossible for boys to achieve the sense of interdependence required for mature relationships through life. Given such distorted norms for healthy development, it is not surprising that men so often grow up with an impaired capacity for intimacy and connectedness. Our culture's distorted ideals for male development have made it hard for men to acknowledge their vulnerability, doubt, imperfection, role confusion, and desire for connection (Kimmel, 2013).

Female development was until relatively recently viewed from a male perspective that saw women as adaptive helpmates to foster male and child development. Values that were thought to be "feminine" were devalued by male theoreticians such as Erikson, Piaget, and Levinson, while values associated with men were equated with adult maturity. Concern about relationships was seen as a weakness of women (and men) rather than a human strength. George Vaillant (2002, 2012; Wolf, 2009), in the largest longitudinal study ever conducted, has come after many years to the conclusion that relationships are key to male development in the long run, a surprise to him and to many others!

In fact, women have always defined themselves in the context of their changing relationships over the life span. Erik Erikson's (1968, 1994) still widely taught eight stages of development ignored completely the evolution of our ability to communicate, "tend" or "befriend" (Taylor, 2002), characteristics that most distinguish us from all other animals. Sara Lawrence-Lightfoot, recent author of a wonderful book about creativity and learning in the "third chapter" of life, tries to use Erikson's scheme, but finally admits that his eighth-stage model "seems too linear and predictable to match the messier, more unruly stories people were telling me" (2009, p. 43). She has to admit as well that Erikson seems to have missed entirely the reciprocity that is such a powerful part of our "giving forward" in life. Identity is defined as having a sense of self *apart from* rather than *in relation to* one's family and says nothing about developing skill in

relating to one's family or to others. It suggests that human connectedness is part of the first stage of trust versus mistrust, during the first 2 years of life, but he discusses this as attachment primarily to the mother, as have so many since then. The developmental literature, strongly influenced by the psychoanalytic tradition, has focused almost exclusively on mothers, giving extraordinary importance to mother–child attachment in the earliest years of life, to the exclusion of all other relationships in the family or to later developmental phases. This focus has led to a psychological determinism that early child experiences with one's mother are responsible for whatever happens later in the life cycle. The complex nature of human attachments from earliest infancy has been grossly oversimplified in discussions of early attachment that focus primarily on mothers. All of Erikson's five stages from infancy to adulthood focus on individual rather than relational issues: autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, and identity versus role confusion.

Doubt, shame, guilt, inferiority, and role confusion are all defined as counter to a healthy identity. Yet these concepts all have great significance in our understanding of our interrelationship to other human beings and to nature. We have to recognize that we need to develop skills in listening and learning, admitting our doubts and mistakes. While Erikson's own personal life story may explain his skewed perspective (McGoldrick, Gerson & Petry, 2008; see www.multiculturalfamily.org for Erikson's genogram life story), but we must still challenge such perspectives on human development. In Erikson's scheme, even the concept of generativity is ignored during the time of greatest human creativity, bearing and raising children, and appears only at midlife!

Children's sense of security evolves through their connection and identification with those who care for them—mothers, fathers, siblings, nannies, babysitters, grandparents, aunts, uncles, teachers, and all the others who participate in raising them. Traditional formulations of child development have ignored this rich context and offered us a one-dimensional lens for viewing a child's development: through the mother–child relationship. In most

cultures throughout history, mothers have not even been the primary caretakers of their children, usually being busy with other work. Older siblings, grandparents, and other elders were more often the primary caregivers of young children. When we focus so myopically on mothers, we not only project impossible expectations on them, but we are also blinded to the richness of the environments in which most children grow up.

Eleanor Maccoby, who has been writing for many years about gender differences in sex-role development, has repeatedly pointed out that while innate gender differences do not appear to be major, the social context constricts girls from earliest childhood, and gender segregation is pervasive. This seems to be influenced primarily by boys' orientation toward competition and dominance, to which girls seem to be averse, and girls' apparent minimal ability to influence boys when they are together (Maccoby, 1999). It seems natural that girls are averse to interacting with anyone who is unresponsive and that they begin to avoid such partners. But what is it in the social context that reinforces boys for being unresponsive to girls? And what can we do to change these patterns? Obviously, there is much that we need to do as adults to ensure that girls' opinions are validated and given space in social interactions, but we must change our socialization of boys to increase their sensitivity and responsiveness to others. This is something that must be worked on from earliest childhood, if girls are to achieve equity in relationships.

Women tend to enter into deeper levels of reciprocity with their children than men do and to communicate with them better. Extensive gender segregation continues in workplaces (Chugh & Brief, 2008; Alksnis, Desmarais, & Curtis, 2008) and in some social-class and ethnic groups in which leisure time is still spent largely with others of the same sex even after marriage.

Kagan and Moss (1962) a generation ago traced achievement-oriented adults back to their relationships with their mothers, but did not look at their relationships with their fathers. They found that achievement-oriented males had very close, loving relationships with their mothers in infancy, while the females had less intense closeness with their mothers than the average. Hoffman (1972) suggested that a daughter is more likely to become achievement oriented if she does not experience the training in dependence that has generally been prescribed for girls. It appears that a mother's education and success play a larger role in the success of at least their sons.

Like Maccoby (1990, 1999), Kimmel and Messner (2008), and many others, we doubt that children's development of distinct styles of interacting has much to do with the fact that they are parented primarily by women. Maccoby thinks that processes within the nuclear family have been given too much credit and blame for sex-typing. The larger society's attitudes about gender roles, conveyed especially through the peer group, appears most relevant as the setting where children discover their differential social power: boys discover the requirement of maintaining their status in the male hierarchy, and the gender of friends becomes paramount. Many of the apparent gender differences we observe are undoubtedly not gender differences at all, but differences resulting from being in different positions in society (Kimmel, 2012).

Parents expect and reinforce different behaviors in their sons than in their daughters (Mallers et al., 2010; Rivers & Barnett, 2013b). They treat boys and girls differently from earliest infancy. In general, they discuss emotions—with the exception of anger—more with their daughters than with their sons. They use more emotional words when talking to their daughters (Brody & Hall, 1993). Fathers tend to treat young boys and girls in a somewhat more gendered way than mothers do (Raley & Bianchi, 2006). The "appropriateness" of these behaviors is then validated by the media as well as by teachers, pediatricians, relatives, babysitters, and by parents' own observations of children's play groups. Meanwhile, science argues about whether these are inborn differences or self-fulfilling prophecies. Only if we expand our lens to children's full environment can we properly measure the characteristics that may help them to attain their full potential and see clearly the influences that limit it. Seo (2007), for example, found that a father's involvement with his young children had a long-term influence on their children's later-life satisfaction.

The connected self: Beyond autonomy and self-determination

Infants and toddlers begin early to develop trust in their immediate environment, which ideally supports their safety and development. As soon as they reach the point of leaving the safety of their home environment, however, developing trust depends on how their cultural group is positioned in the larger world. It takes greater maturity for children to be able to develop their sense of self in a nonaccepting environment in which they do not receive support, than in a context in which everyone in the outside world affirms their values. Members of the dominant groups of our society receive this affirmation daily, whereas many others do not. A gay or lesbian child, a disabled child, a girl, a child of color, or a poor child is often stigmatized and vilified, and is not the one depicted in books, TV programs, and movies as the "valued" child. Thus, a nonprivileged child who does manage to develop a strong self has accomplished a developmental feat beyond that of a child who has always been affirmed both at home and in the larger society (Kunjufu, 1995). Our theories of child development must take this into account.

Actually, because of the ways U.S. history is still mistaught to our children, emphasizing only the good of White domination and minimizing racial and gender inequities that have been so built into our nation's structure, we are still having to fight for them to receive liberty and justice for all. Some children may lack certain adaptive skills because they live in such an affirming, nonchallenging environment that they are sheltered from feeling "other" when messages are given about our heroes and our exploits from Columbus on down to current politics. The dominant versions of our history that are taught to children may keep them oblivious to the contributions of people of color to their lives, to our nation and to the development of civilization as a whole (Loewen, 2008, 2010). Children who have not had the experience of being "other" because of their race, gender, sexual orientation, or other reasons have a tendency to be oblivious to the experiences of those whose lives are not part of the dominant group in our society.

We must appreciate the adaptive and resilient strategies developed by families that are not part of the privileged group in our society. Children raised in poverty, of whom a much larger proportion are children of color, are incredibly disadvantaged in their development, having less access to a safe home and neighborhood environments, to adequate education and health care. They are less supported in every way by our society. Their families experience more illness, unemployment, incarceration, disruption, and untimely death than others, and their dreams tend to be short circuited throughout their lives. In addition, sometimes "children who cannot conceptualize a future for themselves, do not have the motivation to defer the gratification found in premature sexual activity or substance abuse" (Hale, 2001, p. 43). Their life cycle trajectories are stunted by their lack of support at every level: racism, class oppression, and growing up in physically and psychologically dangerous environments. Everything must be done to support their resilience and nurture their development as children. It is much more difficult to change their life course, if they are not supported in early childhood (Goldstein & Brooks, 2012).

Given the American focus on individualism and free enterprise, it is not surprising that autonomy and competitiveness have been considered desirable traits leading toward economic success in the marketplace, and qualities to be instilled in children (Dilworth-Anderson et al., 1993). While self-direction and self-motivation are excellent characteristics, they can be realized only in privileged individuals who have health and resources and are helped to do so by their families and by society. Development requires much more than intellectual performance, analytical reasoning ability, and a focus on one's own achievements, as if they resulted from completely autonomous efforts. The people with the most privilege in our society—especially those who are White and male and who have financial and social status—tend to be systematically kept unconscious of their dependence on others (Coontz, 1992, 1998, 2006). They remain unaware of the hidden ways in which our society supports their so-called autonomous functioning. Thus, many White men who benefited from the GI bill to attain their education now consider it a form of welfare to provide education to minorities of the current generation. Those who are privileged tend to develop connections amidst a web of dissociations. Their privilege generally maintains

their buffered position and allows them the illusion of complete self-determination. When people of any class or culture are raised to deny their emotional dependence on others, they tend to experience a terrible awakening during divorce, illness, job loss, or other adversities of life. Indeed, the most challenging aspect of development involves our beliefs about, and interaction with, others who are different from ourselves. Our level of maturity on the crucial dimension of tolerance and openness to difference is strongly influenced by how our families of origin, communities, cultures of origin, and our society as a whole have dealt with difference.

We believe maturity depends on seeing past myths of autonomy and self-determination. The connected self is grounded in a recognition of human interdependence. It requires that we appreciate our basic dependence on each other and on nature as illustrated in Figure 1.2.

We believe that children are best able to develop their full potential, emotionally, intellectually, physically, and spiritually, when they are exposed in positive ways to diversity and encouraged to embrace it. Children who are least restricted by rigid gender, cultural, or class role constraints have the

greatest likelihood of developing an evolved sense of a connected self.

This framework requires us to learn to control our emotional reactivity so that, unlike other animals, we can control our behavior and think about how we want to respond, rather than being at the mercy of our fears, phobias, compulsions, instincts, and sexual and aggressive impulses. This kind of reactivity has nothing to do with authentic and appropriate emotional expressiveness. Daniel Goleman (2006) discusses this process of mind over emotional reactivity, attributing to Aristotle the original challenge to manage one's emotional life with one's intelligence: "Anyone can become angry. That is easy. But to be angry with the right person, to the right degree, at the right time, for the right purpose and in the right way—this is not easy" (cited in Goleman, 2006, p. ix). The question is, as Goleman says, "How can we bring intelligence to our emotions, civility to our streets and caring to our communal life?" (2006, p. xiv).

Our assessment of development must also take into account the societal obstacles to a person's accomplishing the tasks leading to mature functioning. Women and people of color have generally grown up with an oppressive socialization that actually forbids the assertive, self-directed thinking and behavior essential for this definition of maturity. Girls in this society are expected to put the needs of others before their own. People of color are expected to defer to the beliefs and behaviors of White people, and the poor are expected to perform as well as the privileged without the same resources. A White male will generally be responded to with respect for asserting his beliefs, while a woman or person of color may be sanctioned or even harmed or ostracized by the community. Our developmental model must take this uneven societal playing field into account. Over the past 50 years, our society has made many strides in rebalancing support for girls' development and acknowledgment of the developmental needs of children of color and others who are not part of the dominant group. But we still have far to go to defeat the destructive gender and racial stereotyping of our children and to promote the full individual and social development of all children in our society. We are indeed the most flexible species on earth because of

Figure 1.2 Skills for mature relating.

Skills of Mature Relating Include the Following Abilities:

1. To listen with an open heart, without attacking or becoming defensive. Relate with openness, curiosity, tolerance, empathy, and respect for people who are different from ourselves.

2. To collaborate with others generously at work, at home, at play and in community activities.

3. To accept one's self and maintain one's values and beliefs, even if others do not agree.

4. To engage in nurturing, mentoring, and caring for others and accepting their care in return.

5. To consider other people and future generations, when evaluating sociopolitical issues such as the environment and human rights.

our social brains, which enable us to coordinate our needs with those of people around us. Our success as a species, as Shelly Taylor says in *The Tending Instinct* (2002), has come entirely from this gregarious nature. We owe it to the next generation not to permit the current deterioration of relationship and of community life to continue. No goal is more important for our future than developmental connectedness.

> **Assess your comprehension of dimensions of human development in the context of the family and society by completing this quiz.**

A Multicontextual Life Cycle Framework for Understanding Human Development

We believe that individual development always takes place in the context of emotional relationships, the most significant of which are family relationships, whether by blood, adoption, marriage, or informal commitment. Families are always embedded in a social and cultural context. From this perspective, it is impossible to understand individuals without assessing their current and historical family and cultural contexts as they are evolving through time. The family is the most immediate focus for therapeutic intervention because of its primacy in mediating both individual and social forces, bridging the two.

Whatever affects one member of a family affects other members as well—siblings, aunts, uncles, nieces, nephews, friends, godparents, and godchildren. The question often is, how involved are they with each other and how involved are they willing to be? What happens to an individual also has community ramifications. A person's education, health care, and safety require various community resources throughout the life cycle. Access to resources for help with an alcohol problem, mental illness, a stroke or other disability will have profound implications for the whole family's negotiation of their individual and family life cycles.

From the 1960s at least, some theorists began looking beyond the individual to the life cycle of families as well, the brilliant pioneers Reuben Hill (1970) and Evelyn Duvall (1977) being preeminent

among them. Their organizing principles for thinking about family development were primarily focused on couples and children. However, as the family is no longer organized primarily around married heterosexual couples raising their children, but rather involves many different structures and organizing principles, identifying family stages and emotional tasks for various clusters of family members is complex. Yet, even within this diversity, there are some unifying principles that we use to define stages and tasks, such as the primary importance of addition and loss of family members for the family's emotional equilibrium through life's many transitions (Hadley, Jacob, Milliones, Caplan, & Spitz, 1974).

We offer the following map to help conceptualize the complexities of the life cycle, showing the individual (mind, body, spirit) in the context of the multigenerational family system (immediate family, and extended family and kinship system), both of which are always embedded in the larger social context (friends, community, culture, and the larger society), and all moving through time together (Figure 1.3).

Time, of course, never stands still, so we wish we could have a three-dimensional map to convey the motion of the entire system, which is always evolving. We have drawn the map with the three inner circles representing the spiritual self, the psychological or intrapsychic self or mind, and the body or physical self. The two middle circles represent the immediate family and extended family and informal kinship network. The four outer circles represent the sociocultural context, including the friendship and community systems, the culture, and the larger society.

All clinical assessment involves taking into account the individual, family, and social context in which people are living. We have outlined in Figure 1.4 the core dimensions of each level of the context. Whatever the presenting problem is, the three levels of individual, family, and social context should be carefully evaluated. Our discussion of the three levels begins with the outside level, the social context, to highlight its importance and because it is so often given short shrift in the assessment of clinical problems. This assessment guideline is a general framework with questions to be covered, not a guide for conducting an interview. We believe clients should be assessed on the dimensions we have outlined here.

Figure 1.3 Multicontextual Life Cycle Framework for Clinical Assessment.

Horizontal Factors

Developmental
   Life Cycle Transitions
Historical Events:
   Economics & Politics
Unpredictable:
   Natural Disasters
   Accidents, Illness,
   Trauma
Untimely Death
Unemployment
Migration

Vertical Factors

Poverty/Politics, Racism,
   Sexism, Classism
Homo/Bi/Transphobia,
   Violence, Addictions
Genetic Abilities and
   Disabilities
Family Emotional
   Patterns
Myths, Triangles,
   Secrets, Legacies
Religious Beliefs &
   Practices

Larger Society
Culture
Community
Friends
Extended Family & Informal Kin
Immediate Family
Body
Mind
Spirit

**Socio-Cultural
Context**

Friends
Community
Culture
Larger Society

**Individual
(Body, Mind and Spirit)**

Age, Gender, Race, Ethnicity, Social
   Class, Religion, Life Cycle Stage, &
   Life Cycle Stressors
Social Location, Power & Privilege
Physical & Psychological Development
   & Health
Life Skills & Self Management:
   Emotional & Social Competence,
   Education, Work, Financial
   Competence, Language &
   Communication, Language&
   Communication, Talents, Physical
   Activities
Religious, Philosophical & Spiritual
   Values , Hopes & Dreams
Sense of Belonging, Relationships
   with Family, Friends Community

**Family
(Immediate, Extended,
and Informal Kin)**

Family Life Cycle Stage and Appropriate
   Individual and Interpersonal Functioning
   for Life Cycle Circumstances
Family Membership and Household
   Structure
Emotional and Relational Patterns:
   Boundaries, Communication, Triangles,
   Secrets, Myths, Legacies, Themes,
   Loss and Trauma, Strengths and
   Vulnerabilities or Dysfunctions
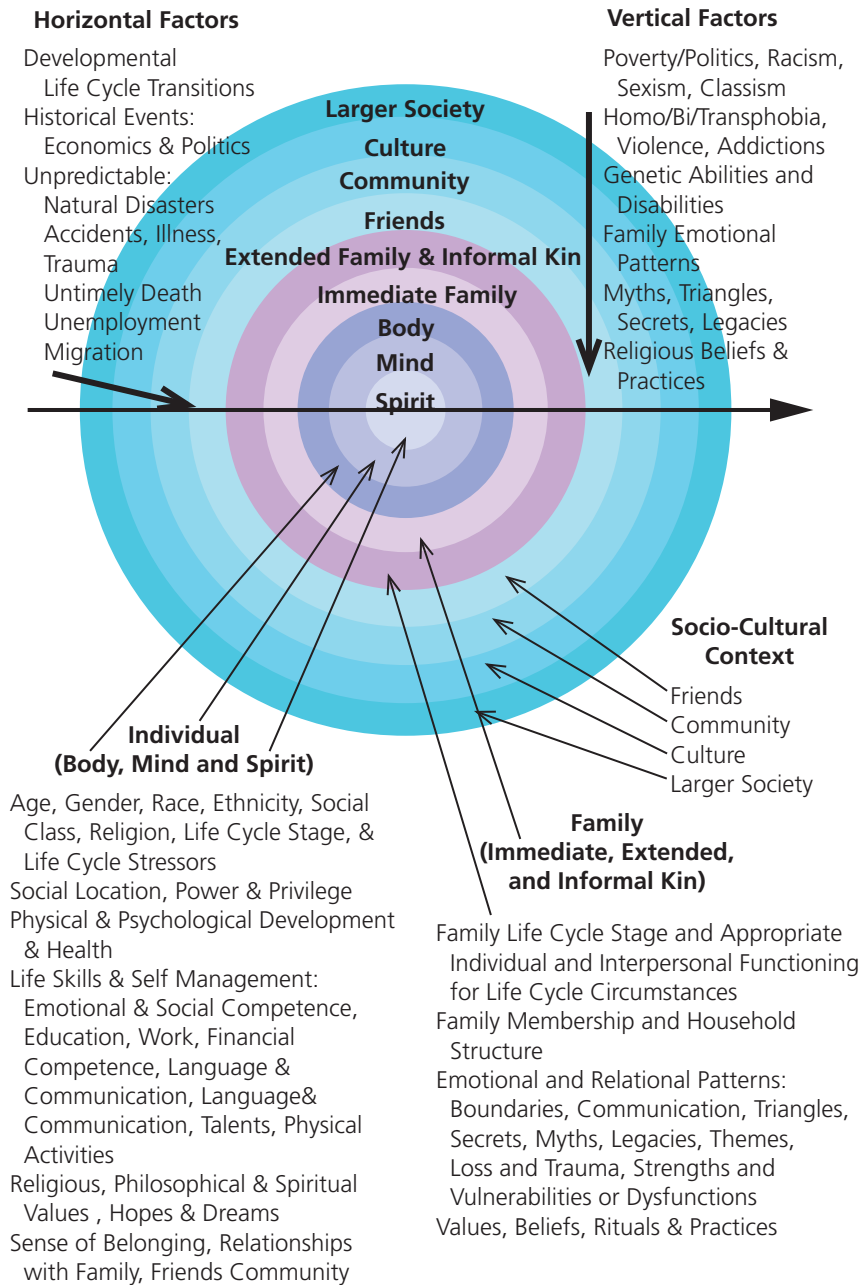Values, Beliefs, Rituals & Practices

Figure 1.4 Dimensions of Clinical Assessment: The Individual, Familial, and Sociocultural Contexts.

Individual (Body, Mind, and Spirit):

Age, Gender, Race, Ethnicity, Social Class, Religion, Life Cycle Stage & Life Cycle Stressors:

Take into account the basic demographics of each client and family member in terms of race, ethnicity, gender, religion, and social class. What is the sexual orientation and general attitude about gender roles of clients and how do their attitudes fit with those of family and community?

Have there been life cycle stressors such as births, loss of work, immigration or other moves, divorce, separation, a history of chronic physical or mental illness, genetic problems, trauma, untimely, unresolved or recent losses, physical or sexual abuse, war, or crime?

Social Location, Power and Privilege:

How do race, ethnicity, religion, life cycle stage, disability, gender, sexual orientation influenced clients' social location?

Do clients have a sense of psychological power, physical strength, and financial resources in relation to their life needs and the needs of family members or community?

Are there any indications of abuse or oppression at home, work, school, or in the community? How may the education, financial resources and social status of clients and their families be influencing the current situation? How may social class mobility have influenced family relationships, created subtle tensions or lead to isolation or loss for family members?

Physical and Psychological Development and Health:

Is there appropriate development of cognitive, physical, emotional and social functioning? Assess clients' assets, strengths, and disabilities: intelligence, self direction, learning abilities, developmental lag. Have symptoms developed such as sleep or mood disorders, behavioral disturbances, addictions to drugs, alcohol, food, sex, gambling, spending, etc? What temperaments do clients have? Are they shy, passive, outgoing, affiliative, aggressive, etc.?

Life Skills and Self Management:

Does the client have the ability to manage his or her life financially, emotionally, sexually, physically and spiritually? Do family members share these skills or not?

Emotional and Social Competence: Can clients function independently? Can they manage their emotions in relationships? Develop and maintain friendships? Can they nurture and care for others and accept care and nurturing from others.

Education: What is client's level of education, skill and development of his or her talents?

Work Patterns: What are the client's competencies, experiences, frustrations, and problems with work? Can they work collaboratively as well as independently? Do they view work as meaningful? What is the history of layoffs and hopelessness about finding meaningful work? Are they workaholics?

Financial Competence: What is client's yearly income and from what sources? How much control does client have over income? Are there child support payments? What is the level of debt? How many people does the client support? What are the savings, expected inheritance, or trust funds?

Language & Communication: Does the client have adequate language skills or language disabilities in the current context? Can client communicate ideas, feelings, needs and desires?

Talents: Musical, artistic, organizational, interpersonal, or other talents?

Physical Activities: Is client physically active or athletic.

(Continued)

Figure 1.4 Continued

Religious, Philosophical & Spiritual Values, Hopes and Dreams:

What are clients' beliefs about God and about the meaning of life, death, and life after death? What are their concerns about those who are less fortunate? Do they believe in something larger than themselves? Do clients belong to a faith community? Do they feel at home there? What are their hopes and dreams for themselves, their family, and community, and for future generations? To what degree do they pursue their fulfillment?

Sense of Belonging:

Do clients have a sense of "home" or of comfort and belonging in their families, communities, society and friendship networks, work system, etc.? What social networks, confidants, friends, connections to community organizations, and social groups do they have? Do clients initiate social contacts or share doubts and dreams with anyone?

Family Context: Immediate, Extended and Informal Kinship Network

Family Life Cycle Stage and Appropriate Individual & Interpersonal Functioning for Life Cycle Circumstances:

Assess whether family members are engaging in normative tasks of their specific life stage. Does the family have appropriate interdependence for their life cycle circumstances?

Family Membership and Household Structure:

Assess how multi-generational issues in the extended family may be influencing the immediate situation. Whether or not family members acknowledge it, and whether or not they are speaking to each other, all family, including extended family, are relevant to understanding of family's present emotional system. Pay attention to special pressures on single-parent families and on single adults and to clients' friendships and community connections, and to communication and relationships with ex-spouses and their families, especially if there are children.

Emotional and Relational Patterns: Boundaries, Communication, Triangles, Secrets, Myths, Legacies, Themes, Loss & Trauma, Strengths & Vulnerabilities or Dysfunctions:

What is the family's emotional climate: intimate, disorganized, unpredictable, tense, angry, cold, or distant. What triangles are operating? Are there secrets about births out of wedlock, suicides or affairs. Are there myths, legacies, taboos, or important themes in the family? Is there a history of chronic physical or mental illness, genetic problems, traumatic, untimely, unresolved, or recent losses, physical or sexual abuse, war, crime, immigration? Are there skills, talents, strengths, vulnerabilities, disabilities, or dysfunctions that are affecting family structure? How does the family set boundaries? Are there cut-offs, conflicts, or triangles in marital, parent-child, sibling, or other family relationships? Is there fusion or enmeshment in any family relationships? Assess communication patterns including decision-making (authoritarian, egalitarian, casual, or rigid)? Do family members have negotiation skills and ability to share intimately with each other? Do they show brilliance, artistic, musical, athletic talent, or talent for relationships or for transforming bad situations? Or, on the other hand, do they have learning, developmental and physical disabilities, addictions, violence, chronic illness and mental illness?

Values, Beliefs, Rituals & Practices:

What are the family's beliefs about the meaning of life and relationships? Do they believe, for example, that "Family is everything," "Upward mobility is essential," or " Money can get in the way of spiritual peace." Inquire in particular about beliefs and values related to the current symptoms. Are problems "God's punishment" or the result of someone being "a bad seed," or having a spell put on another?

Figure 1.4 Continued

Sociocultural Context

Friends:

Assess all clients for the strength of their friendship networks in terms of confidants they share personal problems with, "buddies" they hang out with, acquaintances they socialize with, etc. and for their ability to make and maintain friends over their life course.

Community:

Assess clients for their sense of comfort and belonging in their community and community changes they have experienced. Do they feel safe, accepted, and comfortable in their neighborhood? What political, social, professional, internet groups, fraternities or sororities, etc. do they belong to. Assess the community of clients' school and work systems. Do they feel accepted? Have they experienced bullying or mistreatment of any kind in work or community systems?

Culture:

Inquire about clients' ethnic and racial heritage and assess how identified are they with the various elements of this background. Assess how language, immigration and immigration status may be factors in their current situation.

Larger Society:

Assess clients' sense of power and privilege within the larger society. Do they feel at home or marginalized or oppressed in the society? How may their race, religion, social location, sexual orientation, disability, age, ethnicity, or immigration status contribute to their sense of well-being, belonging, or marginalization?

In Figure 1.3 we have represented historical, developmental, and unpredictable influences on individuals, families, and the social system schematically (Carter, 1978) along two dimensions that affect them as they evolve through life. The vertical axis of our chart shows how historical issues flowing down the family tree influence families as they go through life (biological heritage, genetic makeup, cultural, religious, psychological, and familial issues). The vertical axis includes cultural and societal history, patterns of power, social hierarchies, and beliefs that have been passed down through the generations. Andrew Solomon (2013) refers to this vertical axis as one's "vertical identity," referring to those aspects of who we are that are passed down from parent to child over the generations. It includes society's inherited norms of racial, gender, cultural, and religious prejudices, which limit the options of some and support the power of others. A group's history, in particular the legacy of trauma, will have an impact on families and individuals as they go through life whether they were the oppressors or the oppressed. For example, legacies of the Holocaust affect both Jews and Germans; legacies of slavery affect both African and American countries that supported slavery; legacies of homophobia affect both homosexuals and heterosexuals; legacies of colonization affect both Native peoples and those who colonized their lands. The impact of these legacies is ever greater the more this history has been denied.

At a family level, the vertical axis includes the family's history and patterns of relating and functioning that have been transmitted down the generations, primarily through the mechanism of emotional triangling. It includes all the attitudes, taboos, expectations, labels, and loaded issues with which we grow up. At an individual level, this axis includes the genetic characteristics one inherits, including illnesses and abilities. These aspects of our lives make up the hand we are dealt. What to do with them is up to us.

The horizontal axis of the life cycle chart represents the developmental and unpredictable influences that are affecting families in the present as they go through life. Solomon (2013) refers to an individual's "horizontal identity" as acquired traits, foreign to one's parents, that become part of a child's self, and that transform his or her life trajectory, and that of the family. It describes how social influences affect families as they cope with the changes and transitions of their life course. Factors on this dimension include both predictable developmental life cycle phases and unpredictable events, the "slings and arrows of outrageous fortune," that may disrupt the life cycle process, such as untimely death, birth of a developmentally challenged or gifted child, gender non-conformity, chronic illness, or job loss. The horizontal axis relates to community connections, current events, and social policies that affect families. Of course, the current horizontal axis issues often become factors on the vertical axis for the next generations.

> Assess your comprehension of a multicontextual life cycle framework for understanding human development by completing this quiz.

Anxiety, symptom development, and healing

Individuals and families characteristically lack a time perspective when they are having problems. They tend to magnify the present moment, overwhelmed and immobilized by their immediate feelings. Or they become fixed on a moment in the past or the future that they dread or long for. Painful experiences such as illness and death are particularly difficult for families to integrate and are thus most likely to have a profound, long-range impact on relationships in the next generations. Families and individuals tend to lose the awareness that life always means motion from the past into the future with a continual transformation of familial relationships. As the sense of motion becomes lost or distorted, healing involves restoring a sense of life as a process and movement both from and toward.

Therapeutic interventions with a life cycle framework aim at helping families to reestablish their evolutionary momentum so that they can proceed forward to foster each member's unique development. Relevant life cycle questions include how family members are managing their same-generation and intergenerational relationships at each phase for the healthy evolution of the family. Are certain family members overfunctioning for others and are certain developmental or caretaking needs being neglected?

Individual and family stress are often greatest at transition points from one life cycle phase to another, as families must rebalance, redefine, and realign their relationships. Symptom onset has been correlated significantly with the normal family developmental process of addition and loss of family members such as birth, marriage, divorce, and death (Hadley et al., 1974). We found that a significant life cycle event, the death of a grandparent, when closely related in time to another life cycle event, the birth of a child, correlated with symptom development at a much later transition in the family life cycle, the launching of the next generation (Walsh, 1978; McGoldrick, 1977). Such research supports a clinical approach which tracks patterns through the family life cycle over several generations, focusing especially on nodal events and transition points to understand dysfunction at the present moment. The implication is that if emotional issues and developmental tasks are not dealt with at the appropriate time, they are likely to be carried along and act as hindrances in future transitions and relationships. For example, if young people do not resolve their issues with their parents, they will probably carry them into their young adult relationships and beyond. In life cycle terms, there is an expiration date on blaming your parents for your problems; at a certain point in life, maturity requires letting go of resenting your parents for what they did wrong or else you remain trapped in your family history.

Given enough stress on the horizontal, developmental axis, any individual family is likely to appear dysfunctional. On the other hand, even a small horizontal stress on a family in which the vertical axis is full of intense issues is likely to create great disruption in the system. The anxiety engendered on the vertical and horizontal axes is the key determinant of how well the family will manage its transitions through life. It becomes imperative, therefore, to assess not only the dimensions of the current life

cycle stress but also their connections to family themes and triangles coming down in the family over historical time. Although all change is, to some degree, stressful, when the horizontal (developmental) stress intersects with a vertical (transgenerational) stress, there tends to be a quantum leap in anxiety in the system. To give a global example, if one's parents were basically pleased to be parents and handled the job without too much anxiety, the birth of the first child will produce just the normal stresses of a system expanding its boundaries. On the other hand, if parenting was a problem in the family of origin of one or both spouses, and has not been dealt with, the transition to parenthood may produce heightened anxiety for the couple. Even without any outstanding family of origin issues, the inclusion of a child could potentially tax a system, if there is a mismatch between the child's and the parents' temperaments. Or, if a child is conceived in a time of great political upheaval that forces the family to migrate, leaving its cultural roots for another country, ordinary stresses of the child's birth may be accompanied by extra stressors. The break in cultural and family continuity created by immigration will affect family relationships and family patterns throughout the life cycle for generations.

The sociocultural context of human development

Community represents multiple levels of the human system, from the small face-to-face neighborhood, group, or local community to the larger cultural group, to the nation, and then to our increasingly "global" society. All these levels have an enormous impact on the individuals and families under their sway. They offer protective safety and a sense of "home" and group identity or alienation, marginalization, and disaffection.

There is an African saying, "If I don't care for you, I don't care for myself," which expresses the sense that our identity is bound up in our interrelatedness to others. This is the essence of community defined as the level of interaction that bridges the gap between the private, personal, and familial, and the great impersonal public sphere. We have a need for a spiritual sense of belonging to something larger than our own small, separate concerns. With our

ever greater involvement in work, time for anything "unnecessary" has been disappearing, leaving little time for church or synagogue, friends, family Sunday dinners, supporting children's school activity, political action, or advocacy. These activities easily get lost in the scramble to survive in a tense, high-wired time that rewards nothing but the individual acquisition of power and money.

Many traditional communities (and families) have been repressive as well as secure and supportive of their members, but only as long as members conformed to family or community norms. Our social networks of friends and collective associations are no longer the given that they were in the past. We must find our own place in shifting social networks from neighborhoods to Internet communities. Community is one of the best antidotes to the violence and anomie of our society and our best hope of an alternative to consumerism as a way of life. And the focus on clients' having a sense of home is ever more important when the network of belonging is as rapidly changing as in our society. Shaffer and Amundson (1993) defined community as a dynamic whole that emerges when a group of people participate in common practices, depend on one another; make decisions together, identify themselves as part of something larger than the sum of their individual relationships, and commit themselves for the long term to their own, one another's, and the group's well-being. Choice is the operative idea here, not nostalgia.

With our increasingly global economy, our context has more and more become the entire earth, which makes finding a sense of belonging even more difficult. Clinicians have an important role to play in encouraging clients to think about the meaning of family and community to them and asking whether they are living according to their values and ideals. To do this, they must overcome training that has often advocated avoiding topics of spirituality or philosophy. In spite of thousands of years of holistic approaches to healing, our society has tended to keep physical, emotional, and spiritual healing separate.

We have also become one of the world's most class-stratified nations, with almost impenetrable walls between people of different status. The upper class lives in gated communities (where the