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,
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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 Livingston, 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.

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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.

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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.
Chapter 1


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); Schae 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 socio-cultural 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).

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 in-
dependent phase could be thought of as an invention
of the twentieth century, due to society’s techno-
logical needs. In recent times, it is even suggested
that we need a new phase called “adultolescence”
to describe the period that is expanding at both ends
in between adolescence and independent adulthood
(Kimmel, 2009). Adolescence has expanded down-
ward 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 edu-
cation, 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 un-
launched 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 in-
dividuals 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 de-
velopments 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 fam-
ily, 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 transforma-
tion 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 tradi-
tional norms for marriage, or having children, as
if these were in themselves measures of maturity,
which they are not. We must consider in our clin-
ical 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, patrilin-
eal, 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 genera-
tions. 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 re-
inforced 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 dra-
matically 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 expe-
rienced 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 Atteanave (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,
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,
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, Grue newald, 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 constrains 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
Chapter 1 • The Life Cycle in Its Changing Context: Individual, Family, and Social Perspectives

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

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**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.
Chapter 1 • The Life Cycle in Its Changing Context: Individual, Family, and Social Perspectives

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.

A Multicontextual Life Cycle Framework for Understanding Human Development

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Figure 1.3 Multicontextual Life Cycle Framework for Clinical Assessment.
**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)
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?
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
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...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...
emphasis is on security, not community), while the underclass lives behind prison bars, on the street, or in cell-like corners of the ghetto with almost no access to transportation to other parts of the community (Fullilove, 2004); and people in between are often confused about where they fit. The poor have tended not to vote, but as we are seeing in recent times, great political victories can be won with even a small percentage of eligible voters. If concerned citizens bring the poor into the system, things could change as politicians seek to respond to voters. What if we asked our clients if they planned to vote? What if we discussed social or political action with them? We have to remind ourselves and our clients that if we limit our efforts to just personal and family change, within an unchanged larger society, we are helping to preserve the status quo.

To keep family therapy relevant to today’s families, we have to learn how and when to discuss the important issues that shape and determine our lives. We have to learn to reconnect family members with their dreams and their values and to discuss the inequalities in our society frankly—the racism, classism, sexism, and homophobia that are built into the system. We need to help clients join together within their families and networks to create change within themselves and then look outward to help bring change to their communities and to every level of the social system.

To counter society’s privileging of particular skills for only certain people, we must challenge families on their role expectations and take into account crucial information on a family’s social style and expectations, not just with culturally diverse families, but with all families (Canino & Spurlock, 2000; Le et al., 2008).

Issues we need to explore include the following:

- Is the family isolated or active in their community?
- Does their culture expect frequent and intense social interactions in an extended network or does it privilege privacy and a nuclear-family orientation?
- What kind of community is the family living in socially and culturally: a homogeneous community or a heterogeneous setting, a safe community, a community with resources?
- Who are the models and teachers of socialization skills in the community?
- Do the skills taught at home converge with those required at school, in the park, or on the playing field?

Much has been written about the impact of the norms and values of the larger society on the individuals and families within it. What is most important for the clinician to grasp is that race, class, gender, and sexual orientation are not simply differences; they are categories that are arranged hierarchically with power, validation, and maximum opportunity going to those at the top: Whites, the affluent, men, and heterosexuals. We must learn to be aware of and deal with these power differences as they operate (1) in the therapy system, in which they add to the already existing power differential between therapist and client; (2) within the family system, in which social stress easily becomes family conflict; and (3) between the family and society, in which they either limit or enhance the options available for change. Clinically, the therapist must be prepared to discuss explicitly how racism, sexism, classism, and homophobia may be behind the problems clients are taking out on each other. The goal is to help the family members to join together against the problems in society instead of letting these problems divide them. In order to facilitate growth toward the kind of maturity we are discussing, it is essential that therapists help clients discuss these societal issues so that clients are not left feeling they are causing their own problems. Explicit discussion and strategies are needed to overcome the obstacles to change, which unaware therapists may blame on the client’s “resistance.”

The diagnostic challenge is to make a clinical judgment as to whether a behavioral or emotional attribute or symptom “is a culturally syntonic way of manifesting distress, a behavior adopted to survive in a particular sociocultural milieu, or a universal symptom of psychiatric disorder. These judgments can be sound only if clinicians are knowledgeable about the culture of their patients” (Canino & Spurlock, 2000, p. 102).
Many guidelines and programs have been shown to be effective in fostering children’s emotional competence in schools and other settings. We should do all that we can as mental health practitioners to support the establishment of such programs in clinics and schools in our communities. The most crucial factor in teaching emotional competence is timing, with infancy as the beginning point and childhood and adolescence as crucial windows of opportunity (McLaughlin, 2008; Salovey, 2007; Cohen & Sandy, 2007).

**The family context of human development**

We have used the concepts of stages and tasks to define the changing relationships, status, and membership in families at transition points over the life course that mark transformations of the system itself. When symptoms arise, they can be a signal that there is a life cycle transformation necessary and that the family has gotten stalled in trying to make first-order change (rearranging the parts of the system) when second-order change (transformation of the system itself) is what is necessary. Any assessment must explore where the family is in their life cycle process and whether current problems reflect the need for such a transformational process to get them back on track.

We offer a provisional schema for tracking individuals and families’ motion through different phases of life (see Figure 1.5). This map considers the transformational nature of different stages of life, the emotional processes required to proceed developmentally, and the tasks that are necessary for families to continue their evolution through the life course. Of course, this is not a universal scheme. Many family members do not find partners or have children, but nevertheless, they are part of the generation caring for the next generation(s) and the previous generation(s) and moving through life generally with their cohort of peers, friends, and siblings, who together share the same generational and intergenerational tasks of the life cycle. Many families go through other transitions (divorce, remarriage, migration, disability, traumatic or untimely loss, etc.) that require them to pass through entire extra life cycle phases requiring shifts in their status, rules, roles, and relationships to each other. Furthermore, different segments of any family will always be going through different life cycle phases at the same time, some members of the family dealing with new couple formation, others with becoming parents, or with adolescence, yet others with launching, and still others with later-life caretaking and death.

We have begun our schema with the young adult phase of the life cycle because we see this as the pivotal and crucial phase for the grounding of the next generation of the family. The future depends on the young adult’s development of self-management and new ways of relating to others as a responsible citizen. Key life issues such as work, partner relationships, caring relationships for older and younger generations, and social responsibility get determined at this phase.

**The individual life cycle in context**

At an individual level, human development involves the accomplishment of certain physical, intellectual, interpersonal, social, spiritual, and emotional life cycle tasks. Each person’s individual life cycle intersects with the family life cycle at every point, causing at times conflicts of needs. A toddler’s developmental needs may conflict with a grandmother’s life plans, if she is the child’s primary caretaker. When individual family members do not fit into normative expectations for development, there are repercussions for family as well as individual development. A family’s adaptation to its tasks will likewise influence how individuals negotiate their development, and the cultural, socioeconomic, racial, and gender context of the family will influence all of these developmental transitions. (Quintana & McKown, 2008).

We offer here an outline of the tasks at each phase of the individual life cycle which, like our schema for family life cycle phases, is a rough and suggestive guideline, not a statement of true and fixed life cycle stages. People vary greatly in their pathways through life. There are serious limitations to any schematic life cycle framework, and this schema is meant to be suggestive, not exhaustive (see Figure 1.6). Furthermore, accomplishing
## Figure 1.5 Phases of the family life cycle.

<table>
<thead>
<tr>
<th>Family Life Cycle Phase</th>
<th>Emotional Process of Transition: Key Prerequisite Attitudes</th>
<th>Second-Order Tasks/Changes of the System to Proceed Developmentally</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emerging Young Adults</strong></td>
<td>Accepting emotional and financial responsibility for self</td>
<td>a. Differentiation of self in relation to family of origin&lt;br&gt;b. Development of intimate peer relationships&lt;br&gt;c. Establishment of self in respect to work and financial independence&lt;br&gt;d. Establishment of self in community and larger society&lt;br&gt;e. Establishment of one’s worldview, spirituality, religion, and relationship to nature&lt;br&gt;f. Parents shifting to consultative role in young adult’s relationships</td>
</tr>
<tr>
<td><strong>Couple Formation: The Joining of Families</strong></td>
<td>Commitment to new expanded system</td>
<td>a. Formation of couple system&lt;br&gt;b. Expansion of family boundaries to include new partner and extended family&lt;br&gt;c. Realignment of relationships among couple, parents and siblings, extended family, friends, and larger community</td>
</tr>
<tr>
<td><strong>Families with Young Children</strong></td>
<td>Accepting new members into the system</td>
<td>a. Adjustment of couple system to make space for children&lt;br&gt;b. Collaboration in child-rearing and financial and housekeeping tasks&lt;br&gt;c. Realignment of relationships with extended family to include parenting and grandparenting roles&lt;br&gt;d. Realignment of relationships with community and larger social system to include new family structure and relationships</td>
</tr>
<tr>
<td><strong>Families with Adolescents</strong></td>
<td>Increasing flexibility of family boundaries to permit children’s independence and grandparents’ frailties</td>
<td>a. Shift of parent–child relationships to permit adolescent to have more independent activities and relationships and to move more flexibly into and out of system&lt;br&gt;b. Families helping emerging adolescents negotiate relationships with community&lt;br&gt;c. Refocus on midlife couple and career issues&lt;br&gt;d. Begin shift toward caring for older generation</td>
</tr>
</tbody>
</table>
## Figure 1.5 Continued

<table>
<thead>
<tr>
<th>Family Life Cycle Phase</th>
<th>Emotional Process of Transition: Key Prerequisite Attitudes</th>
<th>Second-Order Tasks/Changes of the System to Proceed Developmentally</th>
</tr>
</thead>
</table>
| Launching Children and Moving On at Midlife | Accepting a multitude of exits from and entries into the system | a. Renegotiation of couple system as a dyad  
b. Development of adult-to-adult relationships between parents and grown-up children  
c. Realignment of relationships to include in-laws and grandchildren  
d. Realignment of relationships with community to include new constellation of family relationships  
e. Exploration of new interests/career, given the freedom from child care responsibilities  
f. Dealing with health needs, disabilities, and death of parents (grandparents) |
| Families in Late Middle Age | Accepting shifting generational roles | a. Maintaining or modifying own and/or couple and social functioning and interests in the face of physiological decline: exploration of new familial and social role options  
b. Supporting more central role of middle generations  
c. Making room in the system for the wisdom and experience of the elders  
d. Supporting older generation without overfunctioning for them |
| Families Nearing the End of Life | Accepting the realities of family members’ limitations and death and the completion of one cycle of life | a. Dealing with loss of spouse, siblings, and other peers  
b. Making preparations for death and legacy  
c. Managing reversed roles in caretaking between middle and older generations  
d. Realignment of relationships with larger community and social system to acknowledge changing life cycle relationships |

The individual tasks of a stage depend on resources available at family and social levels to help individuals develop their abilities. In addition, we must be open to considering life patterns that vary from the dominant norm and adjust our expectations for these variations. The larger social context will heavily influence how people go through various stages. For example, gay and lesbian adults are likely to be stressed at many life phases including the phase of young adulthood, because of the social stigma still attached to their partnering, parenting, and developing their spirituality, as well as by the frequent
Figure 1.6 Tasks of individual life cycle.

Infancy (Birth to About 2) Development of Autonomous Skills, Empathy and Emotional Attunement to Others

- Learn to communicate needs and have some sense of trust, comfort, and relationship with caretakers and with the world around them
- Caretakers must meet infant’s needs consistently, so they can develop a sense of security and trust in others
- Learn to coordinate body, develop motor skills, begin to talk, play, walk, feed themselves
- Learn to overcome fears of new people and situations, to recognize themselves as separate and begin to develop empathy for others

Early Childhood (Approximate Ages 2 to 6) Increasing Autonomy and Self Management Skills, Emotional Competence and Ability to Relate to Others

- Develop language, communication, motor skills, more control of body, and the ability to relate to the world around
- Develop ability to take direction, cooperate, share, trust, explore, and be aware of self as different from others, including awareness of gender and racial differences and disabilities
- Develop ability to recognize someone else’s pain as different from their own and to comfort others
- How discipline is handled at this phase influences development of emotional competence, shaming and physical punishment having deleterious effects
- Begin ability to form peer relationships
- Develop various cognitive skills with numbers, words, objects

Middle Childhood (About 6 to 12 or 13) Learning, Expanding Social World, Belonging, Awareness of Difference

- Many developmental leaps in cognitive, motor, and emotional relationship skills and in interdependent perceptiveness
- Expand social world in terms of ability to communicate and to handle relationships with an increasing range of adults and children beyond their families
- Focus on “belonging” and exclusion, competition, cooperation, awareness of self and “otherness” in terms of gender roles, race, culture, sexual orientation, class, and abilities/disabilities. Adults must mentor them to support cooperation or else competitiveness becomes a problem
- Increase access to knowledge through reading, TV, and internet, which fosters understanding of self in relation to family, peers, community, and knowledge about human beings and nature
- Increase in ability to be intimate and empathic and to express anger, fear, and pain in nondestructive ways
- Increasing intuition, tolerance for difference, sense of morality, and ability to challenge lack of fairness
Figure 1.6 Continued

Adolescence (from Puberty to about age 21). Finding One’s Own Voice: Seeking Identity in Context of Societal, Parental, and Peer Pressures to Conform: Balance Between Self and Others

- Dramatic physical, emotional, sexual, and spiritual changes, starting with puberty
- Refine physical, social and intellectual skills and learn about the world
- Renegotiation of identity with parents and increasing independent functioning
- Increased sense of morality about relationships, recognition of injustices and challenging values they have been given
- Begin to define who they want to become as adults
- Develop sexual, physical, spiritual and moral identity
- Increase discipline, emotional competence and self-management for working individually and collaboratively
- Increase understanding of self in relation to peers, family, and community in terms of gender, race, culture, sexual orientation and disabilities
- Increase ability to judge and handle complex social situations and relationships including intimate physical relationships


- Generativity in terms of partnering, work, establishing one’s own place in communities of friends, social groups, and beginning to raise children
- Increase ability to manage their life financially, emotionally, sexually, and spiritually
- Increase discipline to develop physical and intellectual work and social relationships, and tolerance for delayed gratification to meet one’s goals
- Learn to focus on long-range life goals regarding work, intimate relationships, family, and community
- Develop ability to nurture others physically, emotionally, and sexually
- Evolve further in ability to respect and advocate for others less fortunate than themselves or to help themselves if socially disadvantaged
- Develop ability to negotiate evolving relationships to parents, peers, children, and community, including work relationships

Middle Adulthood (Early 30s to mid 50s) Emergence into Authentic Power and Becoming More Aware of the Problems of Others

- Firm up and make solid all the tasks of early adulthood
- Nurture, support and deepen relationships with children, partners, family, friends, including caretaking of older family members

(Continued)
Chapter 1 • The Life Cycle in Its Changing Context: Individual, Family, and Social Perspectives

**Figure 1.6 Continued**

- Reassess one’s work satisfaction, financial adequacy and consider possibility of reinventing oneself to achieve greater life balance
- Accept the choices that made some dreams and goals attainable, but precluded others
- Focus on using their authentic power to mentor the next generation; involve themselves in improving community and society, whether they are personally advantaged or disadvantaged
- Solidify their philosophy of life and spirituality

**Late Middle Age (Mid 50s to 70s) Beginning Wisdom Years:**
**Reclaiming the Wisdom of Interdependence**

- Handle some declining physical and intellectual abilities
- Deal with menopause, decreasing sexual energies, and one’s changing sexuality
- Come to terms with their failures and choices with accountability but without becoming bitter
- Plan and handle work transitions and finances
- Define one’s grandparenting and other “senior” roles in work and community
- Take steps to pass the torch and attend to their connections and responsibilities to the next generation
- Accept their limitations and multiple caretaking responsibilities for those above and below
- Deal with death of parents and others of older generations

**Aging (From 70s on) Grief, Loss, Resiliency, Retrospection, and Growth**

- Respond to loss and change as opportunity to reevaluate life circumstances and create new fulfilling pathway
- Remain as physically, psychologically, intellectually, and spiritually active and as emotionally connected as possible
- Come to terms with death while focusing on what else one can still do for oneself and others
- Bring careful reflection, perspective, and balance to the task of life review
- Accept dependence on others and diminished control of one’s life
- Affirm and work out their financial, spiritual, and emotional legacy to the next generation
- Accept death of spouse and need to create a new life
- Accept their own life and death
necessity to keep their true lives secret at work. These struggles, created by our society, have implications for negotiating the life course smoothly and for emotional development and well-being.

Those who do not form couple relationships at this phase will often feel marginalized in the larger social context. Clinicians must be careful not to participate in psychologizing clients’ reactions to such marginalization, but rather to help them define a life course for themselves and not be constrained by society’s definitions. With these caveats in mind, we offer the following tentative guidelines for conceptualizing the individual life cycle. Furthermore, even though we offer suggestive time periods for each phase, we are aware that these are always no more than statistical approximations. The age at which people reach various milestones such as secondary sexual characteristics or adult intimate relationships or disabilities of old age have been changing rapidly in the past several generations and in different cultural contexts and are likely to continue changing, so we must beware of seeing the norms as “true” or “real” or “necessary.”

Our guidelines for individual and family development must be flexible and able to take account of changing circumstances. Traditional schemas have given priority to White children’s style of communication: linear spoken language, minimal body language, a preference for written over verbal expression, and a tendency to view the world in discrete segments rather than holistically. This is reflected in the requirements that children learn to sit still for long periods of time; concentrate alone on impersonal learning stimuli; conform to rigorous time frames; and engage only in very controlled, restricted, and mostly individual learning experiences. Sommers (2013) gives us good indication of the problems these restricted learning environments create for boys’ development, and proposes creating more developmentally appropriate learning contexts, including more opportunity for physical activity during the day, to maximize the likelihood that we give all our children a chance to succeed.

Peggy McIntosh (1985, 1989) long ago described in her article “On Feeling Like a Fraud” the ways women may end up feeling inadequate in academia, when they are offered intellectual approaches that emphasize a linear, hierarchical order rather than organic relationships among ideas. Catherine Bateson (1994) and Peter Senge (2006) likewise challenged the very ordering of education as a precursor to living life, suggesting instead that it makes more sense to thread education throughout our lives.

Our ability to maintain openness to learning throughout life (which also requires the ability to acknowledge our ignorance and need to learn!) is more essential than ever in our rapidly changing world. Thus, we have emphasized the learning tasks at each phase of the life cycle, which have not always been highly valued in our culture.

When political leaders hesitate, revise their views, or apologize for mistakes, we take it for weakness, not strength. The implications of this are evident. People of privilege can be at the greatest disadvantage because of the smugness and inflexibility of mainstream learning styles, which may leave them unable to acknowledge their ignorance or to place themselves in the position of learner. Many adults take on the challenge of new learning only when they are desperate. We need to modify our cultural norms, so that people do not feel humbled or threatened before they can open themselves to new learning, and so that there is affirmation and support for asking for help with something they cannot do. People need to become perpetual learners throughout their lives (Senge, 2006), so that they have the flexibility to change with new circumstances. In our rapidly changing technologically global environment, we must modify the rigid roles we have encouraged for males especially, without which they will not be able to succeed.

The richness of learning styles should be celebrated, and human beings should be encouraged throughout life to develop their unique styles and to appreciate others for their different ways of knowing and doing. Girls and women should be allowed and encouraged to develop their individual abilities without being viewed as selfish. They should be supported in developing leadership skills and in being comfortable with their accomplishments without fearing that their success hurts others, while boys and men should be encouraged to develop their relational and emotional selves, currently devalued in our theories and in the dominant society, which sees these styles
as “unmanly.” Psychological studies reveal that when fathers are involved in child-rearing in a major way, sons become more empathic than sons raised in the traditional ways (Miedzian, 2002; Meeker, 2008). A 26-year longitudinal study found that the single factor most linked to empathy was the level of paternal involvement in child care (Koestner, Franz, & Weinerberger, 1990). The negative role modeling of a distant father on his children appears to be significant and should be taken into account clinically.

In the same way that we must expand our notions of educational development to be open to new learning throughout the life cycle, we need to expand traditional development theories that have conveyed that intelligence is one dimensional. The intellectual tasks that theorists such as Piaget have used as definers of maturity are extraordinarily narrow indicators and totally inadequate for understanding the rich possibilities of a child’s intellectual development (Ogbu, 1990). Many other forms of intelligence have been described, including social and emotional intelligence; interpersonal and intrapersonal intelligence; graphic, musical, and other forms of artistic and spatial intelligence; linguistic intelligence; intelligence in understanding nature; and so on (Goleman, 2006, 2007; Hale, 2001; Gardner, 2006; Stavridou & Kakana, 2008; Sew, 2006).

In China, studying music is all about learning to play in harmony together. There is no concept of the musical virtuoso. So, the highest development involves the most accomplished ability to be in harmony with others. American Indians, as another example, raise their children to be keen observers of the world around them. Intelligence in this context involves being able to look and listen carefully to animals, birds, and trees in ways that are almost totally unknown to most other children in the United States.

Many values within African American communities are also at odds with the dominant priorities for human development. African Americans are exposed to a high degree of stimulation from expressive performers of music and the visual arts, which permeate the Black community. Their cultural style is organized in a circular fashion, in contrast to the linear organization of European/U.S. culture (Hale, 1986).

Nonverbal expression and highly physical expressiveness of emotions, such as moving close or touching others, are in general more characteristic of non-White cultures. Most non-Whites must master two cultures to succeed. Even though they are using complex thinking skills on the street, transferring these skills to the classroom remains a problem. Our current theories of intellectual development fail to make room for people of color to look any way but deficient and pathological (Quintana, 2008; Quintana & McKown, 2008).

Daniel Goleman (2006, 2007, 2011a, 2011b) has made clear the extreme importance of understanding and supporting the development of emotional and social intelligence. All the skills essential for academic success are related to emotional competence: curiosity, confidence, intentionality, self-control, relatedness, cooperativeness, and communication. School success is not predicted by a child’s fund of facts or a precocious ability to read, but rather by emotional and social measures: being self-assured and interested; knowing what kind of behavior is expected and being able to rein in the impulse to misbehave; being able to wait, follow directions, and ask the teacher for help; and being able to express one’s own needs in relationships with other children. Almost all children who do poorly in school lack one or more of these elements of emotional intelligence, regardless of other cognitive abilities or disabilities (Goleman, 2006). Social intelligence includes the ability to find solutions to social dilemmas such as how to deescalate a fight, how to make friends in a new situation, how to sense another’s needs and feelings, how to defuse bullying, how to make others feel at ease, how to help rally support for a new idea, and how to deal with volatile people to calm a situation. All of these abilities are extremely important to our successful development as human beings. Without such interpersonal intelligence, we will end up isolated. Yet, our theories rarely emphasize the pervasive need for these abilities for adult functioning. The healthy value of emotional connectedness is evident from the fact that isolation is as significant a risk to health and mortality as are smoking, high blood pressure, high cholesterol, obesity, and lack of exercise. Empathy, the earliest emotion, is the root of all caring about others: intimacy, ethics, altruism, and morality itself.
Emotional and social incompetence and disconnection lead to the following:

1. Prejudice, lack of empathy, and the inability to direct adequate attention to the needs of others
2. Aggression, poor self-control, and antisocial behavior
3. Depression and poor academic performance
4. Addictions (attempts to calm and soothe oneself with drugs and other addictive behaviors)

Goleman suggests that curing our current worldwide tendencies toward depression and crime will require helping families and schools to realize that a child’s development and education must include developing essential human competencies such as self-awareness, self-control, empathy, and the arts of listening, resolving conflicts, and cooperation (Goleman, 2006, 2007; McLaughlin, 2008; Cohen & Sandy, 2007; Shinn & Yoshikawa, 2008). To change our world, we must focus on child development, the critical window of opportunity for setting down the essential emotional habits that will govern children’s lives in adulthood. Later remedial learning and unlearning in adulthood are possible, but they are lengthy and hard. It should come as no surprise that our schema emphasizes the development of empathy and self-management as the primary skills for relating to others through life.

**Multicontextual Assessment**

Our outline for a multicontextual assessment aims to help clinicians think of assessment and intervention within both a cultural and a longitudinal framework. Clients generally lose their time perspective when in distress. They have generally lost sight of where they have come from and where they are going. While other cultures have attended much more to community in their models for healing, the dominant Western framework for therapeutic interventions involves “talking it out” in individualized therapy, which emphasizes confidentiality above connectedness.

Our framework aims, instead, to help clients expand their focus while at the same time making the complex information about lives and history manageable and clinically relevant. By broadening the context, we amplify clients’ possibilities to recognize their own natural resources and strengths, which come from their history, social surroundings, and dreams for the future. We urge clinicians to go beyond their clients’ presenting problems to discuss their values, dreams, strengths, and vulnerabilities in the context of their personal, familial, community, and cultural heritage.

Whether the clinician gathers information about their clients’ lives and history in a structured interview or as it emerges over several sessions, it is obviously preferable to obtain it sooner rather than later. We advocate using a family genogram and a chronology or time line as basic tools for this assessment. The genogram (McGoldrick, Gerson, & Petry, 2008) is the basic and most important tool for mapping information, because it help clinicians to quickly locate individuals in context and to see their life cycle situation—which parts of the family are going through which phases—launching, adolescence, migration, separation or divorce, recoupling, retirement, or chronic illness. The genogram helps clinicians map the information essential to a multicontextual assessment in terms of their kinship network, culture, class, race, gender, religion, relationships, and history. Using the genogram to collect historical and contextual assessment information is, in itself, a collaborative, client-centered therapeutic intervention. By its nature, gathering genogram information involves the telling of stories and emphasizes respect for clients’ perspectives, while bringing forth the multiple perspectives of different family members. A family chronology or time line lists the events of family history in chronological order, which is essential for tracking the evolution of family history over time. This enables the clinician to track stressors in relation to family life cycle events, particularly the entry, exit, and changes in functioning or relationships of family members. We have found that using this tool with individuals and families helps them remember events and make connections that clarify and change their perspective about the present situation, often in a positive way.

The framework we are presenting does not make for a simple neat case assessment, but we believe it is the best way to meaningfully conceptualize and respond to the problems clients present. The
tasks and phases we have presented are, of course, oversimplifications. But, if we are honest, no case fits into a simple description. Life is complicated. The guidelines we offer will naturally have to be used flexibly, as individuals and families do not fit into neat packages.

Figure 1.7 offers guidelines for gathering information on clients’ problems, although not necessarily in the order they will be collected. Engaging with clients entails connecting first with what is most salient for them, but also in the initial engagement phase, we would hope to cover what is your assessment of the problem?

What is the presenting problem, who is defining it, and who is being identified as the patient (Index Person or IP)?

How do others in the family or context view the problem? Does the IP share the definition? Does anyone not share the definition?

What solutions have already been tried? What solution do they want now?

What are the family’s beliefs, values and cultural strengths for dealing with the problem related to the problem?

Who is making the referral and what is that person’s relationship to the family and stake in the problem? Might any triangles develop with them?

What kind of relationship has the family had with professional helpers and self-help supports in the past?

Who?

Assess the membership, demographics, and structure of the family: names, ages, gender, class, race, sexual orientation, dates of birth, marriage, separation, divorce, illness, and death. The best format for tracking this information is a genogram along with a timeline for key family events.


When did the problem begin and what has happened since that time to ameliorate or exacerbate it?

What may be precipitating horizontal and vertical stressors, such as anniversary reactions, moves, losses, or life cycle transitions?

What life cycle phase is the family in now? Are there life cycle tasks they have not realized they need to address? Are family members’ relationships and behaviors appropriate for their current life phase? Have there been stresses in previous generations at this life cycle phase?

Individual and Family Relationships and Functioning:

Do clients have the ability to manage their lives?

Has there been appropriate development of cognitive, financial, emotional, sexual, physical, spiritual, and social functioning? Assess their education, work patterns, talents, skills, temperament, vulnerabilities, and dysfunctions.

Are there cut-offs, conflicts, triangles or enmeshment, sleep or mood disorders, behavioral disturbances, addictions to drugs, alcohol, food, sex, gambling, spending, etc., mental or physical illness? Assess the family’s emotional climate, communication patterns, boundaries, themes, legacies, secrets, history of trauma and loss?

What multi-generational issues and patterns may be influencing the immediate situation?
Do they have a sense of “home” or of comfort and belonging in their family, community, friendship network, work system, etc.? Can they develop and maintain friendships? Can they nurture and care for others and accept care and nurturing from others.

What are the family’s values, spiritual beliefs, dreams and sources of hope and resilience? Do they believe in something larger than themselves? Do they belong to a faith community?

Sociocultural Context:

What is clients’ sense of their power, privilege, or oppression in society?

How may their race, religion, spiritual beliefs, languages spoken, social location, sexual orientation, disability, age, ethnicity, or immigration status contribute to their sense of well-being, belonging, or marginalization?

Are there differences in language skills and acculturation or social mobility within the family, which may have led to conflicts, power imbalances, and role reversals, especially where children are forced to translate for their parents?

The skeleton of the items described in this outline, as well as a basic genogram and family chronology (at least for the primary family members and problem situation).

Underlying our questions is the wish to help clients view themselves as belonging to history, to their present context, and to the future. Many would argue that clinicians do not need to do such an extensive inquiry into clients’ circumstances. Assessing ethnicity and immigration, for example, is often avoided as being “impolite,” but it is crucial for determining whether a family’s dysfunction is a “normal” reaction to a high degree of cultural stress, or whether their reactions go beyond the bounds of transitional stress. We have offered questions to help clients and their families locate themselves in their cultural context, and to explore and identify values in their heritage that are sources of strength and resilience, and that can help them transform their lives, and their ability to work toward long-range goals that fit with their cultural values.

As we have said repeatedly, our assessment of families and our interventions must also attend to the unequal ways that families are situated in the larger context so that we do not become part of the problem by preserving the status quo. It is extremely important that we do not “psychologize” social problems by searching for the roots of every problem in the interior motivations and actions of the individual and/or the family. Many clinical problems are directly connected to the social system.

**CASE ILLUSTRATION**

**The Aiello-Lopez Family**

The following case illustrates using a multicontextual life cycle framework for assessment.

Cindy Lopez, a 17-year-old high school junior of Puerto Rican and German/Irish/Italian background, was referred for family therapy with her mother and grandmother by a caseworker, Paula, who had been seeing her since she was referred for missing school and self-cutting 6 months earlier. A few months later, Cindy was hospitalized after the police were called in to a fight where she threatened to kill her mother, Karen. Cindy had been stealing from her grandmother and from local stores, encouraged by her lesbian girlfriend, April, who was using and selling drugs. The mother and grandmother had forbidden her to see the girlfriend, but she was insisting and there had been a number of family rows to which the police had been called. Cindy had been put on medication while in the hospital, and a psychiatrist was also prescribing medications for her mother for anxiety, and for the grandmother for depression and Parkinson’s symptoms.
We met for a first session with Cindy; her mother Karen; Karen’s mother, Helen, who over the years had functioned as Cindy’s primary parent; and Cindy’s younger brother, Joey, 13, who had been diagnosed with Attention Deficit Hyperactivity Disorder, and was on medication as well. The family indicated there were many issues they fought over, not just Cindy’s girlfriend, April, but the car, finances, and issues with Helen’s younger sister, Ginny, who had moved into the family home 3 years ago and reportedly had a serious drug problem.

During the first session, we tried to slow down the family’s fighting, engaging them in developing a family play genogram, using miniature items to represent each other on a genogram, which we created with them. The task enabled them to join together and also allowed us to get the basic information about the family, which they seemed too agitated to provide in conversation.

The genogram (see Genogram 1.1) indicated that there was indeed a lot going on in the family. Eight family members were living in the household: Cindy; Joey; Karen and her husband Joseph, an immigrant from Ecuador; Helen (the grandmother), her son Jimmy (from a previous relationship); Helen’s younger sister Ginny; and their uncle Jackie who had been raised as their brother. In addition to the life cycle issues of the Identified Patient, Cindy, an adolescent beginning to launch, the family were dealing with at least three other life cycle transitions at the same time: the son, Joey, was entering adolescence, which appeared a bit problematic, as he was immature for his age and did not appear to have good control of his behavior. The mother, Karen, seemed

**GENOGRAM 1.1** The Aiello-Lopez Family
to be having problems managing her children and her own life, both because her physical health was not good (she has scoliosis and “anxiety”) and struggled financially. There was a question of whether she might be abusing drugs or alcohol. The grandmother’s functioning also seemed to have deteriorated in the recent past and it was unclear if she had some cognitive deficit as well as problems with her physical health. In other words, the family was dealing with four life cycle phases at this time:

1. Adolescence–Launching: Cindy at 17, was beginning to drive, and soon would be finishing high school.
2. Adolescence: Joey, 13, was immature, had ADHD, and was soon to begin high school.
3. Middle adulthood: Karen, had health and anxiety problems, was possibly abusing pain killers, had difficulty mothering and supporting herself, she was more a daughter than a mother in the household. Karen’s relationship with her husband, Joseph, also seemed problematic. He was living in the context of a family system to which he appeared not very connected and was suspicious of his wife’s behavior with other men.
4. Aging: Helen, at 69, appeared to be losing functioning. As the major caretaker and support of household, she now needed care herself. The family thought she should not be driving, but she owned the only available car. Jimmy had a car, but no one had access to it but him. Jimmy had a physical disability and was reportedly abusing alcohol, although he was the only fully employed member of the household. Helen’s younger siblings were also aging and, not having launched, appeared to be dependent on her and to have problems themselves. The grandmother seemed to be the major support for the rest of the family and it was unclear what they would do without her support.

The most immediate crisis in the family appeared to be the grandmother’s life cycle transition, rather than Cindy’s. Cindy, as often happens when a child is the presenting problem, was possibly the most functional family member of all. Her symptoms were perhaps designed to mobilize needed supports in relation to the grandmother’s crucial deterioration in functioning status, which seemed to be increasing the anxiety of the family.

In terms of the adolescence and launching of the two children, we were actually more worried about what would happen to Joey in the coming years. Cindy seemed highly capable of rallying supports for herself, even though she had missed a lot of school. She was a good student, who was still on time to graduate. Interestingly, she said her ambition was to become a social worker!

At the end of the first session, we summarized the problems the family seemed to be dealing with. All the adults living in the home except Joseph (Ginny, Jackie, Jimmy, Helen, and Karen) had physical or physiological problems and were not able to manage full adult responsibilities. Major immediate problems seemed to be Helen’s health, Karen’s health, the financial stress, Cindy’s problems with school, behavior, and relationships, and Joey’s behavior and development. We wanted to meet Joseph, but were told he did not like therapists and would not want to meet with us. We summarized from the family play genogram that daughter, mother, and grandmother all wanted to have better relationships with each other as the first and main goal. We pointed out the caring nature of the family as indicated by their very positive choices for each other in the family play genogram exercise, in spite of their conflicts. We talked to Karen separately about the need for her to slow her anxiety down so we could help her. She readily agreed her anxiety was a problem.

Our assessment continued for several sessions. Therapy always requires ongoing assessment and interventions themselves are always part of that ongoing assessment, giving important information about the family’s readiness and commitment to change. For the second session, because Cindy was unable to attend, we saw the mother and grandmother together and separately, inquiring cautiously about their health. We gave them homework to meet together outside of the house to discuss how they would handle Cindy and to share some quiet time. This was intended to underline their shared “parenting” of Cindy, to reinforce their need to work together, and to foster their ability to take breaks from the fighting at home.
In the third session, we again saw the three generations of women: daughter, mother, and grandmother. All three of them now wanted a single goal—help getting the school to let Cindy back. We agreed to work with the caseworker to figure how to help Cindy get back to school.

We asked Cindy to bring in her biological father Jose to the fourth session. We were quite amazed meeting him that he was so motivated for Cindy to continue her schooling and to work out things with her other family members. He placed great emphasis on Cindy’s need to realize she must not leave home right after high school to live on her own. He talked about the problems he had in life as a result of not finishing school and not taking his responsibilities as a father for many years. He said as well that he had made a mistake that led to jail when he was a young man and that his parents had pressed him many times to “do the right thing” and reconnect with his daughter, which he had not done until she was 13. Now he was paying toward her support, although he was struggling with his own employment but wanted to stay connected to her. He complained that Cindy often did not return his calls unless she needed money. We talked about Cindy not knowing her Puerto Rican grandparents and proposed that Jose take her to meet them and show them pictures of her life, as she said she had done the first time she met her father when she was 13. She expressed discomfort that she did not know Spanish and they did not know much English, but we reassured her that with her father’s help they would all find ways to communicate. Jose assured us and his daughter that he would support her return to school in whatever ways he could.

The following session (fifth) had to be conducted on Skype with Cindy and her grandmother, because Karen was sick. Karen and her sister Jane had talked to their mother about giving up driving, which had become dangerous. During this conversation, Helen talked about her own history. Her mother, Mildred, had also been a caretaker. As the oldest of five children whose mother had died in childbirth with the youngest, Jackie, Mildred had taken over caring for her younger siblings and raised Jackie as Helen’s younger brother. Mildred had cared for all her younger siblings and then for her children until she died at the age of 80. Helen was now continuing the caretaking since her mother had died in 2000. Cindy was amazed to hear about Mildred, whom she had never known and proudly commented that she and her grandmother were both following in the footsteps of the caretaker great grandmother. The other side of this shared quality of caretaker, as we could see, was that for three generations there has been trouble at the launching phase of the life cycle and at the school completion phase.

Helen and all her siblings had dropped out of high school as did all her three children. Her daughter Jane left school because she was pregnant, but managed to learn enough on the job to rise from secretary to an office administrator. Jimmy, who also did not finish high school, was employed, but at the age of 49 has been living in his mother’s house for many years, because of his health problems. Helen’s sister Ginny also dropped out of school, and was unemployed. Uncle Jackie basically never left home and moved in with Helen when Mildred died.

So, while we might be right that Cindy’s psychological problems are as serious as those of several other family members, there is a good precedent for her to get stuck at the launching phase, by either remaining as caretaker for others in the household or, as her father feared, by launching prematurely and making bad young adult choices, which would lead to a return home, like her uncle Jimmy and grand aunt Ginny.

We wanted to keep our thinking as broad as possible about the pathways she and others in the family who had gotten stuck in their life trajectories could find to manage their lives. We wanted to help them find ways to work together to do the caretaking required in this family in the next years and manage their own lives. In fact, in the fourth session, Karen mentioned, of her own accord, that she had realized she was dependent on pain killers and had determined to begin a program to get off them. Ginny took some initiative to participate in the family conversations, and we were hoping to engage Joseph, whom Cindy believed she could get to Skype with us from his computer, even if he would not come in.

Thinking about the Aiello-Lopez family from the perspective of individual, family, and social life cycle perspectives, there are a number of aspects for us to keep in mind beyond the individual strengths
become pregnant at the age of 19 and moved out with her boyfriend.

Now the middle generation is increasingly needing support themselves. The grandfather is gone, and the grandmother is more in need of support than able to do for others physically or psychologically. Jane, who was always an outside support, is herself feeling stressed by the needs of her mother, her aunt and uncles, her sister, and her niece and nephew. The lack of educational and financial competence of many family members means that they are in considerable need of supports, but are not acknowledging these needs. We believe that the more stability the family can maintain, while they continue to raise and launch Cindy and Joey, the better long range future they will have. If Jose continues his support and if his family can contribute to the emotional well-being of the granddaughter, this can be a real plus for Cindy.

Another significant factor is the social stigma of homophobia that Cindy and the family will continue to have to deal with. In the short run, Karen has been a major support to her daughter in regard to her sexual orientation. Helen reportedly had great difficulty when granddaughter first came out a year before they came for treatment, but over that year apparently became much more accepting. If Cindy and, even better, her mother and other family members could connect to community social supports for LGBT family members, they might actually find extra resources to help them manage their lives.

What seems very clear is that, in spite of their many problems and symptoms, the family has a strong sense of loyalty and caring. We learned as we worked with them that they had a family rule that they would not fight on holidays. So we asked them to expand this and to try having a day a week free from conflicts. They laughed, but seemed to institute this. In addition, they transformed the homework rituals we gave them to better fit their needs. For example, we suggested that mother and grandmother spend 10 minutes away from others listening to music and not talking. They apparently talked it over, decided they did not like the same music and that they would prefer to go to a local diner for coffee—not to talk about problems but just to “chat.” And somehow it worked, though they soon included Cindy in these
outs, which led to it being a story-telling outing as
both mother and grandmother agreed to tell Cindy sto-
ries about Mildred, Arthur, and others in the family’s
past history.

Facilitating the collaboration of the parents, aunts, and uncles in supporting the grandmother is
another aspect of the life cycle oriented support we
want to encourage. Can all the “next” generation
contribute to helping the grandmother function at her
maximum, while accepting that there is a level of con-
trol she will not have as she moves forward. She will
need to accept others taking over some of the family
functioning, as they have begun to do regarding driv-
ing. Actually several family members, including Jose
and Joseph, have helped Cindy learn to drive. But at
the same time, we want to ensure that Cindy does not
just get drawn into becoming the next overfunctioning
caretaker, replacing Helen and before that Mildred,
while others in the family remain underfunctioners in
terms of self-management and ability to maintain re-
sponsible interdependence in the family.

Summary of the Case Using the
Guidelines for a Multicontextual
Life Cycle Assessment

What? The Aiello-Lopez family was referred to us
by a social worker, Paula Ruiz, who had been doing
home-based therapy for the past 6 months with Cindy
Lopez, a 17-year-old Puerto Rican-Italian-German
high school junior. Cindy had had a brief psychia-
tric hospitalization for cutting, stealing, and truancy,
which had led to the police being called, due to a fam-
ily fight. Following the hospitalization, she had at-
tended an intensive outpatient program, and was now
planning to return to school. The school and the two
hospitals where she had been treated believed Cindy
was the problem. Paula, whom we had known for
many years, thought the whole family had problems
requiring intervention, with which we concurred.

Although Cindy, her mother Karen, and her
grandmother Helen agreed during the initial session
that their relationships were the problem, our assess-
ment was that the biggest threat to the family’s stability
was the grandmother’s diminishing functioning physi-
cally and mentally, as well as the financial instability
of all family members and the drug problems of Karen,
Jimmy, and Ginny which were creating great volatility
in the household. We were also worried about Joey,
who, at the age of 13, appeared to have difficulty con-
trolling his emotions during the session, though the oth-
ers did not seem concerned about this. To us it seemed
Cindy’s behavior was more a message that “the house
was on fire” because of her beloved grandmother’s
diminished functioning, which was escalating the al-
ready chaotic situation of the entire household.

Who? The “who” in this family is shown on
the family’s genogram (see Genogram 1.1).

When? Why now? Horizontal and vertical
stressors? Life cycle issues? Cindy’s cutting and
stealing began in the year prior to her hospitalization,
but her school avoidant behavior had been going on
since grade school. She had come out to the family at
the age of 15 and began a relationship with April, a
20-year-old, who had gotten her involved in stealing
money to buy drugs. This led to the family fight that
precipitated Cindy’s hospitalization, after which
she broke up with April, but was still angry that her
phone calls were being monitored by her mother.

Precipitating horizontal stressors include the
grandmother’s deterioration in functioning; the
mother’s anxiety and addiction to pain killers; Joey’s
behavioral problems as he entered adolescence; and
also Cindy’s loss of the support of her aunt Ginny,
who was abusing drugs more since moving into the
household. She seemed to have gone from a resource
to a liability for Cindy.

Facilitating the collaboration of the parents,
aunts, and uncles in supporting the grandmother is
another aspect of the life cycle oriented support we
want to encourage. Can all the “next” generation
contribute to helping the grandmother function at her
maximum, while accepting that there is a level of con-
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like the others, got pregnant and never finished high school, she managed to raise a well-functioning son, to have maintained stable, high-level employment, and a successful marriage for the past 30 years. Now she helps the family by managing the grandmother’s finances and taking them to medical appointments, but she otherwise continues to stay in charge of her own life and relationships.

Sociocultural heritage. Cultural strengths of the Aiello-Lopez family include a strong commitment to family, the ability to pull together and agree at times not to fight, their ability to acknowledge each other’s good points, and their caring, even when they were angry. An additional strength is the family’s, especially the mother’s, support for Cindy’s sexual orientation. Even the grandmother, though initially disapproving, came around to accepting her granddaughter’s sexual orientation relatively quickly. Vulnerabilities include their difficulty addressing the family’s current health, emotional and financial problems, and working toward a greater stabilization of the system as a whole. The grandmother’s background is primarily German. Her husband was Italian and Irish, and her daughter Karen’s partners were Puerto Rican and Ecuadorian. The family seems to have experienced downward mobility, perhaps a function of the early maternal loss in the great-grandparental generation, which probably played a role in the next generation’s difficulty launching (George, Jackie, and Ginny).

Helen had the courage to end her first marriage to a man who was abusive to her and developed a very strong marriage with her second husband, Tony, who adopted her two children from her first marriage. Since his death, the family seems to have struggled increasingly financially and due to the addiction of several family members, who moved into the household. Racism has surely also played a role for both Joseph and Jose, but neither has brought that into the clinical discussions. We heard from the mother and daughter about the grandmother’s racist comments to her son-in-law, Joseph, but have not yet had the opportunity to address that in therapy. The family lived in a mixed community but seemed uncomfortable talking about race. The family’s background is Roman Catholic but religion did not appear to play a prominent role as a spiritual resource.

Individual and family relationships and functioning. The family has many dysfunctions, limitations, and conflicts (drug and alcohol problems, psychological, educational, financial, and employment dysfunction). But at the same time they have a great deal of caring for each other, and a rather impressive ability to keep functioning and relating even with their limitations. Cindy’s father returned to Cindy’s life in the past few years, which is a hopeful sign. Karen’s willingness, after only a few sessions to embark upon giving up her addiction to painkillers and the great support offered by her husband, Joseph, are also hopeful signs. The family’s ability to creatively give up fighting for holidays and to rework therapy homework assignments to make them more suitable to their situation are further indications of their resilience. The functioning of Jane, Helen’s second child, is another sign of resilience. She seems to have the ability to pitch in to help the family, without becoming an overfunctioning caretaker who gives up her own needs for others. Even though Jane herself, generation, none of the grandmother’s siblings Ginny, Jackie, or George launched successfully. In the parental generation, neither of Cindy’s parents, Karen or Jose, nor her uncle Jimmy, appear to have launched successfully. And now in the third generation, Cindy is at risk of not launching successfully if she cannot finish school, and we worry for Joey, given his limitations and the family’s apparent lack of attention to his needs. Along with the lack of ability to get launched is the vulnerability, especially for women, of becoming lifelong overfunctioning caretakers of children and siblings, who are in the reciprocal underfunctioning position in the relationships. The caretakers in this family have included the grandmother, Helen, and her own mother, Mildred, as well as her daughter, Jane, who seems to be the only one in her generation who could fall into that overfunctioning position, although so far she seems to be setting pretty good boundaries for herself. Cindy already thinks of herself as following in the caretaking footsteps of her grandmother and great grandmother. There also seem to have been parenting problems for Karen, Joseph, and Helen in raising Cindy; and Karen and Joseph clearly seemed to be having couple and midlife identity and functioning problems.

The family has many dysfunctions, limitations, and conflicts (drug and alcohol problems, psychological, educational, financial, and employment dysfunction). But at the same time they have a great deal of caring for each other, and a rather impressive ability to keep functioning and relating even with their limitations. Cindy’s father returned to Cindy’s life in the past few years, which is a hopeful sign. Karen’s willingness, after only a few sessions to embark upon giving up her addiction to painkillers and the great support offered by her husband, Joseph, are also hopeful signs. The family’s ability to creatively give up fighting for holidays and to rework therapy homework assignments to make them more suitable to their situation are further indications of their resilience. The functioning of Jane, Helen’s second child, is another sign of resilience. She seems to have the ability to pitch in to help the family, without becoming an overfunctioning caretaker who gives up her own needs for others. Even though Jane herself, like the others, got pregnant and never finished high school, she managed to raise a well-functioning son, to have maintained stable, high-level employment, and a successful marriage for the past 30 years. Now she helps the family by managing the grandmother’s finances and taking them to medical appointments, but she otherwise continues to stay in charge of her own life and relationships.
Power imbalances related to social location (finances, work stability, partner stability, and social class difference) appear to have caused continual conflicts between Jane and Karen, though they do seem, once again, to be able to put family first, especially when dealing with their mother. If Cindy finishes high school and goes to college, she will be first in the immediate family to do so. That would likely move her to different social location, which could create psychological distance from the rest of her family but would also probably strengthen the family’s resources in other ways.

### Conclusion

The need for flexibility in our life cycle thinking in our time is urgent. We need multiple models to allow people to shape and reshape their lives to meet changing circumstances in our rapidly changing world (Bateson, 2001). Most of us will have to reinvent ourselves many times as we go through life, always in relation to those in our social and family network of belonging, and in our times especially each generation must be flexible in relation to changing rules and relationships as they go through life’s transitions. The days of models that laid out fixed phases and tasks are long gone, if they were ever helpful.

What clinicians require is a framework that does not force clients to make molehills out of mountains by ignoring major aspects of their lives, and focusing clinical attention only on their individual thoughts, feelings, and behavior. At the same time, our family models need to articulate not a rigid, inequitable multigenerational patriarchal family model, but recognition of our connectedness in life—regardless of the particular family structure or culture—with those who went before us, those who go with us, and those who will follow after us. Exploring problems within this broad and flexible framework will help individuals and their families draw on the multiple resources of their actual kin arrangements for resilience, healing, support, and caretaking as they go through life.

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Chapter 1 • The Life Cycle in Its Changing Context: Individual, Family, and Social Perspectives 43


**Chapter 2**

Women and the Family Life Cycle

Monica McGoldrick

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**Learning Objectives**

- Identify how women’s life cycle roles have changed in recent decades.
- Describe how women’s life cycle roles impact their education and experiences in academia.
- List the unique challenges that women face in the workplace.
- Discuss the changing roles women play in families.
- Describe how women are impacted by their roles as caregivers.
- Compare how men and women experience marriage.
- Identify and describe the stresses that accompany different life cycle stages for mothers.
- Discuss the challenges women face in the final phase of life.
- Describe the challenges women face in the final phase of life.
- Compare how men and women experience loss.

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**Introduction**

Women have always played a central role in families, but the idea that they have a life cycle apart from their roles as wife and mother is relatively recent and is still not fully accepted. Traditionally, “human development” referred to male development. Women’s development was defined by the men in their lives, and their role was defined by their position in the life cycle of their father, husband, or children. The expectation for women has been that they would care for others: first men, then children, then the elderly. Only recently has it been an option for them to have a life of their own.

Overall, women lead far more complex, varied, and unpredictable lives than men, reinventing themselves many times to meet different circumstances. While men’s work life tends to follow a linear course, women’s usually consists of starts, stops, meanders, interruptions, revisions, and detours as they accommodate the others in their lives. Clinical work involves helping both men and women appreciate women’s courage, the odds they face, and to break down the patriarchal vision of women as sex objects and servers of others rather than human beings in their own right. And in spite of all the progress that has been made in the past two generations, gender inequities are still pronounced at every life cycle phase and for every group of women.

Economic independence for women, which has profound implications for traditional family structures, is crucial for women’s protection from abuse, divorce, poverty, and powerlessness in old age. Women are 30 percent more likely to live in poverty than men at every age and the differences pertain to all races and cultures (Costello, Wight, & Stone, 2003; Bennetts, 2011). In old age, they are twice as likely to be poor (Bennetts, 2011) and this is true for all racial and ethnic groups (Cathome, 2008). Statistics show that about 25 percent of African American women and Latinas, and about 10 percent of White women live in poverty, a national catastrophe for our future, showing how little we as a nation care for our future citizens.
While couple relationships are becoming much less unequal in dual-worker families, the economic pressures on women remain a major issue throughout the life cycle. In spite of men’s increasing participation in household chores, which has risen dramatically, even in working-class families, it still lags far behind the participation of women (Barnett & Rivers, 1996; Hochschild, 2012; Coontz, 2013a). But the biggest problem for women is our nation’s refusal to support child care, as other advanced nations of the world have done, an essential obligation for a country that requires dual-worker families (Coontz, 2013a). Only five states in the United States offer any income replacement at all even for infant care (Sandberg, 2013). At the other end of the life cycle, elder care, again an issue left primarily to women, is also not supported by our society, leaving enormous numbers of women to fend for themselves without health care, or even social security to support them. On the positive side lurks the possibility that we are entering a new era when gender roles will be transformed between men and women so that both have work and relationship options. As Liza Mundy puts it, this will challenge some of the most basic and supposedly hard-wired ways men and women see each other: “It will alter how we mate, how and when we join together, how we procreate and raise children, and, to use the phrase of the founders, how we pursue happiness. It will reshape the landscape of the heart” (Mundy, 2012, p. 7).

Even as we acknowledge women’s commonalities, we know their life cycle experiences differ greatly, depending where they are in the sociopolitical structure. Poor women, LGBT women, and women of color are especially likely to remain invisible, experiencing double and triple jeopardy for their multiple oppressions. We must pay attention to their adaptive strengths as we assert the traumatic inequities they experience. The struggles of these women are dramatically more complex and difficult than those of White heterosexual middle-class women. Audre Lorde long ago described a key difference between Black and White women boldly:

Some problems we share as women, some we do not. You fear your children will grow up to join the patriarchy and testify against you; we fear our children will be dragged from a car and shot down in the street, and you will turn your backs upon the reasons they are dying. (1984, p. 9)

African American and other marginalized women perceive their womanhood differently than White women and may at times not identify with gender oppression, seeing racism as such a dominant issue in their lives (Hall & Greene, 1994).

Women of color have had to struggle for centuries with the abuses of rape, sexual abuse starvation, loss of their children, of their land, of their history, and of their dreams for the future. We must learn from the multigenerational legacies of oppressed women who have been marginalized by oppression for centuries; the complexity of roles, strengths, and adaptive strategies of those who learned to care, teach, and support others to survive; to feed their children and nurse the sick and elderly, and to love their families and friends and communities. We must affirm their narratives and survival strengths, and encourage them to move their lives forward for their own sake and the next generations. Recognition of legacies of oppression, and of women’s adaptive strategies is essential to our assessment and to intervention with women of all different backgrounds.

Women’s Changing Life Cycle Roles

Women’s lives have always required amazing improvisation. They were never about the trajectory toward success and achievement, which still seems the desired narrative for men of the dominant groups in our society. Women’s lives have always involved, like making a quilt, trying to invent something coherent from all sorts of diverse elements.

Women’s lives require weaving together of many strands, attending to multiple tasks, sounds, and images at once. They created the “nest” that was home for everyone else; they provided the food, the nurturance, and the care for all from the youngest to the oldest; they created the family rituals, bought the presents, and made birthdays and Thanksgivings happen. They nursed the sick, washed and
mourned the dead, and attended to the needs of other mourners.

Women are exposed to higher rates of change and instability in their lives than men and are also more vulnerable to life cycle stresses, because of their greater emotional involvement in the lives of those around them. This means that they are doubly stressed, exposed to a wider network of people for whom they feel responsible, and more emotionally responsive to them. Their role overload leaves them further burdened when unpredictable stresses such as illness, divorce, or unemployment occur. Women are generally much more emotionally affected than men by deaths and by other events in their networks. Men respond less and even hear less about the distress in their caring networks of family, neighbors, and friends. People who need emotional support more often seek out women as confidants. Therefore, women have more demands for nurturance made on them. Daughters are more involved with their parents and visit them more than sons do. Grandmothers are twice as likely to have warm relationships with grandchildren as grandfathers. Indeed, grandfathers tend to be active with their grandchildren only if their wives are (Lott, 1994).

But women have until recently been systematically kept out of the public spheres of life—government, business, the world of power, money, and leadership—all of which had to change, for women to have a life cycle of their own. As Carolyn Heilbrun discussed in her classic analysis of women’s biography, Writing a Woman’s Life, women’s right to her own story depends on her ability to act in the public domain. Heilbrun saw power as “the ability to take one’s place in whatever discourse is essential to action and the right to have one’s part matter” (1988, p. 18). Women’s right to have their part matter in the public domain determines their possibilities also in the intimate, personal domain—from infant care to physical, psychological, spiritual, and financial security in old age, a phase of life that has always been primarily for women, but which even now is still controlled by a government run primarily by men, rather than by women themselves. The conundrum of responsibility without power has long characterized women’s lives. Women had responsibility for clothing their children, but fashion and advertising have been a man’s world; women were the cooks at home, but not the chefs of record; they were the artistic creators of the home, but not the artists of record.

For centuries, women remained voiceless in the public sphere, having to stitch their lives together there and there as they could. This was a tragedy, but it has also given them an adaptive strength, making them able to weave lives out of many disparate strands. Even in the private sphere, in their homes, the pervasive private abuse, persecution, and humiliation of women have been an unacknowledged societal shame for centuries. Battering of women, date rape, marital rape, dehumanizing treatment of women as sex objects, psychological abuse, financial control, sexual harassment, and exploitation of women have only recently begun to be acknowledged as problems. Bill Clinton spoke publicly of the problem more than a decade ago:

If children aren’t safe in their homes, if college women aren’t safe in their dorms, if mothers can’t raise their children in safety, then the American Dream will never be real for them. Domestic violence is now the number one health risk for women between the ages of 15 and 44 in our country. It is a bigger threat than cancer or car accidents. (Clinton, 1995)

The exclusion of women from public spheres of education, lawmaking, business, the arts, money, and power is gradually changing. Women’s roles have been changing dramatically in the past generation. But the issues remain. Instead of being passed from their fathers to their husbands, they are claiming an increasing span of time to define their own lives. They are delaying marriage (more than two-thirds under 25 are now unmarried), and many are experiencing a period of independent living and work before marriage (Coontz, 2006). The typical first-time bride in 2007 was 27, almost 4 years older than her counterpart of 1970. Childbearing has fallen below replacement levels, as women increasingly postpone childbearing. They are refusing to stay in stifling or abusive marriages. Almost half of marriages end in divorce and women with the most education and income who divorce are less likely
to remarry, in contrast to men, the most wealthy and well educated of whom are the most likely to stay married or to remarry quickly. But women are also more likely to move down to poverty after divorce, while men’s income actually rises after divorce (Lyle, 2012). The vast majority of the poor are women or children, most of who live in one-parent households. For the increasing number of teenaged unmarried mothers, their mothers and aunts are playing a major role in raising their children. For the first time, a fair number of women in their 30s and 40s are choosing to have and raise children without partners, a new phenomenon altogether. Lesbians, who are increasingly having children together, are expanding the concept of family and community to include their own special relationships with friends, extended family, and ex-lovers (Slater, 1995). And women are living longer and reinventing themselves well into their 80s and 90s (Heilbrun, 1997; Lawrence-Lightfoot, 2009; Bateson, 2011). Finally, the majority of people who live alone are women (11 million versus 6.8 million men), mostly widowed or divorced elderly whose numbers have increased dramatically since 1970.

Language is an invention . . . Life doesn’t come in sentences, paragraphs or arguments. For me, the outline now joined the argumentative paper as a problematical form, requiring pretenses, such as subordinating all ideas to one “main” or governing idea . . . For me the outline is . . . a fraudulent form. My genre . . . is the list . . . On a list everything matters; you need not rank, subordinate, and exclude. (1989, p. 2)

We must challenge the categories we have been offered to gain better perspective on the complex threads of a woman’s life cycle. Clearly the battle for equal rights has not been won in academia even if women are receiving more degrees (Sandberg, 2013; Hochschild, 2012; Rivers & Barnett, 2013b). And whether we think women should do more to create the changes that are necessary or that society should do more, more needs to be done. McIntosh (1985, 1989) called for developing a “double vision” regarding a woman’s sense of being a “fraud.” On the one hand, we need to help women overcome their feelings of inadequacy and of not deserving a place to stand or speak out. We need to validate and appreciate women’s acknowledgment that they do not know everything and their resistance to making pronouncements as if they held “the” truth, as men have done so often. It helps if we keep a broad perspective on the difficulties women face externally in being treated as invisible, and having internalized the dominant culture’s perception that they are not as capable. Much of our therapy work with women relates to supporting them in expanding their lives in the public domain of work, school, governance, business, power, and money.

**CASE ILLUSTRATION**

**Marta Powell**

Marta Powell was a talented, highly educated artist of Irish and German background, who had attended private schools and an Ivy League university where she met her husband Robert, whose ancestors went back to the Mayflower. Both Marta and Robert completed masters in fine arts, but then he became a college professor and she became the “wife,” continuing...
Marta required minimal therapeutic input. Had she seen a therapist who focused on her depression rather than her creativity and the life cycle dilemma of a woman in her situation, she might, of course, have had a very different life trajectory. The clinical input she received helped her see herself as a true pioneer among the women of her generation and to appreciate the accomplishments of her improvised life. Very often this is all that women need: help to empower themselves and realize how much they have accomplished already, to see themselves as women whose lives have been constrained by circumstance, and who need to gather strength from others who understand their situation. Marta had had good female friends throughout her life and close relationships with her three sisters, although these relationships had been sidelined during her marriage. At the point of her separation, she recon- nected with these relationships and from that point on, her network of friends became her greatest resource as she developed herself over the next chapter of her life.

We must pay more attention to the family and community networks that women have always been responsible for maintaining, and that are crucial to their well-being (Taylor, 2002). We must also attend to the possibilities of equity, partnership, connection, and flexibility in couple relationships, friendships and intergenerational bonds through the life cycle. Women of color, of course, experience double jeopardy and lesbians of color, triple jeopardy, in adjusting to a world in which the institutions have been defined by others. They have had to try to learn in educational contexts that have no connection to their life experience whatsoever.

Many women, especially lesbians and women of color, have been thrown into experiences in which societal assumptions had absolutely no connection to their life experience and in which, in order to survive, they had to draw on their inner resources and make improvisatory connections and transformations to build bridges to what was relevant in their hearts.

Therapists have important work to do with women at every phase of the life cycle in encourag- ing their ideas, intuitions, and adaptive resourcefulness, helping them to realize that they are not frauds and validating their ways of knowing even while not...
buying into the by now dis proven stereotypes that women are not capable of thinking as well as men (Rivers & Barnett, 2013b).

Women and Work

Women make up almost half (47 percent) of the labor force today, though they still earn less than men do for the same job, and they include 65 percent of mothers with children (Wang, Parker, & Taylor, 2013). This includes two-thirds of mothers of children younger than 3 years, 73 percent of whom work full time (Hochschild, 2012). But the continuing differential role of men and women in the larger context is illustrated by the fact that a large portion of women are still in sex-segregated, low-paying jobs such as secretary-administrative assistants, teaching, nursing, childcare, waitressing, and housekeeping (Glynn & Powers, 2012).

Several myths have been created about women and work. The first is that traditionally mothers did not work or worked only for extra money or selfish reasons, which is, of course, absurd. Women’s work and income are essential for the survival and well-being of most families in the twenty-first century as has been true throughout human history. In traditional cultures, mothers always worked, and children were raised primarily by grandparents and older siblings.

Another myth is that maternal employment is bad for children. In fact, maternal employment tends to improve a mother’s self-esteem and well-being (Coontz, 2013b).

Indeed, maternal depression, which is correlated with unemployment, does have a negative impact on children. Employed mothers have higher aspirations for their children, discuss and share school activities more, encourage independence skills more, have more parenting satisfaction, fewer family conflicts, and are more effective at limit setting; their children have fewer behavior problems, watch less TV, and experience greater family cohesion; in addition father involvement is significantly greater when mothers are employed, which is associated with a host of favorable affective and cognitive outcomes and with children’s social adjustment (Gottfried & Gottfried, 2008). Of course, jobs with no flexibility, poor pay, no benefits, irregular schedules, and low control may jeopardize health, whereas having high-quality roles, even if they are numerous, may help to maintain or enhance health. But even with difficult jobs, the income and ability to provide for one’s children is an asset. Women with more high-powered, high-status careers obviously have more advantages. Job-related social support has particularly beneficial effects on women’s health. In any case, there is no evidence that children lose out when their mothers are employed and there are many advantages to maternal employment (Marcus-Newhall, Halpern, & Tan, 2008; Meers & Strober, 2009).

Achieving equal pay for equal work is a major issue for women in the United States, one-third of who earn more than half of their family’s income. Indeed, two-fifths of working women are the sole heads of their households. Among African American women and other women of color, the undercompensation is even greater. Daughters appear to benefit most of all from having a working mother, being more self-confident, getting better grades, and being more likely to pursue careers themselves than children of non-employed mothers (Hoffman, 1989). For African American families, a mother’s working has been shown to improve not only her self-esteem (Hoffman, 1989) but also her daughters’ likelihood of staying in school (Wolfer & Moen, 1996). Furthermore, fascinating and little-publicized early findings suggested that the high achievement of mothers was even more predictive of high achievement of both their sons and their daughters than in the high achievement of fathers (Losoff, 1974; Padan, 1965).

In any case, very few families can afford to have children these days unless both husband and wife have paying jobs. Still, while family and work are seen as mutually supportive and complementary for men, for women work and family remain highly conflicting demands. Traditionally, the family has served to support and nurture the male worker for his performance on the job, whereas working women have been seen as depriving their families...
by working. In no sense is the family a refuge for women as it has been for men.

In spite of household and other strains, the more roles a woman occupies, the healthier she is likely to be. Employed married parents have the best health profile, whereas people with none of these roles have the worst profile. While, of course, it matters what kind of work people are doing, employed women are generally healthier than non-employed women, and lack of employment is a risk factor for women’s health (Gannon, 1999; Dell’Antonia, 2012; Coontz, 2013b). Multiple roles may provide cognitive cushioning in the face of stress. There is a significant relationship between underemployment and decreased physical and mental health. While work seems to be a stress on men, indications are that paid work actually improves the health of women. Women who are homemakers end up with a lower sense of self-esteem and personal competence, even regarding their childcare and social skills, than do mothers in the paid workforce. Women who take any time off from full commitment to the paid workforce lose a great deal of ground in their power in their relationships, their work flexibility, and their financial options (Barnett & Rivers, 1996).

As more women have entered the workplace, they have become more aware of the external constraints on them in the labor force (e.g., pay and job discrimination and sexual harassment) and this awareness can be intensely stressful, even when it leads to change. The main clinical implication is that therapists need to be active educators in therapy, helping women realize that they are not alone, encouraging them to network to diminish their isolation, and empowering them to join forces to change the way society operates. Sexual harassment seems to be the major source of stress for working women. A woman who must bring a charge of sexual harassment against her boss by herself will have great difficulty. A class action suit is enormously easier to handle, and women are more likely to win when they operate together. Linking women to other women is one of the most important tools we clinicians have. The following case illustrates a remarkable instance of a woman who was able to label her work and financial problems as primary for herself rather than her marital relationship.

**CASE ILLUSTRATION**

**Velma Jefferson**

Velma Jefferson, a 55-year-old African American school administrator, came to the therapy with a very specific agenda: She had had a heart attack the previous summer, which she believed was caused by her marital distress. She was 7 years from retirement and wanted me to help her not have another heart attack over her husband, Carl, before then. At that point she figured she would have the resources to leave him if he did not change his ways, but until that time she could not afford to lose the share he gave to their income. She hoped he would change, but she did not want to waste her time with marital therapy. She thought if he wanted to work on himself that would be fine, but she wanted help to keep herself healthy and not be derailed by his lies and promises. The couple had been married in their early 20s but she had left him 5 years later because of his physical abuse, taking their little daughter to Chicago where she had family. Three years later, he followed her there, promised to turn over a new leaf and she remarried him. Since that time he had never been physically abusive, but she said he was a “high roller” full of lies about his relationships with other women, always letting her down financially with big promises and then gambling most of his money away or spending it on himself. She was tired of arguing with him about where he had been or with whom and about his excuses regarding money. Because of his financial problems, the house was in her name and if she could hold on for the next few years she would have her pension and the money from the house to retire to Georgia, which was her dream. I soon met the husband who was very keen for couple therapy to begin and could not understand why I was not trying to help them work out their “misunderstandings.” We had a couple of joint sessions where Velma laid out that she was tired of arguing with him about where he had been or with whom and about his excuses regarding money. Because of his financial problems, the house was in her name and if she could hold on for the next few years she would have her pension and the money from the house to retire to Georgia, which was her dream. I soon met the husband who was very keen for couple therapy to begin and could not understand why I was not trying to help them work out their “misunderstandings.”
about this again. When I met with Carl alone he was very frustrated that I was not doing more to help him connect with his wife who, he was sure, was angry with him. I questioned him further about a girlfriend because he had had some hesitation in her presence. He admitted he had been involved with someone for many years; he had been trying to end the relationship, but the girlfriend’s son was mentally ill and she needed him. He said he did not have the heart to end the relationship. We discussed the limits his wife seemed to be establishing regarding the finances, even though she had not said she would do anything, if he did not come through with the expected money. He said she had been a wonderful wife and he wanted my help to win her back. We discussed his drinking and spending patterns and he said he had decided the previous week to cut down on his drinking because it was costing him a lot of money.

From that point on I coached the spouses separately to achieve their goals. Velma’s goal was to stay healthy and follow through on her objective of not letting herself be derailed by anger and frustration with Carl, which had taken up too much space in her life. His aim was to win her back, which, he gradually realized, meant stopping his excessive drinking, spending, and involvement with other women. Over the next several years, Velma developed her network of friends, worked on herself physically to stay calm, and interpersonally to avoid getting into “useless” discussions with Carl about issues where he might lie. She had had a negative attitude about organized religion, having been pained by the hypocrisy of her abusive minister father’s religiosity. She now found a spiritual community, which had meaning for her and in which she felt she could continue when she moved to Georgia.

For Carl, her behavior seemed like shock therapy. He gradually became committed to working on himself, perhaps because he sensed she had set herself a real bottom line, not now, when she could not manage a separation, but in the future when she was definite she would separate, if he did not change. At the time of Velma’s retirement, their relationship was in a very different place. He had become a caring, thoughtful, and appreciative husband. He had reconnected with a daughter he had fathered but abandoned in his earlier adulthood, and was connecting now with his grandchildren. The couple had ended therapy several years before retirement but made a reunion appointment before moving together to Georgia. In that session, they reviewed the importance of Velma taking responsibility for keeping herself healthy and Carl for building the trusting and loving relationship he wanted with his wife.

Velma Jefferson did not think of her problems in gender terms. But my understanding was that her accommodation to her husband for so many years, going along with him to the point of jeopardizing her own health before taking a stand, are common behaviors for women, who have been raised to accommodate and think of their own needs as selfish. What was remarkable was her clarity about what she needed to do to survive and her ability to seek the resources she needed to get herself to a healthy place. Luckily I was able to support her in this journey. The main clinical point is not to pathologize women who are coming to an understanding of their oppression, but to support their efforts to empower themselves as Velma Jefferson did.

**Women in Families**

Being part of a family and the breaking up of a family have profoundly different implications for men and women. Women in less traditional marital relationships have better physical health, higher self-esteem, more autonomy, and better marital adjustment than women in less equal relationships. Indeed, being part of a family has been a serious danger for many women but rarely for men. Women are 10 times more likely than men to be abused by an intimate partner and 6 times more likely to be abused by an intimate partner than by a stranger. One-third of women murdered each year are killed by an intimate partner (on average three women per day in the United States according to The National Organization for Women, 2013). Yet, as problematic as traditional patterns have been for women, changing the status quo...
has been extremely difficult. Rivers and Barnett (2013a) speak of the incomplete gender revolution. Even as women are rebelling against the burden of bearing full responsibility for making family relationships, holidays, and celebrations happen, they still feel guilty when they do not do what they have grown up expecting to do. When no one else moves in to fill the gap, they often feel blamed that family solidarity is breaking down and believe that it is their fault. Men’s emotional and physical distance is still largely ignored in writings about the changing family. In earlier times, when community cohesion was greater, women often had at least a network of extended family and neighbors to help out. But nowadays extended families are often not easily accessible, and networks that traditionally eased the burdens of child-rearing by providing supplementary caretakers are generally not available. The importance of these invisible networks has rarely been acknowledged by society, which has espoused values that have regularly and intentionally uprooted families for jobs, military duty, or corporate needs. Thus, when women lack such supports, they are often unable to articulate what is wrong, as the need for community and family support has not been socially validated. Without such acknowledgment, women often blame themselves or are blamed by society for not holding things together. Conservative commentators talk about the selfishness of “parents,” who are spending less time with their children, by whom they mean mothers, because they fail to refer to the fact that fathers have been absent from families for a long time already. Such backlash responses to the changes in women’s roles in our times typically harks back nostalgically to that idiosyncratic period in the U.S. history: the 1950s for White middle-class families, when women, at higher rates than at any other time in history, were isolated in nuclear families as homemakers with their children. As Stephanie Coontz (2006) has pointed out, the “traditional” marriages of that generation created the most drug-oriented, rebellious children of the 1960s as well as the fast-growing divorce rate in the world, so we should think twice about our reverence for that phase of the “good old days,” not to mention the suppression of women entailed in that family arrangement.

Susan Faludi (1991) and many others since (Rivers & Barnett, 2013a) have challenged the conservative backlash response to the changing roles of women, which blamed women for destroying families by their selfishness in considering their own needs first (Sandberg, 2013).

Most household labor is still done by women, other family members still thinking of their role in chores as “helping her.” And, as Blumstein and Schwartz (1983, 1991) found decades ago, money still buys power in marriage. It buys the privilege to make decisions—concerning whether to stay or leave, what the family will purchase, where to live, and how the children will be educated. In other words, money talks. In the years since this study, the patterns have not changed as much as they should have.

Women in the Middle: Women and Caretaking

Unfortunately, the well-being of both children and the elderly may be gained at the expense of the quality of life of the middle generation of women who are most burdened and squeezed by overwhelming demands of caretaking for both older and younger generations.

Sometimes referred to as “the sandwich generation,” they are often caught in a dependency squeeze between their parents and their children and grandchildren. Older women are also often pressed to accept work their lives have not prepared them for, as they did not expect to have to seek employment after midlife. But current economics often require them to earn money well into their 70s. The realities of their financial future are increasingly hitting women at midlife. They are realizing how severely the inequalities of their position in the power structure limit their other options for the rest of their lives.

Traditionally, women have been held responsible for all family caretaking: for their husbands, their children, their parents, their husband’s parents, and any other sick or dependent family members. Even now, almost one-fifth of women aged 55 to 59 are providing in-home care to an elderly relative. Over half of women with one surviving parent can expect to become that parent’s caretaker. Usually one daughter or a daughter-in-law has the primary responsibility for the care of elderly women. Clearly,

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caring for the very old (who are mostly women) is primarily a woman’s issue. But increasingly, younger women are in the labor force and thus unavailable for caretaking without extreme difficulty. Increasingly, with more and more four-generation families, the caregivers themselves are elderly and struggling with declining functioning. Twelve percent of caregivers are themselves older than 75 (Marks, 1996; Family Caregiver Alliance, 2009).

**Women’s Exclusion from Power Under the Law and Societal Expectations**

The overwhelming majority of lawmakers in our society are males. Their record on legislation in support of family caretaking is a travesty. This is a critical issue for divorced women, mothers of small children, women of color, the elderly, and others who do not have the power to make the laws and thus get doubly burdened: with the responsibility and without the power or resources to take care of their families. The laws regulating social services do not support women. Contrary to the claim that government services sap the strength of family supports, the failure to provide public services to families exacerbate marital and intergenerational conflicts, turning family members against each other. It is the well-being of those caretakers with the fewest financial resources that is most in jeopardy (Mundy, 2012).

We must move farther and faster to tackle the hard political tasks of restructuring home and work so that women who are married and have children can also earn money or have their own voice in the decision making of society. The guilt of less-than-perfect motherhood and less-than-perfect professional career performance are real, because it is not possible to “have it all,” when jobs are still structured for men whose wives take care of the details of life, and education, transportation, and homes are still structured for women whose only responsibility is running their families (Barnett & Gareis, 2008). Unless we as therapists acknowledge these inequities in the social structure in our clinical work with families, we contribute to the mystification of both women and men about the principles organizing families that support a seriously dysfunctional and inequitable system.

Even though more women than men now get college degrees, the pressure on them to lower their sights for educational or career opportunities is at times intense. They are presented with more obstacles at work and negative pressure from media, community, and family. Often, they have also internalized beliefs about their own limitations and women as secondary to men.

As for specific problems due to gender, women tend to feel at a disadvantage in mixed-sex interaction. Men are less influenced by the opinions of others in a group than are women and have more influence on group process than women do (Sandberg, 2013). Women are more likely to withdraw or take unilateral action to get their way in a dispute, a pattern that appears to reflect their greater difficulty in influencing a male partner through direct negotiation (Maccoby, 1999).

Clinically, it may be useful to help clients outline all the unrecognized work that their mothers and grandmothers did to raise their families and keep a household going. This emphasizes their courage, abilities, hard work, and strength as role models for positive identification, as women have typically been hidden from history. A major focus of clinical work is coaching women to transform their family relationships and redefine their own lives.

**Women and Marriage**

Marriage now plays a less comprehensive role in defining a woman’s social and personal life than in the past. But “his” marriage is still very different from, and a great deal less problematic than, “her” marriage. Although men traditionally feared marriage as ensnarement, marriage has always been good for men’s health, but only good marriages are healthy for women (DeNoon, 2003; Goleman, 1986; Heyn, 1997). Woman often gave up more to be married than men (her occupation, friends, residence, family, and name). She adjusted to his life. Although men are willing to spend time with women during courtship in ways that enhance the
Mothers and Children

Although our society has been changing rapidly, normative expectations for men and women in families have lagged behind the realities of family life (Gotta et al., 2011). Mothers are particularly vulnerable to blame and guilt because of societal expectations and they bear primary responsibility for the care and well-being of homes, husbands, children, and aging parents. The traditional family not only encouraged, but even required, dysfunctional patterns such as the over-responsibility of mothers for their children and the complementary under-responsibility or disengagement of men. Daughters and daughters-in-law still tend to bear responsibilities for their own and their husbands’ extended families. Now that most women are combining work and family responsibilities, they are increasingly overburdened. Even for today’s dual-career couples, the transition to parenthood tends to mark a reversion to a more traditional division of roles, with women doing the lion’s share of household maintenance and childcare planning. Even so, having a child per se does not appear to cause women psychological distress, but leaving the labor force does (Barnett & Rivers, 1996). Our culture still leaves women with the primary responsibility for child-rearing and blames them when it goes wrong. It is clear that mothers are by no means receiving social support for the parenting tasks expected of them. The 2010 Census shows dramatic changes in mothers’ lives in the United States in the past decades: mothers are the sole or primary source of family income for 40 percent of households with children younger than 18 years, a rise from only 11 percent in 1960. These “breadwinner” mothers seem to divide into two distinct groups: 37 percent are married mothers (mostly White and college educated) who earn more than their husbands; the other 73 percent are single mothers, mostly younger, are more likely to be Black or Hispanic, who lack a college degree and earn only about one-fourth of the other mothers earn!

Differences between males and females appear to be less based on biology than on socialization, which affects people so powerfully and so early (Carothers & Reis, 2013; Fine, 2011; Kimmel, 2013). We do know that females are more likely to survive the birth experience, less likely to have birth defects, and less vulnerable to disease throughout life. The
major gender differences in early childhood are that girls develop language skills earlier, and boys tend to be more active (Maccoby, 1999). But because studies of infants show that parents talk and look more at girls and engage in more rough play with boys, we cannot say whether these gender differences are biological or social (Rivers & Barnett, 2013b). Moderate differences continue in performance on mathematical and spatial abilities, while sex differences in verbal abilities fade (Goleman, 2011). Most other aspects of intellectual performance continue to show gender equality (Rivers & Barnett, 2013b), but social behavior still orients boys to competition and girls to relationships. Preschool girls try to influence others by polite suggestions, and have less and less ability to influence boys, who are increasingly unresponsive to polite suggestions. Both boys and girls respond to a vocal prohibition by another boy. Maccoby (1999) concluded girls find it aversive to keep trying to interact with someone who is unresponsive and begin to avoid such partners.

Questions therapists can ask to challenge the gender role status quo include the following: Do both parents equally attend children’s school plays and sports events? How are your children changing your perspective on the meaning of your life? Does the father get to spend time alone with each child? (It is almost impossible to develop intimacy if he does not.) Is the time spent fairly equally divided among the daughters and sons? How are domestic responsibilities divided? How is money handled and by whom? Who makes decisions about spending? What are each parent’s hopes and expectations for each child in adulthood? How do you as parents try to counter societal preferential treatment of boys and show your daughters they are valuable?

**Adolescence**

Adolescence is a time when traditional deferential behaviors for girls come particularly to the fore. School sports, for example, unfortunately still too often highlight boys’ competitive prowess, with girls cheerleading on the sidelines. Clinically, in working with adolescents and their families, it is important to question the chores, responsibilities, and roles each is asked to play in the family. Are girls spending too much time and money on their clothes and appearance in response to media messages that they should concentrate on being sex objects? Are sons encouraged to develop social skills, or are parents focused primarily on their achievement and sports performance? Are daughters encouraged to have high academic aspirations? Are both sexes given equal responsibility and encouragement in education, athletics, aspirations for the future, extended family relationships, buying gifts, writing, calling, or caring for relatives, household chores? Do both sexes buy and clean their own clothes? Are daughters encouraged to learn about money, science, and other traditionally “masculine” subjects? Clinicians can help by asking questions about these patterns.

We also need to help families find more positive ways of defining for their daughters the changes of the menstrual and reproductive cycle so that they do not see themselves as “unclean” or “impure.” For so long, if sex was even discussed in the family, daughters were not taught to appreciate their bodies but to think sexuality was dangerous and would reflect negatively on them. Sons, by contrast, were taught to view their bodies and sexuality as positive, powerful, and fulfilling aspects of their identity.

Adolescence is a key time in a young woman’s life. It is the time when, traditionally, she was specifically inducted into the role of sex object and when, instead, she needs to be encouraged to form her own identity and life. Although acceptance of conventional gender values is at an all-time high during adolescence, it is also during this phase that crucial life-shaping decisions are made. It is extremely important for therapists to support and encourage parents to be proactive with their daughters, to counter discriminatory messages that girls receive within the culture, and to encourage them not to short circuit their dreams or submit to objectification in their relationships or work.

This phase may mark a time for conversion to a feminist position for fathers of daughters, as they want to support their daughters, having the same rights and privileges as men do. This awareness is important to capitalize on therapeutically. Mothers may be feeling a strain as their children pull away, particularly as they realize the limitations of their own options if they have devoted themselves primarily to child-rearing. On the other hand, mothers may feel a special sense of fulfillment in their daughters’
women have remarkable resources for building a social network. Their lifelong skills in adapting to new situations also serve them in good stead. But the world of work still does not recognize their efforts in a way that is commensurate with their contribution. Women have generally been excluded from the financial world—and experience frequent discrimination in banks, legal and business institutions. In addition, they have typically not been socialized to expect or demand the recognition they deserve, whether they function as career women in business or are raising grandchildren at the age of 50 (Sandberg, 2013).

Of course, the divergence of interests for men and women, as well as the shift in focus of energies that is required at this phase, often creates marital tensions for parents, at times leading to divorce. Far from the stereotypes, the majority of midlife and older women who divorce find it is a catalyst for self-discovery, change, and growth (Anderson, Stewart, & Dimidjian 1994; Apter, 1995). They tend to develop new confidence and self-esteem, despite the staggering drop in their income after divorce. However, many of them still have little idea how to confront the financial realities of their lives. The financial empowerment of women deserves more clinical attention. Their options for remarriage are much more limited than men’s and the likelihood of remarriage after a divorce at this phase is quite slim. In part, this is due to the skew in availability of partners, and, in part, older women’s having less need to be married and thus, perhaps, being less willing to “settle,” particularly for a traditional marriage, which could mean a return to extensive caretaking and sacrifice of their own needs and interests.

Obviously, women who have developed an identity primarily through intimacy and adaptation to men will be vulnerable in divorce during the launching phase, when they may feel that their very self is disintegrating. Women’s risks at midlife due to their embeddedness in relationships, their orientation toward interdependence, their subordination of achievement to care, and their conflicts over competitive success are a problem of our society more than a problem in women’s development.
This life cycle phase has often been referred to as the “empty nest” and depicted as a time of depression for women. Menopause, which usually occurs in a woman’s late 40s or early 50s, has generally been viewed negatively as a time of physical and psychological distress, especially for those whose whole lives have been devoted to home and family. However, this appears to be much more apparent than real (McQuaide, 1998). Typically, women are grateful and energized by recapturing free time and exploring new options for themselves. They are not nearly as sorry to see the child-rearing era end as has been assumed. For many women, it is a turning point that frees them sexually from worries about pregnancy and marks a new stabilization in their energies for pursuit of work and social activities.

Older Families

The final phase of life might be considered “for women only,” as women tend to live longer and, unlike men, are rarely (though increasingly more often!) paired with younger partners, making the statistics for this life cycle phase extremely imbalanced.

Women who need care and those who give it are statistically the poorest and have the least legislative power in our society. As mentioned earlier, legislators have given little consideration to services that support family caregivers. The immediate cause of nursing home admission is more likely to be the depletion of family resources than deterioration in the health of the older relative. While the increase in remarried families might mean that a wider kinship network is available for caregiving, the increasing divorce rate probably means that fewer family members will be willing or available to provide care for elderly parents. Caretaking stresses affect at least two generations of women, as both women and their caretakers will be increasingly stressed as time goes along. And since both those who give care and the recipients are generally women, the subject tends to escape public view. As therapists, we can counter this imbalance by redefining the dilemmas of both the elderly and their caretakers as serious, significant issues.

Women and Their Friendship Networks

Friendship is an extremely important resource for women throughout the life cycle. From earliest childhood, girls concentrate more energy on working out friendships than boys do. Girls assess activities in terms of their impact on relationships, whereas boys usually subordinate relationships to the games they are playing. Throughout life, women tend to have more close friends than men do, but the relationships that women have are often not validated by the larger society (Antonucci, 1994). Schrydlowsky (1983) showed that the importance of women’s close female friendships diminishes from adolescence through early adulthood, as they focus on a mate and coupling, and then increases throughout the rest of the life cycle. Marriage may actually isolate couples from friends in ways that can be problematic for their identity development and stability (Gerstel & Sarkisian, 2006). This can be a particular problem for women, whose close friendships are a major support in life, second only to good health in importance for satisfaction throughout the life cycle (Taylor, 2002).

A major UCLA study of women’s friendships has turned upside down many decades of stress research primarily focused on men, which had concluded that under stress people’s response is either fight or flight. On the contrary, under stress women are more likely to “tend and befriend”—that is, to nurture their children and seek out their friends (Taylor et al., 2000). Study after study has shown that social ties to friends reduces stress and health risk. Berkowitz (2002), for example, found that the more friends women had, the less likely they were to develop physical impairments as they aged and the more likely they were to be enjoying their lives.

We urge family members to respect and nurture friendship systems and challenge in therapy
Women and Loss

Women are often left alone to deal with the sorrow of losses in a family. Men are more likely to withdraw, take refuge in their work, and to be uncomfortable with women’s expressions of grief, not knowing how to respond and fearful of losing control of their own feelings. Women may perceive their husbands’ emotional unavailability as a double loss—abandonment when they need comfort most. When husbands are expressive and actively involved in illness, death, and the family bereavement process, the quality of the marriage and family relationships can improve markedly.

Most commonly, when there is a loss, it is women who present themselves—or are sent by their husbands—for treatment of depression or other symptoms of distress concerning loss. Interventions need to be aimed at decreasing the gender-role split so that all family members can experience their grief and be supportive to one another in adapting to loss.

Facilitating fuller involvement for men in the social and emotional tasks of the loss process will enrich their experience of family life as it lessens the disproportionate burden for women. A greater flexibility of allowable roles for both men and women will permit the full range of human experiences in bereavement as in other areas of family life.

The full participation of male and female family members in mourning rituals should be encouraged. One woman, at the death of her 100-year-old grandmother, expressed her desire to be a pallbearer at the funeral. A cousin replied that only males did that; another added that they had already picked six pallbearers (who all happened to be male grandchildren). She persisted, suggesting that they simply have more than six. In the end, all twelve grandchildren, including five women, shared that important experience.

Conclusion: Affirming Women Through the Life Cycle

Therapy requires re-contextualizing women’s history, countering societal pressures for voicelessness and invisibility, and affirming women’s own life stories. Traditional therapies have probably done more harm than good, failing as they did to acknowledge women’s oppression and invalidation in the larger context and psychologizing social problems that made women think they were responsible for creating problems in which they were, in fact, trapped by the social structure. Thus, it is most important, in working with women of every age, to be a force for liberation, validating
Recall what you learned in this chapter by completing the Chapter Review.

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the ways in which women are different, and encouraging them to follow their dreams. A wise poet, Pat Parker (1985), illustrates the power of this multigenerational perspective—one that puts us within the context of “herstory,” of not denying the problems that remain, but validating the power of the women who have come before, the connectedness they have to the present generation, and the mentoring of those who will come after. She draws strength and pride from her ancestors. And she wills her rage to future generations to take the necessary risks and become doers who will wage the necessary battles to change their future.

We aim toward a theory of family and individual development where both instrumental and relational aspects of each individual will be fostered. The “feminine” perspective has been so devalued that it needs to be highlighted. It is hoped that both men and women will be able to develop their potential without regard for the constraints of gender stereotyping that have so constricted human experience until now. Traditional marriage and family patterns are no longer working for women, if they ever did, and the statistics reveal women’s refusal to accept the status quo. We need to work out a new equilibrium that is not based on the patriarchal family hierarchy. We need to understand and appreciate women’s potential and dilemmas and consider all women together: Gay and straight, young and old, Black and White, and all the hues in between.

References


