ALLYN AND BACON CLASSICS *in* EDUCATION

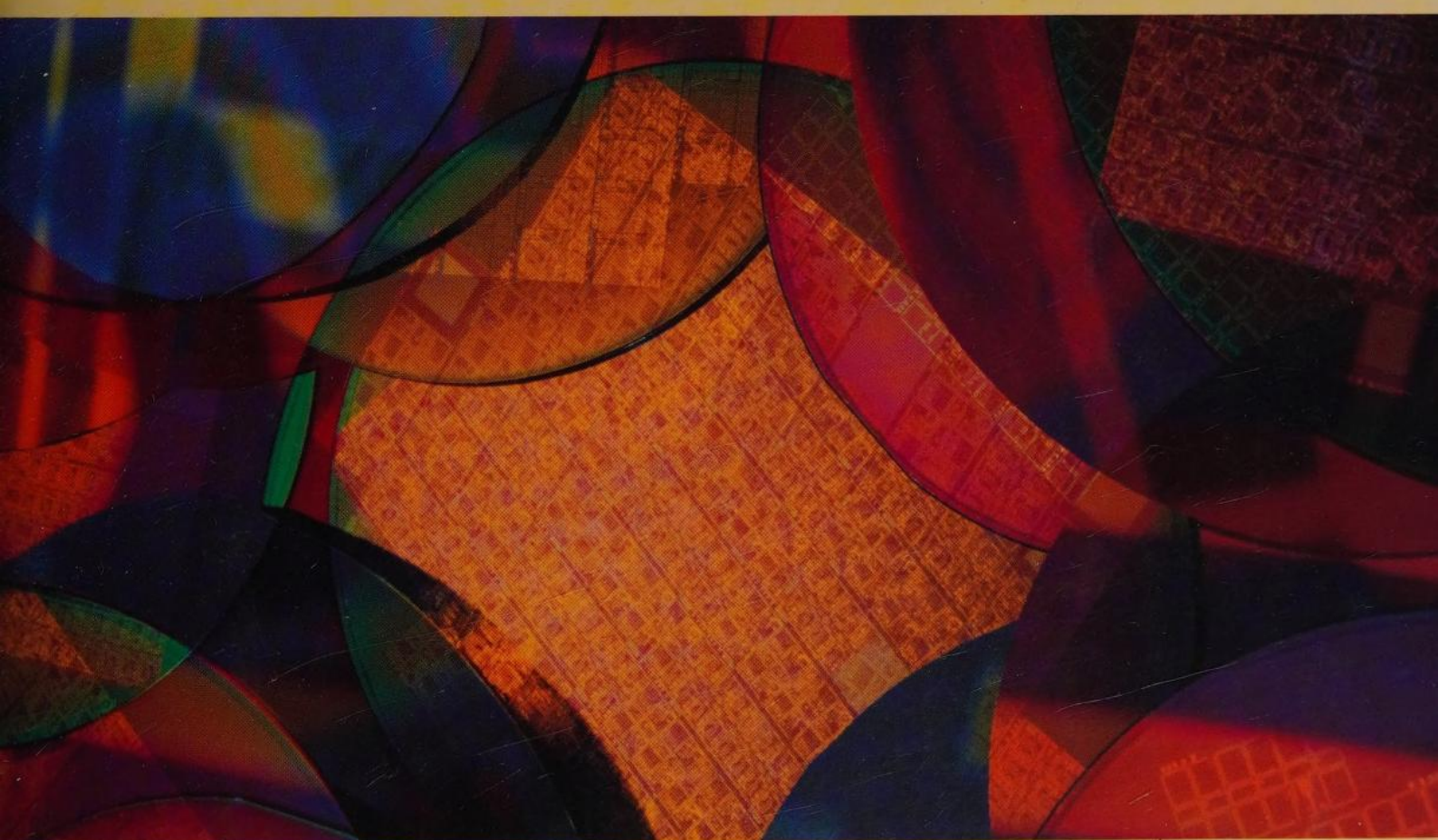
The Expanded Family Life Cycle

Individual, Family, and Social Perspectives

THIRD EDITION

Edited By

BETTY CARTER AND MONICA McGOLDRICK



Betty Carter, M.S.W., is the founder and Director Emerita (1977–1997) of the Family Institute of Westchester in White Plains, New York. Betty Carter brings to this book the experience of almost 30 years in the field of family therapy as clinician, supervisor, teacher, and director of a major training institute. She has received several awards for her distinguished contribution to theory and practice: from Hunter College School of Social Work (1984); from the American Association of Marriage and Family Therapy Research and Education Foundation (1993); and from the American Family Therapy Academy (1998).

Betty Carter cofounded the Women's Project in Family Therapy in 1977 with her colleagues Peggy Papp, Olga Silverstein, and Marianne Walters. For 20 years, this group gave workshops throughout the United States and Europe on gender issues in families and methods of dealing with these dilemmas in family therapy. The Women's Project received the American Family Therapy Academy Award for Distinguished Contribution to Family Therapy in 1986, and AAMFT's training Award in 1998. In 1988, they published their work in a book that combines the feminist revision of family therapy theory with many case illustrations of gender-sensitive family therapy practice: *The Invisible Web: Gender Patterns in Family Relationships* (Guilford Press).

Betty Carter has also written a trade book on marriage, assisted by writer Joan Peters: *Love, Honor and Negotiate: Building Partnerships That Last a Lifetime* (Pocket Books, 1996). She has also written numerous professional book chapters and journal articles. Many of her clinical interventions with couples can be seen on the educational videotapes produced by Steve Lerner (Guilford Press).

Betty has served on the Editorial Advisory Boards of *The Family Therapy Networker, The Journal of Feminist Family Therapy,* and *Family Process* and is an ad hoc reviewer for *The Journal of Marital and Family Therapy*. She is currently "trying" to retire to life with her husband of almost 40 years, Sam Carter, a retired singer and record producer. They have two adult sons, Bennett and Timothy, a daughter-in-law, Jennifer, and a grandson, Dylan, born in 1996.

Of all her areas of special interest, Betty says she loves the family life cycle framework most "because it contains all the other ideas and has room for more."

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INDIVIDUAL, FAMILY, AND SOCIAL PERSPECTIVES

THIRD EDITION

Edited by

BETTY CARTER

Family Institute of Westchester

and

MONICA McGOLDRICK

The Multicultural Family Institute

With a new Foreword by

DONALD A. BLOCH

New York San Francisco Boston
London Toronto Sydney Tokyo Singapore Madrid
Mexico City Munich Paris Cape Town Hong Kong Montreal

To the future of my family, the grandchildren generation: Dylan, Grace, Patrick, Danny, Michael, Jessica, Adrienne, Jacob, and Joseph, and to those as yet unborn.
B. C.

To John, Guy, and Hugh, all of our godchildren, and nieces and nephews: Stefan, Ariane, Natalie, Claire, Maria, Gina, Patti, Christiana, Terry, Ryan, Irini, Angeliki, Gabe, Irene, Stefan, Evan, and William. And to all who will come after them in our family.
M. M.

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PREFACE

FOR WHOM WE ARE WRITING

The Expanded Family Life Cycle is a book for health care and social service professionals and students from medicine and nursing to social work and family therapy, to psychology, to sociology, and to all fields of counseling, school guidance counseling, vocational, college, addictions, and pastoral counseling. Although our original edition was written primarily for family therapists, the overwhelmingly positive response we have had from those in related professions who have used the book has led us to broaden our thinking about the applications of a life cycle perspective for all work with families.

The book also bridges the traditionally separate spheres of individual development and the family life cycle with cultural and social perspectives in a way that transforms the traditional categories and proposes a new, more comprehensive way to think about human development and the life cycle.

REDEFINING FAMILY

In this edition, we celebrate diversity as we welcome the multiculturalism 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, it was dissatisfaction with the traditional nuclear family that produced the 50 percent divorce rate of the recent past. Most of the criticisms of life cycle theory have actually been justified criticism of the limited focus of theoretical and research attention to the developmental stages of only one family form: the White, Anglo, middle-class, nuclear family of a once-married heterosexual couple, their children, and their extended family. In this edition, we have expanded that definition of family in ways that attempt to include everyone in our society.

Although it is statistically accurate to outline the widely experienced stages of the family life cycle, focusing on marriage, the birth and development of children, and aging, no single list of stages is sufficient or inclusive. Throughout this edition, we recognize the vast numbers of families whose family life cycle varies in significant ways from this 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 or, like gays and lesbians, are prevented from marrying or, like the poor, find it almost impossible to afford. Growing numbers of women are delaying childbearing (in 1995 one-third of first-time mothers were age 35 or older) 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 (Chapters 22, 23, and 25). There has been a dramatic increase in the percentage of permanent single-parent households created by divorce or single-parent adoption (Chapters 19, 21, and 24). Finally, vast differences in family life cycle patterns are caused by oppressive social forces: racism, sexism, homophobia, classism, ageism, and cultural prejudices of all kinds (Chapters 4, 5, 6, 8, 10, 18, 19, 20, 21, and 24). This edition seeks to include all of these elements in our thinking while still providing clear and manageable clinical suggestions related to the family's place in its many contexts.

WIDENING OUR LENS

Our expanded view of family thus actively includes the reciprocal impact and the issues 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. Although the family levels are usually the optimal levels for therapeutic interven-

tion, 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 and that the individuals and families are embedded in communities and 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. We have replaced the limited term "nuclear family" with the more comprehensive term "immediate family," which includes nuclear, single-parent, unmarried, remarried, and gay and lesbian households. We consider "commitment" to be the family bond for many households in which no marriage exists or even no adult partnership. "Couples therapy" usually replaces the term "marital therapy." Further expanding our view of family relationships, we have added chapters on men, siblings, gays and lesbians, and single people.

THE INDIVIDUAL LEVEL

Although family therapists, even systems therapists, have always operated from some notion of the individual's role in the system, there has been a tendency in psychology, social work, medicine, and even family therapy to compartmentalize theorizing about family separately from theorizing about the individual. When evaluating individual behavior, the tendency has been, even for many family theorists, to shift to psychodynamic or psychoanalytic thinking. In our view, such splitting is not compatible with systems thinking. It leads to divergent and inconsistent definitions of the problem and its locus. Bowen's family systems theory, like Engel's biopsychosocial model in medicine, is a notable exception to this tendency to split individual and family 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.

The mental health professions have also tended to perpetuate the splitting of theorizing about individuals and systems by accepting theories of individual development evolved in the field of human development, which has 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 which make those who don't conform to dominant norms seem deficient.

To address these problems, we have made a beginning effort in this edition to spell out a more comprehensive framework for individual development in the context of relationship and society (Chapter 2, "Self in Context"). We have also included a chapter based on Bowen's model of obtaining family systems change through individual coaching (Chapter 26). Other cases using this coaching method are discussed in various chapters throughout the book. Other chapters that expand on these more inclusive perspectives include Chapters 6 ("Women and the Family Life Cycle") and 7 ("Men in Transition: The 'New Man'"), Chapters 4, 8, 10, and 19 (on cultural issues), Chapters 5 and 10 (on class), and Chapter 20 (on gay and lesbian families).

THE SOCIAL PERSPECTIVE

In addition to focusing down from family to individual, we have expanded our focus up to the community and larger society levels. This focus, as we have indicated above, is an effort to help us to include in our clinical evaluations and treatment all of the major forces that make us who we are: race, class, sexual orientation, gender, ethnicity, spirituality, politics, work, time, community, values, beliefs, and dreams. In this edition, therefore, we have added chapters on class, violence, migration, and several cultural groups. As our awareness has grown of societal patterns of domination and privilege, we have greatly expanded our analysis of the impact of social norms on every family. We have also included through-

out 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 still the best framework for family therapy because it deals with the development over time of individuals in their family relationships and within their communities as they struggle at this 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.

BETTY CARTER'S ACKNOWLEDGMENTS

Anything good that I've written in this book I learned from my family, friends, clients, trainees, mentors, and colleagues. I especially learned a lot during my twenty years of work with Peggy Papp, Olga Silverstein, and Marianne Walters in the Women's Project in Family Therapy.

I am grateful to all of my family and friends who have accepted my almost total isolation for the past year while Monica and I tried to finish the job of explicating the enormous amount and complexity of family change over the past decade. I often had the thought that if this is retirement, why did I leave paid work? But I confess that it pleased me, having long hours of uninterrupted time to think and write. And now that I have turned Family Institute of Westchester over to the capable hands of Elliott Rosen and the rest of the faculty, maybe there will be time to smell a rose or two.

I thank every author. We are critical, hands-on, in-your-face editors, full of requirements, requests, and suggestions. It couldn't have been easy for the authors, but they came through with wonderful, thoughtful material. And those of you who answered our cries for help very late in the process—you know who you are—we will never forget your rescue of several important chapters.

Special thanks to Monica and her staff at The Multicultural Family Institute, who so cheerfully handled all of the hard stuff that manuscripts require because they were in an office and I was at home, technologically impaired.

Monica and I wrote our first article together in the early 1970s. I have never worked with anyone, before or since, with whom I so completely shared every frame of reference: family background, philosophy of life, theoretical orientation and clinical ideas, interests, sense of humor, and response to people. I will never retire from working and playing with her, laughing with her, and loving her.

Even with all of the above help, this work wouldn't have gotten done without the total support of my dear husband, Sam. For all of this time, he has cheerfully done *all* of the shopping, cooking, and all other domestic chores so that I could be free to work. All that and emotional support too! As this book appears, we'll be close to celebrating our forty-sixth anniversary, happy in the belief that some part of our joint wisdom about marriage and family has surely found its way into these pages.

MONICA McGOLDRICK'S ACKNOWLEDGMENTS

Many people have provided me support over the many years that this third edition has been in process. It was twice as difficult to produce as the second edition, which, itself, was twice as difficult as the first edition. Our understanding of the complexities of families in their developmental and social context has greatly expanded, making it hard to write in as straightforward a way as we like. Each time we would write a sentence, we would say, "On the other hand, there is this other factor which influences that phenomenon." Space limitations have been especially constraining, and I am very grateful to the authors for their hard work on this endeavor and for their commitment to the material. I especially thank my guardian angel, Rene Campbell, who keeps my life working and whose smile and good nature keep me going on even my worst days. For their love I thank my son John, who moved from early latency to adolescence during the production of this book, and my husband, Sophocles, for his quiet support and for keeping the homefires burning, while I was preoccupied or off working to make this book come forth. Mary Ann Broken Nose was of enormous help on the research for this book, which

was a mega-task, as the information explosion makes it ever less possible to keep up with what is written in the area. I thank also Mary Jean Battistella for all her help with the manuscript. I thank my sister Morna, who often sat by my side as we worked on our respective book projects and who is a major source of inspiration and solace to me. My aunt Mildred, who keeps developing at age 94 as I complete this book, is an amazing, witty, and sweet woman in the last phase of her life. I hope that as I grow, I will keep expanding emotionally as she has. And I thank my wonderful parents, my caretaker Margaret Bush, my Aunt Mamie, Elliot and Marie, Jack Mayer, Hughie McGoldrick, and all the other wonderful people who have gone before, who loved me and made me who I am. I hope I am worthy of their generosity in my life. And I thank my relatives, friends, colleagues, students, and clients who continuously inspire, support, and nurture me. Finally, I thank my sister, soulmate, friend, and collaborator, Betty Carter, for the friendship and intellectual stimulation she has provided me now for thirty years. This edition saw her into her retirement and grandparenthood, and I trust we will now find new ways to collaborate as we age and must cope with distance and losses that are painful and difficult. I greatly admire her for her life force, her humor, her intelligence, her sticking power, and the warmth of her friendship.

JOINT ACKNOWLEDGMENTS

We both give heartfelt thanks to our editor, Patricia Quinlin, for her unfailing patience and helpfulness throughout this entire process. We would also like to acknowledge the help of the reviewers who provided valuable feedback for this edition: Audrey Begun, University of Wisconsin-Milwaukee; Patricia A. Emerson, Azusa Pacific University; and Candyce S. Russel, Kansas State University.

FOREWORD

The perspective that the human family can be described in life cycle terms is a valuable, indeed, a fundamental orientation to human life. The concept girds and informs all of those fields concerned with human development, health, and education. The decision to issue this updated volume fully deserves our appreciation and respect. The editors, Betty Carter and Monica McGoldrick, have been major contributors to the clinical literature over their long, productive careers. They have also been a commanding presence in the field as teachers and theoreticians, particularly with regard to the influence of gender, race, and social class on both psycho-social dysfunction and treatment.

The individual and family life cycles are not simply isomorphic with each other; they are related, but not identical. The individual life cycle is familiar and clear. From the moment of conception humans follow a path with well defined stations and biological markers: prenatal development and birth, infancy, childhood, adolescence, young adulthood, maturity, senescence, death. The biological markers—and the dedicated sequence whereby they come on stage—are, for all practical purposes, constant.

In comparison with the individual, definitions of family are more variable and culturally sensitive. Family is the intimate emotional and relational context within which these individual developmental stages occur. The stages of family development—new family formation leading to parenting of new family members, to their rearing and acculturation, and so on—along with the associated family role and structural patterns, provide the conceptual trellis that we speak of as the family life cycle.

As the authors note, the family is a system moving, and changing, through time. Membership changes, and at any given point in time there may be multiple foci of the family emotional work and associated role development. A family does not march chronologically through these stages. At any given point in time they may be caring for a failing senior, struggling with integrating a daughter's new in-laws, and processing the recently announced sexual preference of a young adult, along with other life cycle events moving on and off stage. These overlaps may drive both conflicts and the creation of new roles that become family assets.

Differences between cultures and within cultures play a large part in how these stages are perceived and the meaning given to them. Gender, race, social class, and sexual orientation, among other socio-cultural dimensions, are critical determinants of the fates of individuals, and these are mediated by the particular family, its relationship structures, and history. To be a younger daughter in a culture and family where females are devalued is a vastly different experience from growing up as the eldest brother in the same family.

The case illustrations throughout this volume are excellent. The family life cycle is related to real life dilemmas as these are experienced in the consulting room as well as to solutions generated by inventive and sensitive clinicians. Carter and McGoldrick and their chapter authors are especially good in their sensitivity to these cultural concerns. The description of family life cycle issues, observed with socio-cultural sensitivity and related to understandable clinical problems and therapeutic interventions, creates the distinctive and valuable fabric of this book. Especially laudable is the real recognition of the limits of therapeutic intervention.

The family that joins us in the consulting room is in the midst of the work of living. Looking at that work through the lens of the family life cycle at any given point in time allows us to develop interventions that are liberating, non-blaming, growth-enhancing, and economic. A life cycle orientation tells us where to look.

A young couple, the Hayakawa/Goldensohns, who have been married less than a year, make an

appointment for help with their escalating marital conflict. The differing ethnicities of their names jumps off the page. I anticipate being interested in how each person is resolving the separation from their family of origin associated with the formation of this new family, and I wonder what leftover family conflicts are being played out in their new family.

A woman calls for help with her mother, who is distraught at the news that her husband, newly retired, is suddenly told he is dying of a brain tumor. The mother is on the edge of a breakdown; her golden years with her husband are being snatched from her. I ask the daughter who is in the family. She has two brothers, and I invite all three adult siblings to convene with me to face this new stage in their family journey. The meeting helps them heal an incipient split in their generation and realize the strength they have to help their parents with their father's dying. No further intervention is necessary.

A great strength of this volume is its excellent exposition of the family genogram as a revealing map of family development over time. As clinicians, history is always with us. We search for old patterns that are recycled in significant new forms. It helps to have a good choreographic notation of this dance and the genogram provides one.

To think in terms of the family life cycle, especially from an historic multi-generational perspective is to be in touch with human life in deep, complex, endlessly revealing, and fascinating ways. It is as if we are looking first at a person, then a couple, then a family with children, then a network of families extending laterally in space and forward and back in time. This means using the novelist's eye and voice, the musician's creative ear, the film director's composition.

The family life cycle is a majestic concept. It is spacious and complex, and clinically fruitful. It allows for useful comparisons—family to family, culture to culture, by class, and by historical epoch. It embeds the essential stories about who we are, where we came from, and what elements shape our identity. The engines of our fears from the past and our hope for the future can be found in the matrix of our current families and with their representation of past families. The braiding together of these relational threads both creates and grows out of the family life cycle. This excellent volume is truly a "classic," serving as a solid introduction to the family life cycle orientation for the newcomer and deepening the understanding of the experienced reader.

Donald A. Bloch M.D.
March 31, 2004

CHAPTER 1

OVERVIEW: THE EXPANDED FAMILY LIFE CYCLE

INDIVIDUAL, FAMILY, AND SOCIAL PERSPECTIVES

BETTY CARTER
MONICA McGOLDRICK

THE FAMILY LIFE CYCLE

We are born into families. Our first relationships, our first group, our first experience of the world are with and through our families. We develop, grow, and hopefully die in the context of our families. Embedded within the larger sociopolitical culture, the individual life cycle takes shape as it moves and evolves within the matrix of the family life cycle. Our problems are framed by the formative course of our family's past, the present tasks it is trying to master, and the future to which it aspires. Thus, the family life cycle is the natural context within which to frame individual identity and development and to account for the effects of the social system.

Until recently, therapists have paid little attention to the family life cycle and its impact on human development. Even now, most psychological theories relate at most to the nuclear family, ignoring the multigenerational context of family connections that pattern our lives. But our dramatically changing family patterns, which in our times can assume many varied configurations over the life span, are forcing us to take a broader view of both development and normalcy. It is becoming increasingly difficult to determine what family life cycle patterns are "normal," causing great stress for family members, who have few consensually validated models to guide them through the passages they must negotiate.

Just as the texture of life has become more complicated, so too must our therapeutic models change to reflect this complexity, appreciating both the context around the individual as a shaping environment and the evolutionary influence of time on human development. From a family life cycle perspective, symptoms and dysfunction are examined within a systemic context and in relation to what the culture considers to be "normal" functioning over time. From this perspective, therapeutic interventions aim at helping to reestablish the family's developmental momentum so that it can proceed forward to foster the uniqueness of each member's development.

THE FAMILY AS A SYSTEM MOVING THROUGH TIME

Families comprise people who have a shared history and a shared future. They encompass the entire emotional system of at least three, and frequently now four or even five, generations held together by blood, legal, and/or historical ties. Relationships with parents, siblings, and other family members go through transitions as they move along the life cycle (see Table 1.1 on page 2). Boundaries shift, psychological distance among members changes, and roles within and between subsystems are constantly being redefined (Norris & Tindale, 1994;

TABLE 1.1 The Stages of the Family Life Cycle

FAMILY LIFE CYCLE STAGE	EMOTIONAL PROCESS OF TRANSITION: KEY PRINCIPLES	SECOND-ORDER CHANGES IN FAMILY STATUS REQUIRED TO PROCEED DEVELOPMENTALLY
Leaving home: single young adults	Accepting emotional and financial responsibility for self	a. Differentiation of self in relation to family of origin b. Development of intimate peer relationships c. Establishment of self in respect to work and financial independence
The joining of families through marriage: the new couple	Commitment to new system	a. Formation of marital system b. Realignment of relationships with extended families and friends to include spouse
Families with young children	Accepting new members into the system	a. Adjusting marital system to make space for children b. Joining in child rearing, financial and household tasks c. Realignment of relationships with extended family to include parenting and grandparenting roles
Families with adolescents	Increasing flexibility of family boundaries to permit children's independence and grandparents' frailties	a. Shifting of parent/child relationships to permit adolescent to move into and out of system b. Refocus on midlife marital and career issues c. Beginning shift toward caring for older generation
Launching children and moving on	Accepting a multitude of exits from and entries into the family system	a. Renegotiation of marital system as a dyad b. Development of adult-to-adult relationships between grown children and their parents c. Realignment of relationships to include in-laws and grandchildren d. Dealing with disabilities and death of parents (grandparents)
Families in later life	Accepting the shifting generational roles	a. Maintaining own and/or couple functioning and interests in face of physiological decline: exploration of new familial and social role options b. Support for more central role of middle generation c. Making room in the system for the wisdom and experience of the elderly, supporting the older generation without overfunctioning for them d. Dealing with loss of spouse, siblings, and other peers and preparation for death

Cicirelli, 1995). It is extremely difficult to think of the family as a whole because of the complexity involved. As a system moving through time, the family has different properties from those of all other systems. Unlike all other organizations, families 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 organization can fire members that managers view as dysfunctional, or members can resign if the organization's structure and values are not to their liking. In families, by contrast, the pressures of family membership with no exit available can, in the extreme, lead to psychosis. In nonfamily systems, the roles and functions of the system are carried out in a more or

less stable way, by replacement of those who leave for any reason, or else the system dissolves and people move on into other organizations. Although families also have roles and functions, the main value in families is in the relationships, which are irreplaceable. If a parent leaves or dies, another person can be brought in to fill a parenting function, but this person can never replace the parent in his or her personal emotional aspects (Walsh & McGoldrick, 1991). Even in the divorce of a couple without children, the bonds very often linger, and it is difficult to hear of an ex-spouse's death without being shaken.

Despite the current dominant American pattern of nuclear families living on their own and often at great geographical distances from extended family members, they are still emotional subsystems, reacting to past, present, and anticipated future relationships within the larger three-generational family system. The options and decisions to be made are endless and can be confusing: 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. As Hess and Waring (1984) observed:

> *As we moved from the family of obligatory ties to one of voluntary bonds, relationships outside the nuclear unit (as well as those inside it)... lost whatever normative certainty or consistency governed them at earlier times. For example, sibling relationships today are almost completely voluntary, subject to disruption through occupational and geographic mobility, as indeed might be said of marriage itself. (p. 303)*

Cultural factors also play a major role in how families go through the life cycle. Not only do cultural groups vary greatly in their breakdown of family life cycle stages and definitions of the tasks at each stage, but it is clear that even several generations after immigration, the family life cycle patterns of groups differ markedly (Chapters 4 and 10; McGoldrick, Giordano, & Pearce, 1996). Furthermore, families' motion through the life cycle is profoundly influenced by the era in history at which they are living (Cohler, Hosteler, & Boxer, 1998; Elder, 1992; Neugarten, 1979). Family members' world views, including their attitudes toward life cycle transitions, are profoundly influenced by the time in history in which they have grown up. Those who lived through the Great Depression and World War II, those who came of age during the Vietnam War, those who experienced the Black migration to the North in the 1940s, the baby boomer generation that grew up in the 1950s—all these cohorts will have profoundly different orientations to life, influenced by the times in which they lived (Cohler et al., 1998; Elder, 1986).

The family of days gone by, when the extended family reigned supreme, should not be romanticized as a time when mutual respect and satisfaction existed between the generations. The traditional stable multigenerational extended family of yore was supported by sexism, classism, and racism. In this traditional patriarchal structure of families, respect for parents and obligations to care for elders were based on their control of the resources, reinforced by religious and secular sanctions against those who did not go along with the ideas of the dominant group. Now, with the increasing ability of younger family members to determine their own fate in marriage, work, and economic security, the power of elders to demand filial piety is reduced. As women are expecting to have lives of their own, whereas before their roles were limited primarily to the caretaking of others, our social institutions are not shifting enough to fit with these changing needs. Instead of evolving values of shared caretaking, our social institutions still operate mainly on the notions of the individualism of the pioneering frontier, and the most vulnerable—the poor, the young, the old, the infirm—suffer the consequences. What we need is not a return to a rigid, inequitable three-generational patriarchal family, but rather to recognize our connectedness in life—regardless of the particular family structure or culture—with those who went before us and those who follow after. At the same time, it is important to appreciate that many problems are caused when changes at the societal level lag

behind those at the family level and therefore fail to validate and support the lives and choices of so many individuals.

In our time, people often act as though they can choose membership and responsibility in a family. However, there is very little choice about whom we are related to in the complex web of family ties. Children, for example, have no choice about being born into a system, nor do parents have a choice, once children are born, adopted, or fostered, as to the existence of the responsibilities of parenthood, even if they neglect these responsibilities. In fact, no family relationships except marriage are entered into by choice. Even in the case of marriage, the freedom to marry whomever one wishes is a rather recent option, and the decision to marry is probably much less freely made than people usually recognize at the time (see Chapter 14). Although partners can choose not to continue a marriage relationship, they remain co-parents of their children, and the fact of having been married continues to be acknowledged with the designation "ex-spouse." People cannot alter whom they are related to in the complex web of family ties over all the generations. Obviously, family members frequently act as if this were not so—they cut each other off because of conflicts or because they claim to have nothing in common—but when family members act as though family relationships were optional, they do so to the detriment of their own sense of identity and the richness of their emotional and social context.

The tremendous life-shaping impact of one generation on those following is hard to overestimate. For one thing, the three or four different generations must adjust to life cycle transitions simultaneously. While one generation is moving toward older age, the next is contending with the empty nest, the third with young adulthood, forming careers and intimate peer adult relationships and having children, and the fourth with being inducted into 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 in the grandparental generation is routinely overlooked by therapists who focus on the nuclear family. Painful experiences such as illness and death are particularly difficult for families to integrate and are thus most likely to have a long-range impact on relationships in the next generation.

Of course, in different cultures, the ages of these multigenerational transitions differ markedly. Certainly, the stages of the life cycle are rather arbitrary breakdowns. The notion of childhood has been described as the invention of eighteenth-century Western society and adolescence as the invention of the nineteenth century (Aries, 1962), related to the cultural, economic, and political contexts of those eras. The notion of young adulthood as an independent phase could easily be argued to be the invention of the twentieth century, and that of women as independent individuals could be said to be a construct of the late twentieth century. The lengthy phases of the empty nest and older age are also developments primarily of the twentieth century, brought about by the smaller number of children and the longer life span in our era. Given the current changes in the family, the twenty-first century may become known for developing the norms of serial marriage and unmarried motherhood as part of the life cycle. Developmental psychology has tended to take an ahistorical approach to the life cycle. But in virtually all other contemporary cultures and during virtually all other historical eras, the definition of life cycle stages has been different from our current definitions. To add to this complexity, cohorts born and living through different periods differ in fertility, mortality, acceptable gender roles, migration patterns, education, needs and resources, and attitudes toward family and aging.

Families characteristically lack time perspective when they are having problems. They tend generally to magnify the present moment, overwhelmed and immobilized by their immediate feelings; or they become fixed on a moment in the future that they dread or long for. They lose the awareness that life means continual motion from the past into the future with a continual transformation of familial relationships. As the sense of motion becomes lost or distorted, therapy involves

restoring a sense of life as process and movement from and toward.

THE INDIVIDUAL IN THE FAMILY AND IN HISTORY

The search for the meaning of our individual lives has led to many theories about the process of "normal" development, most of them proposing supposedly inherent, age-related, developmental stages for the individual (Levinson, 1978, 1996; Sheehy, 1977, 1995; Valliant, 1977; and others) and/or the traditional family (e.g., Duvall, 1977). From the beginning of our work, we have placed the individual in the context of family and have indicated the importance of the impact of cultural and structural variation on life cycle tasks for individuals and families. However, we do not espouse family life cycle stages as inherent, that is, identical for families of all kinds. But neither do we reject a flexible concept of predictable stages with appropriate emotional tasks for individuals and family groups, depending on their type of structure, specific cultural background, and current historical era. We disagree with those life course or life span theorists who, like many feminist theorists of development, in their effort to move on from the traditional family, essentially bypass the family level altogether and consider the individual in society as the essential unit for study.

We strongly believe that individual development takes place only in the context of significant emotional relationships and that the most significant relationships are family relationships, whether by blood, adoption, marriage, or commitment. Individuals and families must then also be seen in their cultural and historical context of past and present to be understood or changed. We see the family level as ideal for therapeutic intervention because it is the product of both individual and social forces, bridging and mediating between the two. However, since the family is no longer solely organized around a married heterosexual couple raising their children, but rather involves many different structures and cultures with different organizing principles, our job of identifying family stages and emotional tasks for various family groups is much more complex. But even within the diversity, there are some unifying principles that we have used to define stages and tasks, such as the primary importance of family relationships and the emotional disequilibrium caused by adding and losing family members during life's many transitions (Ahrons & Rodgers, 1987; Hadley, Jacob Milliones, Caplan, & Spitz, 1974). We embrace this complexity and the importance of all levels of the human system: individual, family, and social.

THE VERTICAL AND HORIZONTAL FLOW OF STRESS IN THE LIFE CYCLE

To understand how individuals evolve, we must examine their lives within the context of both the family and the larger cultural contexts with their past and present properties, which change over time. Each system (individual, family, and cultural) can be represented schematically (see Figure 1.1 on page 6) along two time dimensions: one of which brings past and present issues to bear reciprocally on all other levels (the vertical axis) and one of which is developmental and unfolding (the horizontal axis). For the individual, the vertical axis includes the biological heritage and intricate programming of behaviors with one's given temperament, possible congenital disabilities, and genetic makeup. The horizontal axis relates to the individual's emotional, cognitive, interpersonal, and physical development over the life span within a specific historical context. Over time, the individual's inherent qualities can become either crystallized into rigid behaviors or elaborated into broader and more flexible repertoires. Certain individual stages may be more difficult to master, depending on one's innate characteristics and the influence of the environment.

At the family level (Carter, 1978), the vertical axis includes the family history, the patterns of relating and functioning that are transmitted down the generations, primarily through the mechanism of emotional triangling (Bowen, 1978). It includes all the family attitudes, taboos, expectations, labels, and loaded issues with which we grow up. These aspects of our lives are the hand we are dealt.

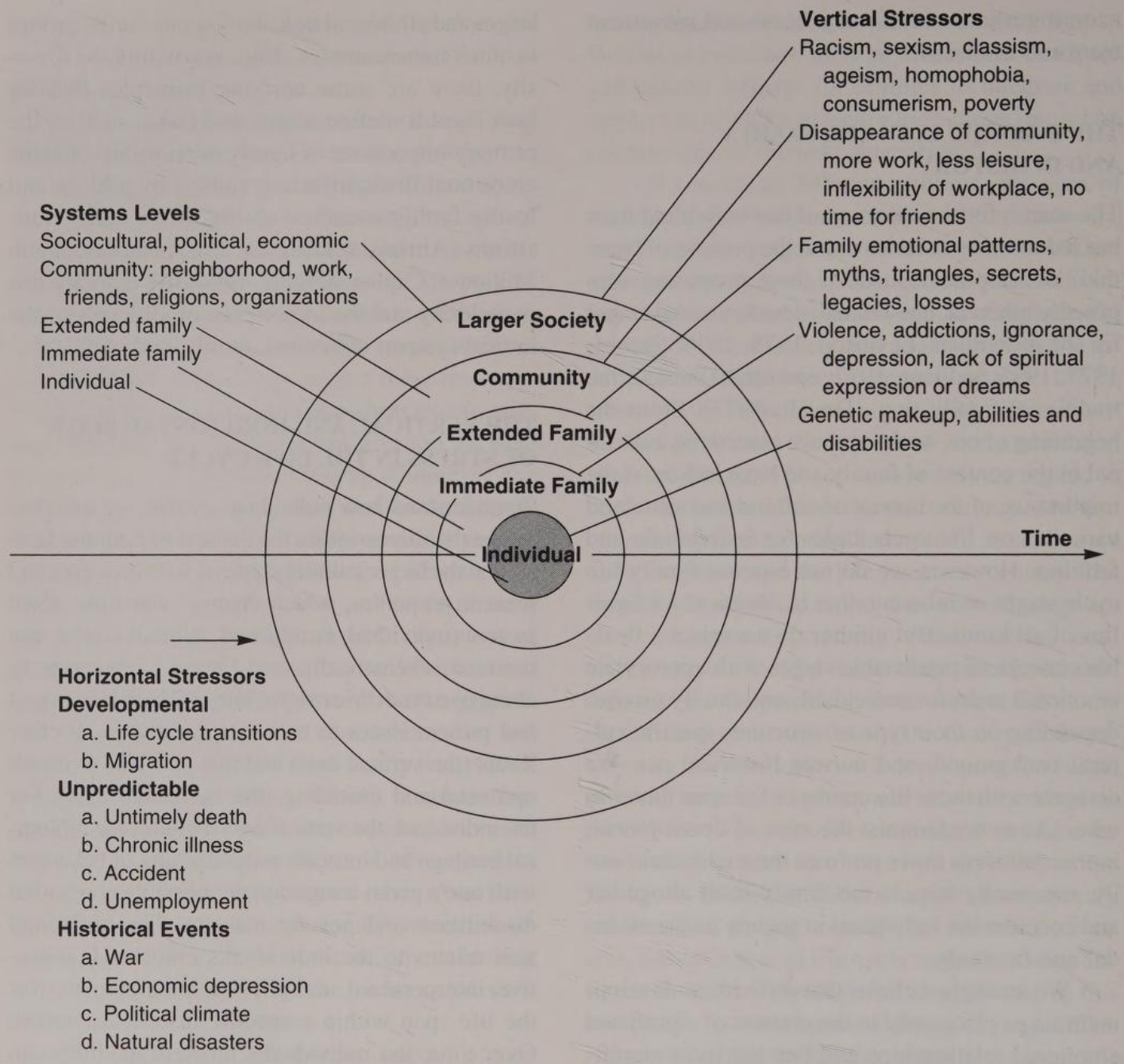

FIGURE 1.1 Flow of Stress through the Family

What we do with them is the question. The horizontal flow at a family level describes the family as it moves through time, coping with the changes and transitions of the family's life cycle. This includes both predictable developmental stresses and unpredictable events, the "slings and arrows of outrageous fortune," that may disrupt the life cycle process, such as untimely death, birth of a handicapped child, chronic illness, or job loss.

At a sociocultural level, the vertical axis includes cultural and societal history, stereotypes, patterns of power, social hierarchies, and beliefs, which have been passed down through the generations. A group's history, in particular the legacy of trauma in its history, will have an impact on families and individuals as they go through life (e.g., the Holocaust on Jews and Germans, slavery on African Americans and on slave-owning groups,

homophobic crimes on homosexuals and heterosexuals). The horizontal axis relates to community connections or lack of them, current events, and social policy as they affect the family and the individual at a given time. It depicts the consequences in people's present lives of the society's inherited (vertical) norms of racism, sexism, classism, and homophobia, as well as ethnic and religious prejudices, as these are manifested in social, political, and economic structures that limit the options of some and support the power of others.

ANXIETY AND SYMPTOM DEVELOPMENT

As families move along, stress is often greatest at transition points from one stage to another in the developmental process as families rebalance, redefine, and realign their relationships. Hadley and his colleagues (1974) found that symptom onset correlated significantly with the normal family developmental process of addition and loss of family members (e.g., birth, marriage, divorce, death). Walsh (1978) and McGoldrick (1977) both found that a significant life cycle event (death of a grandparent), when closely related in time to another life cycle event (birth of a child), correlated with patterns of symptom development at a much later transition in the family life cycle (the launching of the next generation). Such research supports the clinical method of Murray Bowen, 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 (Bowen, 1978). There is the strong implication that emotional issues and developmental tasks that are not resolved at appropriate stages will be carried along and act as hindrances in future transitions and relationships (see Table 1.1). Given enough stress on the horizontal, developmental axis, any individual family will appear extremely dysfunctional. Even a small horizontal stress on a family in which the vertical axis is full of intense stress will create great disruption in the system. The anxiety engendered on the vertical and horizontal axes where they converge and the interaction of the various systems and how they work together to support or impede one another are the key determinants of how well the family will manage its transitions through life. It becomes imperative, therefore, to assess not only the dimensions of the current life cycle stress, but also their connections to family themes and triangles coming down in the family over historical time. Although all normative change is to some degree stressful, when the horizontal (developmental) stress intersects with a vertical (transgenerational) stress, there tends to be a quantum leap in anxiety in the system (Carter, 1978). To give a global example, if one's parents were basically pleased to be parents and handled the job without too much anxiety, the birth of the first child will produce just the normal stresses of a system expanding its boundaries at the present time. On the other hand, if parenting was a problem in the family of origin of one or both spouses, and has not been dealt with, the transition to parenthood may produce heightened anxiety for the couple. Even without any outstanding family of origin issues, the inclusion of a child could potentially tax a system if there is a mismatch between the child's temperament and the parent's. Or if a child is conceived in a time of great political upheaval that forces a family to leave its roots and culture and migrate to another country, the child's birth may carry with it unresolved issues.

In addition to the anxiety-provoking stress that is inherited from past generations and the stress that is experienced in moving through the family life cycle, there is, of course, the stress of living in a given place at a given time. Each cohort, or group born at a given time in history, that lives through various historical and sociocultural experiences at the same life cycle phase, is to an extent marked by its members' experiences. The World War II generation and the baby boomers are examples of this effect. However, we must also pay close attention to the enormous anxiety generated by the chronic unremitting stresses of poverty and discrimination, especially as the economic and racial divide in our society widens (West, 1993). And at the end of the twentieth century, as the conservative crusade for so-called family values intensifies, it becomes necessary to evaluate the stress for families, especially

women, that is caused by the relentless criticism of working mothers; the attacks on abortion rights; and the stigmatizing of divorce, gay and lesbian families, and unmarried mothers and their children.

THE CHANGING FAMILY LIFE CYCLE

Within the past few decades, the changes in family life cycle patterns have escalated dramatically, owing especially to the lower birth rate; the longer life expectancy; the changing role of women; very high divorce and remarriage rates; the rise of unmarried motherhood, unmarried couples, and single-parent adoptions; the increased visibility of gay and lesbian couples and families; and the increase in two-paycheck marriages to the point where they are the American norm. While it used to be that child-rearing occupied adults for their entire active life span, it now occupies less than half of the adult life span prior to old age. The meaning of family has changed drastically, but there is no agreed-upon definition. The changing role of women is central to these shifting family life cycle patterns. Seventy percent of working-age women are in the workforce. Even women who choose primary roles of mother and homemaker must now face an "empty nest" phase that equals in length the years devoted primarily to child care. Perhaps the modern feminist movement was inevitable, as women have come to need a personal identity. Having always had primary responsibility for home, family, and child care, women necessarily began to struggle under 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 women have been the most prone to symptom development at life cycle transitions. For men, the goals of career and family are parallel. For women, these goals conflict and present a severe dilemma. 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, whose role has been to bear emotional responsibility for all family relationships at all stages of the life cycle (Chapter 6).

Men's roles in families are also beginning to change (see Chapter 7). They are participating more in child care (Levine, 1993) and housework (Barnett & Rivers, 1996), and many are realizing, in their minds if not always in action (Hochschild, 1989, 1997), that equality and partnership (Eisler, 1987) are a sensible ideal for couples. Michael Kimmel, a sociologist and spokesman for the National Organization for Men Against Sexism, holds out to men the ideal of "democratic manhood," which "requires both private and public commitments—changing ourselves, nurturing our relationships, cherishing our families, to be sure, but also reforming the public arena to enlarge the possibilities for other people to do the same" (1996, p. 334). Kimmel 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 & Mosmiller, 1992; Kimmel, 1995).

Another major factor affecting all families at one time or another is the break in cultural and family continuity created by migration (Chapter 10; Sluzki, 1979). This break and its repercussions throughout family relationships affect family life cycle patterns for generations. An enormous number of Americans have immigrated within the past two generations.

Thus, overall, our paradigm for middle-class American families is currently more or less mythological, relating in part to existing patterns and in part to the ideal standards of the past against which most families compare themselves.

It is imperative that therapists at least recognize the extent of change and variations in the norm that are now widespread and that we help families to stop comparing their structure and life cycle course with that of the family of the 1950s. While relationship patterns and family themes may continue to sound familiar, the structure, ages, stages, and culture of the American family have changed radically.

It is time for us professionals to give up our attachments to the old ideals and to put a more positive conceptual frame around what is: two-paycheck

marriages; permanent single-parent households; unmarried, remarried, and gay and lesbian couples and families; single-parent adoptions; and women of all ages alone. It is past time to stop thinking of transitional crises as permanent traumas and to drop from our vocabulary words and phrases that link us to the norms and prejudices of the past, such as broken or fatherless homes, children of divorce, out-of-wedlock children, and working mothers.

THE EXPANDED FAMILY LIFE CYCLE: INDIVIDUAL DEVELOPMENT

Part of the pull that family therapists feel to revert to psychoanalytic thinking whenever the individual is under consideration comes from the fact that our models of individual development have been built on Freud's and Erikson's ideas of psychosocial development. Compared to Freud's narrow focus on body zones, Erikson's (1963, 1968) eight stages of human development which have clearly been equated with male development; (Broverman et al., 1972) are an effort to highlight the interaction of the developing child with society. However, what Erikson's stages actually emphasize are not interdependence and the connectedness of the individual in relationships, but rather 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 formulation 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 autonomy supposedly in preparation for an adulthood of intimacy, caring, and wisdom—expresses exactly what we believe is wrong with male socialization as it is still practiced today in the belief that this is normal human development.

Although there has always been a "his" and "hers" version of development, until recently (Dinnerstein, 1976; Gilligan, 1982; McGoldrick, 1989; Miller, 1976), only the former was ever described in the literature. Most male theoreticians, such as Freud, Kohlberg, Erikson, and Piaget, tended to ignore female development or subsume it under male development, which was taken as the standard for human functioning (Broverman et al., 1972; Notman, Klein, Jorden, & Zilbach, 1991; Tavris, 1992). Separation and autonomy have been considered the primary values for male development, the values of caring and attachment, interdependence, relationship, and attention to context being primary in female development. However, healthy development requires finding an optimal balance between connectedness and separateness, belonging and individuation, accommodation and autonomy. 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 relationship to others, and the notion of complete autonomy is a fiction. Human beings cannot exist in isolation, and the most important aspects of human experience are relational.

Most developmental theorists, even those who have been feminist, have espoused psychodynamic assumptions about autonomy and separation, overfocusing on relationships with mothers as the primary factor in human development. They have assumed that masculine identity is achieved by separating from the mother and feminine identity through identification and attachment to her. Silverstein (1994) and Gilligan (quoted in Norman, 1997) effectively challenge this assumption that male development requires separating from one's mother. Gilligan (1982) critiques Piaget's conception of morality as being tied to the understanding of rights and rules and suggests 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 (see Chapters 2 and 7). Eleanor Maccoby (1990) and Jean Baker Miller (1976) have tried to expand 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.

Developing a schema that would enhance all human development by including milestones of both autonomy and emotional connectedness for both males and females from earliest childhood has drawn us, not surprisingly, to the work of those whose perspectives go beyond white male development. These include Hale-Benson (1986), who explored the multiple intelligences and other developmental features she identified in African American children; Almeida, Woods, and Messineo (1998), who have been articulating a broad-based cultural conception of human development; Comer and Poussaint (1992), who have factored racism and its effects into their blueprint for development of healthy black children; Ian Canino and Jeanne Spurlock (1994), who outline 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 both males and females from all cultural groups. Borysenko's outline reflects the human need for responsible autonomy, which recent decades have granted in some measure to females, and emphasizes the importance of understanding interdependence, a concept that girls and children of color learn early but that is ignored in traditional male development.

CONTEMPORARY FAMILIES

It is high time we gave up on our traditional concept of family and expanded our very definition of the term. As Johnetta Cole (1996) has put it:

> *No one family form—nuclear, extended, single-parent, matrilineal, patrilineal, fictive, residential, nonresidential—necessarily provides an environment better for humans to live or raise children in. Wife beating, child abuse, psychological terror, material deprivation and malnutrition take place in each of those family forms. And our responsibility, whether single parents or coparents or no parents at all, is to do all in our power to help create a healthy nonoppressive family environment for every living human being. (p. 75)*

Families have many forms: multigenerational extended families of three or four generations, gay or lesbian couples and children, remarried families with shifting membership of children who belong to several households, single-parent families, families consisting of brothers and/or sisters or aunts and nieces, unmarried partners and their children and possibly a parent or an unmarried sibling of one. Yet, however much we accept the idea that family diversity exists, our society still tends to think of "family" as meaning a heterosexual, legally married couple and their children. This family form is taken all too frequently as the ideal against which all other family forms are judged and found wanting (McCarthy, 1994). All other family forms, which former President of the Republic of Ireland Mary Robinson has termed "unprotected families" (Burke, 1991), require our special consideration. Their history and family experience have been invalidated (McCarthy, 1994).

The backlash forces in our society use code terms such as "family values" to imply that traditional nuclear families are the only valid families. We must resist such insidious definitions and insist on a more inclusive definition of family and family values.

Contemporary families may consist of traditional nuclear families or many other kinds of immediate family households with or without children: single divorced parents, single unmarried parents, remarried families, unmarried partners, gay or lesbian partners, single adults, or widows or widowers, whose other family members may live in other households. Most of these families live in more than one household; divorced, remarried, and unmarried families may have ex-spouses and/or children who visit periodically. If parents live separately, we regard children as emotionally members of both households, regardless of the legal custody arrangements, what Ahrons (Chapter 23) calls the "binuclear family." This is in keeping with our belief that divorce restructures but does not end the family.

Dilworth-Anderson, Burton, and Johnson (1993) have contributed a thoughtful analysis of the impossibility of understanding families of color by using the rigid perspective of the nuclear family model: "Important organizing, relational bonding

of significant others, as well as socialization practices or sociocultural premises are overlooked by researchers when the nuclear family structure is the unit of analysis" (p. 640). They discuss the important ways in which social support networks within the Black community serve as a buffer against a discriminating environment. They call for a broadening of ideas of what constitutes a family and its positive characteristics to allow for "culturally relevant descriptions, explanations, and interpretations of the family." They argue for the importance of a life-course 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, and because it represents a dynamic approach to the study of family lives by focusing on the interlocking nature of individual trajectories within kinship networks in the context of temporal motion, culture, and social change. A life cycle framework thus "offers the conceptual flexibility to design conceptual frameworks and studies that address a variety of family forms in culturally diverse contexts" (p. 640).

Indeed, the separation of families into generational subsystems, referred to as the "nuclear" and the "extended" family, creates artificial separation of parts of a family. Extended family may live in many different geographic locations, but they are still family. Adding or subtracting members in the family is always stressful, and the stress of restructuring in the extended family because of divorce, death, or remarriage adds to the normative stress of the immediate family's task of dealing with whatever family patterns, myths, secrets, and triangles make up the emotional legacy from the family of origin.

OUR LIFE CYCLES UNFOLD IN THE CONTEXT OF THE COMMUNITY OF OUR CONNECTEDNESS

Community also represents multiple levels of the human system, from the small face-to-face neighborhood, group, or local community to the larger cultural group, to the nation, and then to our increasingly "global" society. All these levels have an enormous impact on the individuals and families under their sway.

There is an African saying, "If I don't care for you, I don't care for myself," which expresses the African sense that our identity is bound up in our interrelatedness to others (see Chapter 19). This is the essence of community defined as the level of interaction that bridges the gap between the private, personal family and the great impersonal public sphere. During the "me-first" 1980s, in a whirlwind of corporate speculation and reckless disregard for the commonweal, of massive deindustrialization and urban instability, American communities were blown apart. Women, who had for generations done the unpaid work of keeping their families connected to the community had themselves joined the workforce, many for economic survival, and nobody has yet replaced them. This loss is devastating for individuals and families alike and is a loss of the spiritual sense of belonging to something larger than one's own small, separate concerns. With our ever greater involvement in work, time for anything "unnecessary" has disappeared, so many people have no time for church or synagogue, friends or dinner parties, the PTA or the children's school, political action or advocacy. They seem lost in the scramble to survive in a tense, high-wired, violent time that rewards nothing but the individual acquisition of power and money (Carter, 1995).

Shaffer and Amundson (1993), in a chapter entitled "A Return to Community, but Not the Kind Your Grandparents Knew," define 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. It is important to remember that many traditional communities were and are repressive as well as secure, exclusionary as well as supportive of their members, and then only as long as members conform to community norms.

Webs of friendship and collective association, however, are woven deliberately and can be severed. Our social networks are no longer a given. We must, as economist Paul Wachtel (1989) says, find our own place in a social network that is no longer given to us to the degree that it was in the past. "We have no reserved seats. We must win our place" (p. 62). Wachtel suggests that our commitment to consumption is, in fact, an increasingly desperate attempt to replace our old sense of community and security with things. Amitai Etzioni (1997), one of our leading theorists on the subject of community, holds out a vision of community grounded in dialogue rather than fundamentalist censorship. Community in our lives can provide the best antidote to violence and anomie in our society and our best hope of an alternative to consumerism as a way of life.

THE LARGER SOCIETY

This is the largest context that has direct impact on our daily lives. In peacetime, this means the United States as a whole with its laws, norms, traditions, and way of life. In wartime, of course, and in pursuit of global markets, the context grows larger than one nation, and environmentally, the context for everyone is "spaceship earth." But for our purposes, we will consider here the culture of the United States at the close of the twentieth century and the dawn of the twenty-first. It is not a pretty sight. Mary Pipher (1994) says, "It became clearer and clearer to me that if families just let the culture happen to them, they end up fat, addicted, broke, with a house full of junk, and no time" (quoted in Simon, 1997, p. 29). Robert Bly (1996) says that contemporary society has left us with spiritual flatness with the talk show replacing the family, the internet instead of art, and the mall instead of community. Paradoxically, the American people, resented and envied throughout the world for our luxurious though vacuous way of life, are among the most religious, though not necessarily spiritual, people in the world (Mason, 1997). However extreme we may think or hope these comments are, there is the ring of truth in them.

Therapists could have a meaningful role here, encouraging clients to express their ideas about the meaning of family and asking whether they are living according to their own values and ideals. But we have been trained to avoid topics that smack of religion or even philosophy, and after millennia of holistic approaches to healing by the doctors of preindustrial cultures, we try to keep physical, emotional, and spiritual healing separate (Butler, 1990). But we pay a price for our arbitrary divisions, and so do our clients: depression, cynicism, anomie, despair and a culture of drugs, both recreational and medicinal.

How did we become one of the world's most class-stratified nations, with seemingly impenetrable walls between people of different status? The overclass lives in gated communities (where the emphasis is on security, not community), the underclass lives behind prison bars, on the street, or in cell-like corners of the ghetto; and everyone in between is confused about what is going on. The gap between rich and poor continues to widen. The U.S. Census Bureau reported in the fall of 1997 that in the previous year, median family incomes rose and Black and Latino poverty rates fell. However, closer examination revealed that incomes rose because more wives worked and men and women worked more hours. The gap between men's and women's pay increased again, and the poorest 20 percent of the population showed no increase in income (*New York Times,* Sept. 15, 1997). The extreme division between the haves and have-nots may be attributable to the change of rules in the larger society in the 1980s, such as changes in the tax code for individuals and corporations, excessive CEO salaries, the decline of unions, and the plunge into global competition (Yeskel, 1997). The antidote to social injustice, as Yeskel (1997) emphasizes, is political and social action.

We are all part of the problem. The political climate may exist in spite of us, but the properties of the system cannot be maintained unless the people in the system maintain them. If they begin to change their values and assumptions, they will begin to change the system as well (Wachtel, 1989). Galbraith (1996) reminds us that the poor don't

vote and that great political victories can be won with a small percentage of eligible voters. He says that if concerned citizens brought the poor into the system, things would change as politicians sought to please the voters. When was the last time any of us asked a poor client whether he or she planned to vote? When was the last time we discussed social or political action with a middle-class client? We have to remind ourselves and our clients that if we limit our efforts to personal and family change within an unchanged larger society, we are helping to preserve the status quo.

In recent years, as economic pressures and uncertainties have grown and sources of support and inspiration have dwindled, a new trend has appeared among the well-to-do: to redefine success on a slower track and deliberately construct a simpler life (Saltzman, 1992). Although many of us resist "downshifting," even though "success" is killing us, it can be exactly the intervention that prevents a divorce and/or reacquaints family members with each other (Carter & Peters, 1997).

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

THE CHANGING STRUCTURE OF FAMILIES

Various studies by the U.S. Census Bureau (1996 and others) report that shifts in family structure leveled off in the 1990s as those changes became embedded in the culture:

- The percentage of single-person households rose from 17 percent to 25 percent, many of them elderly women (Bryson, 1996). The number of never-married men and women doubled or tripled in various age groups since 1970; for example, among people 35 to 39 years old, the rate more than doubled for women (from 5 percent to 13 percent) and tripled for men (from 7 percent to 19 percent).
- Single-parent families headed by women rose 12 percent (to 12.2 million) and those headed by men also rose 12 percent (to 3.2 million). The steepest rise is among white women (Roberts, 1994).
- The nuclear family (married couples with children under 18) shrank from 40 percent in 1970 to 25 percent of all households in 1996. About 50 percent of American children live in nuclear families.
- In nuclear families with children under age 6, 60 percent of mothers and 92 percent of fathers work.
- The majority of unwed mothers are poor and uneducated, but there are never-married mothers at every income level. Teenage pregnancy rates are dropping. Fewer than one third of single mothers are teenagers. The fathers of most children born to teenagers are over 20 years old (Coontz, 1997).
- Birth rates vary according to the mother's education, age, race, and ethnicity. The highest rates are among women in their twenties with the least education. Latino women had a higher birth rate than non-Latino black or white women in every educational category (National Center for Health Statistics, 1997).
- Of the 25 percent of children who live with one parent, 37 percent live with a divorced parent and 36 percent live with a never-married parent (Saluter, 1996).
- The number of unmarried couple households grew from half a million in 1970 to almost 4 million in 1994. About one third had children under age 15 at home.
- The median age of first marriage rose from 20.8 for women and 23.2 for men in 1970 to 24.5 for women and 26.7 for men in 1994.
- Three fourths of welfare recipients leave welfare within two years, but the instability of jobs

and lack of child care often drive them back. Only 15 percent stay on welfare for five consecutive years. The majority of welfare recipients are white.

- The divorce rate, after doubling between 1960 and 1990, stabilized in the mid-1990s at about 46 percent (Bryson, 1996).
- Between 1970 and 1990, the rate at which people remarry after divorce dropped considerably. Currently about two thirds of divorced women and three fourths of divorced men remarry.
- After divorce, 64 percent of women and 16 percent of men report an improvement in psychological health. Divorced men have three to four times the mortality rate of their married peers.
- Within a year after divorce, 50 percent of fathers have virtually lost contact with their children. About two fifths of divorced men do not pay any child support (Bruce, Lloyd, & Leonard, 1995), and on the average men pay more for their car payments than they do for their child support payments.
- Remarried families are among our most common family structures; 20 percent of children live in stepfamilies.
- Second marriages break up more frequently than first marriages do. They also break up sooner—after an average of four rather than seven years (Norton & Miller, 1992).
- "Co-provider" marriages, in which the wife contributes 30–70 percent of the family income, are now the American norm and the major model for young couples (Smock and Dechter, 1994). Although women generally earn less than their husbands, 23 percent earn more than their husbands. Typically, wives manage the money but husbands control it.
- In two-parent families, men do about one third of the housework and less child care, even when both parents work at outside jobs (Barnett & Rivers, 1996).
- Americans age 65 and older make up about 13 percent of the nation's population but account for about 20 percent of all suicides, probably because of chronic illness and/or social isolation. Men account for 81 percent of elder suicides (Centers for Disease Control and Prevention, 1996).

It is difficult to get accurate numbers and information about gays and lesbians and their families because of the stigma attached to these identities. However, researchers in the gay and lesbian community provide extremely useful information (see Chapters 15 and 20). Family researchers (e.g., Gottman, 1994; Patterson, 1992) have confirmed findings of normal adjustment for children in gay and lesbian families. One study compared three groups of adult women: one group raised by single, divorced, heterosexual mothers; one group raised by remarried heterosexual mothers; and one group raised by mothers in lesbian couples. No significant differences were found. The largest problem of children in gay and lesbian families is the hostility or ridicule in the outside world (Coontz, 1997).

The changing American family structure should be put in the context of similar changes occurring worldwide and at every economic level: vastly increased divorce rates, the rise of single parent families, two-income households, an increase in work time, especially for women, and high rates of unwed childbearing. In Northern Europe, for example, one third of all births are to unwed mothers (Bruce et al., 1995). As researcher Frank Furstenberg has said, "The mainspring of the worldwide change probably has to do with the economic status of women and changes in the gender-based division of labor" (*New York Times,* May 30, 1995). Experts have expressed hope that the universality of family change will bring about new thinking on social policy.

MULTICULTURALISM

Racial and ethnic diversity are a fact in the United States. In the mid-1990s, with a population of 262 million, there were 73.6 percent European whites, 12 percent African Americans, 10 percent Latinos, and 3.3 percent people of Asian ancestry. In the

1990 census, there were 1.5 million interracial couples with 2 million children, a total that had doubled in the 1960s, tripled in the 1970s, and slowed somewhat in the 1980s. However, projections are that by the 2050s, Whites will hardly be a majority, while Latinos will rise to about 25 percent, the Black population will remain stable at 12 or 13 percent, and Asians will rise to about 8 percent. The overall U.S. population will have risen to 394 million by that date. Such changes will immediately present a host of new issues. For example, if, as projected, Whites will make up fewer than half of those under age 18 but three fourths of those over age 65, what will happen to the amounts of money allotted to public education and to Social Security or Medicare? How will the composition of Congress, now almost entirely white and male, change? We should be alert for more and more backlash against families of color as these projections become more widely known.

THE POLITICAL AND ECONOMIC SYSTEM

As John Kenneth Galbraith (1996) has said, the political dialectic in the United States used to be between capital and labor, between employer and employee, but now the struggle is between the rich (and those aspiring to be so) and the poor, unemployed and those suffering from racial, age, or gender discrimination. Our democracy has become, in large measure, a democracy of the fortunate.

The role of government is disputed. For the poor, the government can be central to their well-being and even survival. For the rich and comfortable, the government is a burden, except when it serves their interests as in military expenditure, Social Security, or the bailout of failed financial institutions. The United States has the widest gap between the rich and poor of any industrialized nation in the world. In 1989, the top 1 percent of American households owned nearly 40 percent of the nation's wealth. The top 20 percent owned more than 80 percent and this gap has continued to grow (Galbraith, 1996).

We believe that this state of affairs—rich versus poor—marks the end of the "American dream," which promised upward mobility in exchange for education and hard work. Now, the poor are not given access to adequate education, technical training, or any but dead-end jobs. We who have lost the will to make the dream possible pay an unacknowledged price in increased cynicism and despair and a loss of pride in the unstable and violent world we are leaving to our children and grandchildren, for which we blame the poor.

THE AMERICAN FAMILY OF THE FUTURE

According to Gillis (1996),

> *If history has a lesson for us, it is that no one family form has ever been able to satisfy the human need for love, comfort, and security.... We must keep our family cultures diverse, fluid, and unresolved, open to the input of everyone who has a stake in their future.... Our rituals, myths and images must therefore be open to perpetual revision, never allowed to come under the sway of any orthodoxy or to serve the interests of any one class, gender or generation. We must recognize that families are worlds of our own making and accept responsibility for our own creations. (p. 240)*

The most important determinants of the future will be our handling of the issues of the present: the support that we, as a society, give or don't give to family diversity in structure and culture and to the aspirations of the poor to give a better life to their children. Work is a big problem waiting to be solved: too much of it for some, not enough for others, and the need to provide good-quality child care for all the children on whom the future rests. Adequate education and health care are needed for them and their parents, and a commitment of a society with relatively fewer young people to pay the medical bills and Social Security of an increasing aging population. We need men to join actively in the search for family-friendly solutions. Serious human and ethical issues loom—the echoes of life and death—as reproductive technology heads toward genetic engineering and human cloning at one end of life and the push for physician-assisted suicide proceeds at the other end. For two centuries, our political discourse and changes have been

about individual "rights." Perhaps in the twenty-first century, we will remember "interdependence."

Family therapists are in a unique position to help families leave behind their worn-out images and blueprints for the good life and embrace what is actually happening to make it work for them. First, of course, we must work at this in our own lives and with our colleagues.

CLINICAL IMPLICATIONS: THE MULTICONTEXTUAL FRAMEWORK

The multicontextual framework (Carter, 1993) shown in Table 1.2 is a model of couple and family assessment to assist clinicians in the work of including the relevant issues at all levels of the system in our clinical thinking and treatment. Our intent is to make an enormous amount of information manageable and clinically relevant without diminishing its complexity. This guide is meant to be suggestive and is always subject to clinical judgment for a particular case.

The use of a genogram to identify and track patterns, resources, and problems over the generations cannot be overemphasized. The genogram, a three- or four-generation map of a family, is a major tool for organizing the complex information on family patterns through the life cycle (McGoldrick, 1995; McGoldrick, Gerson, & Schellenberger, 1998). Neither of us ever sits down with clients without their genogram in hand. Doing a genogram is not a one-session task, but a perpetual exploration. Cultural genograms (Congress, 1994; Hardy & Laszloffy, 1995; McGoldrick, Giordano, & Pearce, 1996) map a family's race, ethnicity, migration history, religious heritage, social class, and important

TABLE 1.2 Multicontextual Framework

THE INDIVIDUAL	IMMEDIATE HOUSEHOLD	EXTENDED FAMILY	COMMUNITY AND SOCIAL CONNECTIONS	LARGER SOCIETY
• Age • Gender roles and sexual orientation • Temperament • Developmental or physical disabilities • Culture, race, ethnicity • Class • Religious, philosophical, spiritual values • Finances • Autonomy skills • Affiliative skills • Power/privilege or powerlessness/ abuse • Education and work • Physical or psychological symptoms • Addiction and behavioral disturbances • Allocation of time • Social participation • Personal dreams	• Type of family structure • Stage of family life cycle • Emotional climate • Boundaries, patterns, and triangles • Communication patterns • Negotiating skills • Decision-making process	• Relationship patterns • Emotional legacies, themes, secrets, family myths, taboos • Loss • Socioeconomic level and issues • Work patterns • Dysfunctions: addictions, violence, illness, disabilities • Social and community involvement • Ethnicity • Values and/or religion	• Face-to-face links between individual, family, and society • Friends and neighbors • Involvement with governmental institutions • Self-help, psychotherapy • Volunteer work • Church or temple • Involvement in children's school and activities • Political action • Recreation or cultural groups	• Social, political, economic issues • Bias based on race, ethnicity • Bias based on class • Bias based on gender • Bias based on sexual orientation • Bias based on religion • Bias based on age • Bias based on family status (e.g., single parent) • Bias based on disability • Power and privilege of some groups because of hierarchical rules and norms held by religions, social, business or governmental institutions • How does a family's place in hierarchy affect relationships and ability to change?

cultural issues. A family chronology (listing the events of family history in chronological order) and a sociogram, a map of the social network of a person or family, are other useful tools to use for family assessment (Hartman, 1995; McGoldrick et al., 1998). The Person-In-Environment classification system is a useful diagnostic system that emphasizes conceptualizing the person in context. This assessment tool for problems in social functioning is social work's answer to the DSM (Karls & Wandrei, 1994).

Overall, we urge clinicians to go beyond the clients' presenting problems to discuss their values and dreams. Encourage them to reflect about their real lives as they are actually leading them: Is my life meaningful? Do my relationships work? Am I teaching my children what they need to know? Do I like my work? Do I care about money too much or not enough? Is my life balanced? Do I have caring connections to my family and to others? Am I contributing to anyone in life? Do I belong?

The following information can be gathered in a structured assessment or as it emerges over several sessions. It is obviously important to develop a method of gathering all relevant information sooner rather than later.

ASSESSING INDIVIDUAL DEVELOPMENT

Any assessment requires consideration of the following issues for each individual:

- *Age.*
- *Gender roles and sexual orientation.* It is important not only to clarify the individual's sexual orientation and general attitude about gender roles, but also to see how these fit with those of others in the family and community.
- *Temperament.*
- *Developmental or physical abilities or disabilities.* These may include learning disorders, developmental lag, high intelligence, or musical talent, among other things.
- *Culture, race, and ethnicity: sociocultural background and values.* How does the client relate to his or her sociocultural situation, whether with pride or discomfort? How does he or she handle negativity of the larger society, if applicable? How might those values influence the current situation?
- *Class.* Class is a combination of culture, education, wealth, and social status; it is also determined by the culture, education, wealth, employment and the social status of the marital partner. Class mobility is a major factor in family relationships, often creating unacknowledged tension, isolation, and loss for family members. Clarify the client's class status in relation to others in the family and community.
- *Religious, philosophical, and spiritual values.* What are client's beliefs about the meaning of life, death, life after death, God, concern for those less fortunate, and belief in something larger than him/herself?
- *Finances.* What are the yearly income, each client's level of control over income, child support payments, level of debt, number of people the client supports.
- *Autonomy skills.* For example, is the client free to make independent choices? Is the client assertive? Does the client believe that his or her ideas and wishes are heard?
- *Affiliative skills.* Does the client have friends and confidants? Does the client initiate social contacts or share doubts and dreams with anyone? How developed is his or her level of empathy? What are the extent and depth of the client's friendship and intimate network? Does the client have the ability to work collaboratively as well as independently?
- *Power/privilege or powerlessness/abuse.* Does the client have psychological power, physical power, and financial resources in relation to his or her life, family members, or community? Any indications of abuse should be assessed immediately.
- *Education and work.* What are the client's income and control of work, level of education, educational values, skills, and talents?
- *Physical or psychological symptoms.* Such symptoms include sleep disturbance and mood disorder.

- *Addictions and behavioral disturbances.* These include alcohol, drugs, food, gambling, or debt.
- *Allocation of time.* What amounts of time are spent at work, with family, on the self, in child care, on housework, on leisure, or in caretaking of others?
- *Social participation.* Explore the client's friendship network and membership in community organizations.
- *Personal dreams.* What are the client's wishes for life and degree of pursuit or fulfillment of them?

All these individual factors can influence family relationships at any phase of the life cycle and should be carefully assessed.

ASSESSING THE IMMEDIATE FAMILY HOUSEHOLD(S)

Assessment of this level includes exploration of the following:

- *Type of family structure.* For example, if the household consists of a single parent or single person, extra attention should be paid to the person's friendships and community connections. If the client has been divorced or remarried, attention should be paid to communication and relationships with the ex-spouse, especially if there are children.
- *Normative tasks at their stage of the family life cycle.*
- *Emotional climate within the family.* The emotional climate may be intimate, disorganized, unpredictable, emotional, tense, angry, cold, or distant.
- *Boundaries, patterns, and triangles.* These include marital, parent/child, and sibling relationships and relationships with other family members or caretakers.
- *Communication patterns.* These include decision making (authoritarian, egalitarian, casual, rigid) and negotiation skills and intimacy.

ASSESSING THE EXTENDED FAMILY

Any family assessment should include consideration of multigenerational issues that may be influencing the immediate situation. These include the following:

- *Relationship patterns.* These may include cutoffs, conflicts, triangles, fusion, or enmeshment.
- *Emotional legacies, themes, secrets, family myths, taboos.* These include beliefs such as that money is everything, or that upward mobility is essential.
- *Loss.* These may include ghosts and unresolved, traumatic, untimely, or recent losses.
- *Socioeconomic issues.* These include class, ethnicity, migration history and cultural change, religious and spiritual values, income, beliefs, and prejudices.
- *Work patterns.* These include belief in working to live or living to work, hopelessness about finding meaningful work, and extreme ambition.
- *Dysfunctions.* These include addictions, violence, chronic illness, and disabilities.
- *Social and community involvement.*

Exploring the extended family is not like filling out a form. The therapist should track the antecedents of the presenting problems by asking dynamic relationship-oriented questions such as How did your parents react when you adopted a child of a different race? What attitudes have they expressed about African Americans? Is anyone else in the family interracially married or adopted? Did they know that you had fertility problems? Have you and your mother had the only conflictual mother-daughter relationship in the family? How did she get along with her mother? How did her sisters get along with their mother?

The relevance of the extended family is not limited to the past. This is a current and supremely significant emotional system, whether or not family members acknowledge that and even if they are not speaking to each other.

ASSESSING THE FAMILY'S COMMUNITY AND SOCIAL CONNECTIONS

Assessing families' connections to work, friends, and their broader community is essential to under-

standing their problems and to figuring out strategies for intervention. Very often, our interventions need to involve helping families to increase their contextual supports. This is especially important for populations that tend to be isolated, such as divorced men, the widowed elderly, and single parents. We must realize that families cannot be successful in a vacuum or without positive linkages to the wider social system. Areas to assess include the following:

- *Links between the individual, the family, and society.* Is it a buffer or a social stress?
- *Friends and neighbors.*
- *Community supports and connections.* These include religious groups and groups formed around interests, sports, work, education, politics, culture, and the arts.
- *Involvement with government institutions.* This includes involvement with welfare, the legal system, immigration, the military, and entitlement programs such as SSI benefits, Medicare, and Medicaid.
- *Self-help, psychotherapy.* This may include Alcoholics Anonymous, and other 12-step programs.
- *Volunteer work.* This includes work for church and temple groups, the Rotary Club, the American Legion, the League of Women Voters, and other such groups.

Families often belong to formal or informal groupings, which meet for mutual activity and support. Such groups connect individuals and families to the larger society and buffer them from its stress. They may enhance our spirituality by connecting us to interests and purposes larger than our own; mitigate the impact of social inequities; and provide information, meaning, enrichment, mutual support, and joint action to the lives of its members. The powerful healing quality of such networks is probably a main reason why Alcoholics Anonymous and the other community-based self-help groups that have sprung from this informal networking system have developed worldwide standing as the most powerful intervention to combat addictions.

Community-level interventions have been recognized as essential within the social work field for more than 100 years. The Community Mental Health movement of the 1960s made great strides forward in attending to the community level of services to maintain family members' health and mental health. Unfortunately, the capitalistic, me-first, "not in my backyard" dismantling of communities and community services that has been going on since the 1970s has had far-reaching implications in terms of making the rich richer and the poor poorer. But we do not need to lose our own moral sense or our essential common sense awareness of what is obviously in the best interest of families through the life cycle just because the dominant groups are trying to blind us to the common welfare of our whole society. And in spite of our hyperindividualistic times, some creative therapists are still daring to maintain their social perspective and challenge the dominant ideology. For example, Ramon Rojano, the Colombian-born Director of the Department of Human Services in Hartford, Connecticut, has made his agency a forum for doing community family therapy, which he sees as the answer to poverty and the key to restoration of the American dream. With a network of at least twenty community agencies and programs, he spreads hope and aspirations among the poor, combining family therapy with connecting clients to jobs, education, health care, parent education, political action groups, leadership training, and anything that will help them to take charge of their lives (Markowitz, 1997).

As another example of what is possible, Earl Shorris, an author (1997a) and a university professor in New York City, was given space and sponsorship by Jaime Inclan at the Roberto Clemente Family Guidance Center in New York to offer a broad-based course in the humanities to poor young people. The only requirements for the course were low income and the ability to read a tabloid newspaper. Shorris (1997b) says that he offered participants hope. He dared to be undaunted by their poverty and to provide them the best ideas available—what is taught at colleges such as Harvard and Yale. Using a curriculum of the classics ranging from Plato and Aristotle through political and moral philosophy, literature, poetry, original documents of U.S. history and more, he taught

them about the nature of political power, control over their own lives, and the ability to reflect and negotiate instead of only reacting instinctively. (This, of course, is the prime component of differentiation or emotional maturity as defined by Bowen, 1978.) Volunteer experts served as faculty, and the program offered field trips to museums, learning through Socratic dialogues, and a comprehensive exam at the end of the year-long course. Seventeen of the thirty-one youths who began the course completed it, and a year later, ten of these were attending four-year colleges on full scholarships (Shorris 1997b). This is a stunning example of how the poor can respond when they are given the advantages of the privileged.

Therapists can make a difference in large and small ways, even in our office practices. For example, Lascelles Black (1997), a Jamaican-born family therapist, does office therapy with the poor that spills over into the community, as he talks with his clients' lawyers, doctors, and welfare workers and attends clients' parties, weddings, and funerals. He describes himself as "a middle class advocate for people who have less access than I do." He talks to them about drugs and guns, asking whether they voted and whether they are taking their AIDS medication. Black's motto is: Take your opportunities when you find them; Never write anyone off; and Never underestimate family bonds of caring. Dusty Miller, a therapist in Northampton, Massachusetts, focuses her community efforts on therapists, working to mobilize them to take social and political action rather than submit to the restrictions of "mismanaged care" (Miller, 1996–97). She has organized volunteer therapists to provide free services to women survivors of violence who are not covered by any insurance, and part of this service is supporting the clients' demands for better health care. She mentors doctoral students who develop new, creative projects and encourages colleagues and students to speak out and write for lay audiences, not only professionals.

Even in middle-class office practice, we can speak to our clients about the benefits of their connection to groups within their communities, which is an important part of lifting the burden of expecting all things from marriage and family relationships. Such activities are an important part of giving back and thus fostering values that go beyond clients' immediate self-interest.

ASSESSING THE IMPACT ON CLIENTS OF HIERARCHY AND POWER INEQUALITY IN THE LARGER SOCIAL STRUCTURES OF SOCIETY

We are realizing increasingly that our assessment of families and our interventions must attend to the unequal ways that families are situated in the larger context so that we don't become part of the problem by preserving the status quo. Areas to assess include the following:

Current or Longstanding Social, Political, and Economic Issues

How have these become family problems? It is helpful to make a list of issues that you think have an impact on your locale, to help keep these issues in the forefront of your mind, since there are so many forces that would obscure them (McGoldrick, 1998). Such a list at the end of the twentieth century might include random violence, affirmative action, de facto school and neighborhood segregation, gay and lesbian adoption or marriage, welfare reform, abortion rights, prejudice against legal and illegal immigrants, health care and insurance, tax cuts, downsizing, social services to the elderly and other groups, cost and availability of infertility treatments, and physician-assisted suicide.

It is extremely important that we 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 can be directly connected with the social system. A lesbian couple came to therapy because of ongoing conflict between them. The major argument presented was that one of them was "neurotic and restless," always wanting to move to a different neighborhood, pressuring her partner ceaselessly. A thorough assessment revealed that the "neurotic" partner was a school-

teacher who feared, realistically, that she would be barred from teaching if her sexual orientation were reported to the school system. Therefore, she was extremely anxious about contacts with neighbors and very sensitive to indications that neighbors were puzzled about or suspicious of their relationship.

Bias against Race, Ethnicity, Class, Gender, Sexual Orientation, Religion, Age, Family Status, or Disability

How does a person, family, or group's place in these hierarchies affect family relationships and limit or enhance the ability to change? 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. Explicit discussion and strategies will also be needed to overcome the obstacles to change, which unaware therapists may blame on the client's "resistance."

A severely injured Irish American fireman and his Italian American wife came to therapy because of the wife's complaints about his drinking and depression. She also expressed great concern about family finances because his disability pay could not support them and their two young children. The therapist discovered that although the wife was a trained bookkeeper, the sexist norms of their ethnicities and class did not permit either of them to even consider one obvious solution: that the wife could get a full-time job while the husband stayed home with the children and planned or trained for whatever new work he would be able to do in the future. Not until the therapist explicitly addressed this and tracked the relevant attitudes about gender roles in their families of origin and in their friends and community network did the couple realize that they could choose a different set of beliefs about gender roles—and did so.

A middle-class African American woman and her husband entered therapy because of marital conflict, which her husband blamed on her depression. She agreed, saying that her depression was caused by her lack of progress at work, which she blamed on herself. Only after detailed questioning from the therapist did she come to believe that her supervisor's racism might be behind her poor evaluations. Encouraged by the therapist and her husband, she then discussed the issue with a higher-level manager and was transferred to a different supervisor, who subsequently promoted her. It is disconcerting to contemplate how many therapists might have suggested Prozac and explored her marriage and family of origin for the source of her depression and "poor work performance."

Power and Privilege Given to Some Groups over Others Because of the Hierarchical Rules and Norms Held by Religious, Social, Business, or Governmental Institutions

It is important to assess the level of awareness of those in privileged and powerful groups as to the nature of their position and its responsibilities. Because most people compare themselves with those "above" them, we don't let ourselves become aware that our privileges are at the expense of those below us in the hierarchy. But it is important to realize that sexism, classism, racism, homophobia,

anti-Semitism, and other prejudices are problems of the privileged groups, not of the oppressed, who suffer from the problems. Therefore, we need to find ways, *whether the issues are part of the presenting problem or not,* to raise the issue of racism with whites, sexism with men, classism with the well-to-do, homophobia with heterosexuals, and anti-Semitism or other religious prejudice with Christians. These are the groups who must change to resolve the problem.

We can ask: What community groups do you belong to? Is there diversity of membership? Is that because of exclusionary policies or attitudes? What are you doing about that? Do you belong to a church or temple or other religious organization? If so, do you agree with their attitude toward people of other religions? If not, why not? Do your children have friends of other racial and religious backgrounds? How are you preparing them for the rapidly increasing multiculturalism in our society? I notice your brother John has never married. Do you think he is gay? If he were, what would make it hard for him to tell the family? How did you and your wife decide on the allocation of household chores? How did you and your wife decide who should cut back at work to do child care? Are you ashamed of your son-in-law because he and his parents have less education and money than your family? You have much more education and money and social status than average. Are you aware of the power that gives you? How do you use it? Do you exercise your power to make a difference in social and political issues that concern you? What would it take for you to make time to do for others?

Asking such questions is obviously not enough, since these inequities are structured into our society and our consciousness at such a profound level that those of us with privilege have extreme difficulty becoming aware of this fact. Frederick Douglass has taught us that power concedes nothing without demand. We rarely become aware of or give up our privilege without pressure. But these questions are the beginning of such challenge, because they assert that the status quo is not necessarily acceptable to us or to our clients if we are pushed to think about such issues seriously.

The following are additional questions to help raise issues in routine couples and family therapy assessment:

1. Ask routinely exactly how much income each spouse earns or has access to. Inquire what effect a large disparity in income has on a couple's overall decision-making process. Ask who manages the money, who has veto power, how financial decisions are arrived at, whose name is on their assets. Find out the family's level of debt, exact number of credit cards, and number of people they support or expect to support in later years.
2. Challenge the expectation of middle- and upper-class women that they will be supported financially for life by their husbands.
3. Question a wife who plans to stay home with her children as to whether she is "economically viable"—that is, has enough money or skills to risk being a nonearner in a society with a 46 percent divorce rate, in which women are often left with inadequate resources to care for themselves.
4. Challenge the notion that work prevents greater involvement in the family or that a wife must be the primary parent or she is not a "good mother."
5. Explore the wife's work or career plans and the husband's fathering.
6. Ask what each spouse's ethnicity is. If they are of different races or ethnic backgrounds, ask what issues arise for them, their children, and their families of origin because of the differences. Ask—or think about—what impact their and your racial or ethnic values have on the presenting problem and its evaluation in therapy. Talk and think about the impact of racism on the lives of people of color and in the therapy.
7. Be aware that gender, race, class, and sexual orientation connect people to a more powerful or less powerful place in the operating hierarchies. Be alert to the ways in which racism, sexism, elitism, or homophobia are played out as couple or family problems.

8. When working with gay and lesbian clients, be aware of society's intense homophobia. Explore the impact of social stigma on gay and lesbian relationships and evaluate the wisdom or consequences of coming out in different contexts: work, family, church, or temple.
9. Be aware of the different value systems held by the different socioeconomic classes in the United States. For example, they have different approaches to gender roles, education, religion, and work. Be aware of the influence of your own value system when discussing these value-laden issues with the couple.
10. Ask how much time each parent spends with their children and how much time the couple has alone together. Explore their satisfaction with their sexual relationship and their method of negotiating differences of all kinds.
11. Ask specifically how child care and housework chores are divided between the couple and among the children. Note and comment when appropriate on whether these tasks are allocated according to traditional gender roles. Ask whether both spouses find involvement with children and task allocation to be fair and satisfactory.
12. Ask how much time each parent spends at work, how secure and satisfactory their work is, whether they control their own time at work, and whether they need to work as many hours as they do to support the family adequately.
13. Inform couples struggling with marital or divorce issues what the facts and statistics are in the larger society regarding alimony allocation, child support collection, contact between fathers and children, the divorce rate for first and subsequent marriages, and other factors relevant to their situation.
14. Ask routinely about clients' friendships and their neighborhood and community connections and include such reconnections in the work of therapy.
15. Help clients to think about the meaning of spirituality in their lives and what values make their lives meaningful to them. Encourage clients to consider changes that help them live according to their own values.
16. Connect all of the above issues from the sociocultural system by relating them to the presenting problem, and give them emotional relevance by exploring the impact of these issues on the client's family of origin.
17. The more we deal with these issues in our own lives, the easier it will be to notice and deal with them in clients' lives.

A METHOD OF INCLUDING THE SOCIOCULTURAL CONTEXT IN FAMILY THERAPY

Rhea Almeida and her colleagues in central New Jersey have organized a format for intervention that combines society, community, family, and the individual. Called the Cultural Context Model, it was originally designed for treatment of domestic violence but now covers a wide range of problems. Phase I of treatment consists of socioeducation groups in which film clips and readings are used to educate the clients about the power abuses of racism, sexism, classism, and homophobia. Men, women, and children are divided into separate "culture groups," in which sponsors, who have previously completed the program, help the clients to discuss their personal issues. Men are held accountable to others and prevented from emotional compartmentalizing. Women are empowered and prevented from overly focusing on guilt. Children are encouraged to explore their perceptions of race and gender, and adolescents also explore sexual orientation. Family therapy takes place in the separate groups for men and women, in family groups, and in individual family sessions, the basic idea being to establish a new norm of social accountability and support. All family problems are examined in the social as well as family of origin context. At the conclusion of therapy, family members are encouraged to give back by becoming sponsors and/or by educating community groups (e.g., police, schools, business groups) about racism, sexism, and homophobia (Almeida, Messineor, & Woods, 1998).

CONCLUSION

Families have always had problems. Adam and Eve disobeyed the landlord's rules and were evicted from their lovely estate. Adam immediately blamed Eve for luring him into it, and Eve said that the snake made her do it, showing how easily couple conflict follows social upheavals such as migration, homelessness, or unemployment. Having received a life sentence of hard labor for their infraction, their family remained under considerable stress and became quite dysfunctional. Eventually, one of their children killed the other. This put domestic violence on our first genogram and made an emotionally loaded issue out of the question of our responsibility toward others ("Am I my brother's keeper?"). Families have been struggling ever since to get it right. Of course, there is no one "right" way, but many strengths will always emerge from the effort. It is crucial that we validate and build on those strengths in every type of family that we encounter. This is the real meaning of family values.

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CHAPTER 2

SELF IN CONTEXT

THE INDIVIDUAL LIFE CYCLE IN SYSTEMIC PERSPECTIVE

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Like the concept of zero in mathematics, a concept of self is pivotal in organizing experience, useful as an idea as long as it is not mistaken for a thing. Yet, even though we regard the self as logically central to any way of experiencing the world, we are trained to look through it like a pane of glass, only noticing when it becomes blurred or cracked. The Western insistence on a separate self carries its own blindness, its own nonrecognition of necessary connection... The very self we set out to affirm can become a hostage to fortune.

—Mary Catherine Bateson (1994, p. 66)

REDEFINING THE DIMENSIONS OF HUMAN DEVELOPMENT

As Almeida, Woods, and Messineo (1998) have stated:

> *Human development evolves within the context of our social roles, which are* fundamentally *organized and bounded by our position within the class, gender, racial and cultural structure of our society.... Traditional theories of child development have overfocused on discrete tasks and stages in the evolution of a self, defined primarily by a child's level of achievement and autonomy.*

This paper challenges traditional Western formulations of human development, which have begun with the individual as a psychological being and defined development as growth in the human capacity for autonomous functioning. It attempts to broaden this conceptualization to include more expanded ways of viewing the self. In Eastern cultures, for example, the very conception of human development begins with the definition of a person as a social being and defines development as the evolution of the human capacity for empathy and connection. We build on the seminal work of Almeida, Woods, and Messineo (1998) and others on contextualizing theories of child development (Comer & Poussaint, 1992; Goleman, 1997; Hale-Benson, 1986; Mathias & French, 1996). We present a theory of individual development that integrates race, class, gender, and culture as central factors that structure development in fundamental ways. This theory defines maturity as self in context, that is, by our ability to live in respectful relation to others and to our complex and multifaceted world while being able to control our own impulses, and our ability to think and function for ourselves on the basis of our own values and beliefs, even if others around us do not share them. In this conceptualization, maturity requires the ability to empathize, trust, communicate, collaborate, and respect others

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

DEVELOPING A SELF IN CONTEXT

Gender, class, culture, and race form a basic structure within which individuals learn what behaviors, beliefs, values, and ways of expressing emotion and relating to others they will be expected to demonstrate throughout life. It is this context that carries every child from birth and childhood through adulthood to death and defines his or her legacy for the next generation. And each generation 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 (Cohler, Hosteler, & Boxer, 1998; Elder, 1992; Neugarten, 1979). The gender, class, and cultural structure of any society profoundly influences the parameters of a child's evolving ability to empathize, share, negotiate, and communicate. It prescribes his or her way of thinking for self and of being emotionally connected to others.

Healthy development requires establishing a solid sense of our unique selves in the context of our connections to others. Connecting to others becomes a particular challenge when they are different from us. Raising a nonracist child, for example, becomes a serious challenge in our racist society (Mathias & French, 1996). Racial, religious, and other kinds of prejudice are learned emotionally in childhood and are thus very hard to eradicate later, even if one's intellectual beliefs change (Goleman, 1997). Indeed, the most challenging aspect of development involves our beliefs about, and interaction with, others who are different from ourselves: men from women; young from old; black from white; wealthy from poor; heterosexual from homosexual. Our level of maturity on this crucial dimension will depend on how these differences and connections were dealt with within our family of origin, within our communities, within our culture of origin, and within our society as a whole.

Because our society so quickly assigns roles and expectations based on gender, culture, class, and race, children's competences are obviously not simply milestones that they reach individually, but rather accomplishments that evolve within a complex web of racial, cultural, and familial contexts. A child's acquisition of cognitive, communicative, physical, emotional, and social skills is necessarily circumscribed by the particular social context in which he or she is raised. Thus our evaluation of these abilities can be meaningful only if these constraints are taken into account.

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 seem likely to develop the most evolved sense of a connected self (Almeida et al., 1998).

THE MYTHS OF COMPLETE AUTONOMY AND SELF-DETERMINATION

Given the American focus on individualism and free enterprise, it is not surprising that autonomy and competitiveness have been considered desirable traits to be instilled in children of the white middle class, leading toward economic success in the marketplace (Dilworth-Anderson, Burton, & Johnson, 1993). But development must be defined by 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 who have 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, 1997). 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.

Men of any class or culture who are raised to deny their emotional interdependence face a terrible awakening during divorce, illness, job loss, or other adversities of life. Those who are privileged develop connections amidst a web of dissociations. It is their privilege that maintains their buffered position and allows them the illusion of complete self-determination. While self-direction and self-motivation are excellent characteristics, they can be realized only in individuals who are permitted to attain them and helped to do so by their families and by society.

DEVELOPING A MATURE INTERDEPENDENT SELF

We believe that maturity depends on seeing past myths of autonomy and self-determination. It requires that we appreciate our basic dependence on each other and on nature. Viewed from this perspective, in addition to an adequate degree of self-direction, maturity involves skills such as the following:

1. The ability to feel safe in the context of the familiar *and* the unfamiliar or different.
2. The ability to read emotion in others, to practice self-control, to empathize, and to engage in caring for others and in being cared for (Goleman, 1997).
3. The ability to accept one's self while simultaneously accepting differences in others, to maintain one's values and beliefs, and to relate generously to others, even if one is not receiving support from them or from anyone else for one's beliefs (defined by Bowen as "differentiation").
4. The ability to consider other people and future generations when evaluating sociopolitical issues such as the environment and human rights.

IT TAKES A VILLAGE

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, and all the others who participate in their caretaking. Traditional formulations of child development have ignored this rich context and offered us the paucity of a one-dimensional lens for viewing a child's development: the mother-child relationship. In most cultures throughout history, mothers have not been the primary caretakers of their children, usually being busy with other work. Grandparents and other elders as well as older siblings have, for the most part, been the primary caretakers of children. When we focus so myopically on the role of mothers, we not only project impossible expectations of them, but we are also blinded to the richness of environments in which children generally grow up.

Most child development theories, even feminist theories (Chodorow, 1974; Gilligan, 1982), explain male development's focus on autonomy and independence (self in isolation) as being a result of the male child's need to separate from the mother by rejecting feminine qualities. Like Eleanor Maccoby (1990), we strongly "doubt that the development of distinctive interactive styles has much to do with the fact that children are parented primarily by women ... and it seems likely ... that ... (their) 'identification' with the same-sex parent is more a consequence than a cause of children's acquisition of sex-typed interaction styles" (p. 519). Maccoby thinks that processes within the nuclear family have been given too much credit—or too much blame—for sex-typing. She places most emphasis on "the peer group as the setting in which children first discover the compatibility of same-sex others, in which boys first discover the requirements of maintaining one's status in the male hierarchy, and in which the gender of one's partners becomes supremely important" (p. 519). We know that parents treat boys and girls differently from earliest infancy (Romer, 1981). 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 (Lewis & Haviland, 1993). Fathers tend to treat young boys and girls in a somewhat more gendered way than mothers do (Siegal, 1987).

We believe that all of these socialization influences are present and important. Parents, acting under the influence of all available social evidence and beliefs, expect and reinforce different behaviors in their sons than in their daughters. The correctness of these behaviors is then validated in all the media as well as by teachers, pediatricians, relatives, babysitters, and the 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.

Indeed, the traditional norms of male development have emphasized many of these characteristics (see Chapter 7) including 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 emotional 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 virtually impossible to achieve the sense of interdependence that is required for maturity.

GENDERED DEVELOPMENT: FROM ADAM'S RIB

Female development was formerly seen in the literature only from an androcentric perspective, that is, learning to become an adaptive helpmate to foster male development. Most early male theoreticians, such as Freud, Kohlberg, and Piaget, tended to ignore female development, which has been described in the literature only for the last two decades (Dinnerstein, 1976; Gilligan, 1982; Miller, 1976; Pipher, 1994). While separation and autonomy were considered the primary values for male development, values of caring and attachment, interdependence, relationship, and attention to context were viewed as primary in female development. Values that were thought to be feminine were devalued by male theoreticians (such as Erikson, Piaget, Levinson, and Valliant), 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.

In fact, women have always been involved in defining and redefining themselves throughout their lives in the context of their changing relationships. The life cycle framework, developed as a perspective on self-in-relation, seems a much more appropriate way to think of life cycle development for both men and women (Korin, McGoldrick, & Watson, 1996; Jordan, 1997). Erik Erikson's widely accepted eight stages of development, for example, ignore completely the evolution of our ability to communicate—the one characteristic that most distinguishes us from all other animals. Erikson's scheme makes no reference between age 2 and 20 to interpersonal issues. It suggests that human connectedness is part of the first stage (Trust versus Mistrust), during the first two years of life. But further reference to human relationships does not appear again until stage 6 (Intimacy versus Isolation). All the other stages leading to adulthood described by Erikson involve individual rather than relational issues: Autonomy versus Shame and Doubt, Initiative versus Guilt, Industry versus Inferiority, and Identity versus Role Confusion. Thus, doubt, shame, guilt, inferiority, and role confusion are all defined as having no part in a healthy identity. 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. Furthermore, in Erikson's scheme, generativity is ignored during the time of greatest human creativity: bearing and raising children.

Given these distorted definitions of healthy development, it is not surprising that men so often grow up with an impaired capacity for intimacy and human 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 human connections (Kimmel, 1996). In our view, all stages of the life cycle have both individual and in-

terpersonal aspects, and the failure to appreciate this has led to seriously skewed human development. The most important aspects of human experience are relational.

DEVELOPING A SELF IN A NONAFFIRMING ENVIRONMENT

The developmental literature, strongly influenced by the psychoanalytic tradition, has focused almost exclusively on mothers, giving extraordinary importance to the mother-child relationship in the earliest years of life, to the exclusion of other relationships in the family or to later developmental phases (Lewis, Feiring, & Kotsonis, 1984). Kagan (1984) has recently drawn our attention to the mythology involved in our assumptions about the overriding importance of infancy and early childhood in determining the rest of human life. The psychoanalytic model has also stressed the view of human development as a primarily painful process. The assumptions about development in the early years led to a psychological determinism that held mothering responsible for whatever happened. Much of the feminist literature has continued to focus on mothering while locating the mother-child dyad within a patriarchal system (Chodorow & Contratto, 1982; Dinnerstein, 1976). We urge quite a different perspective of human development, which views child development in the richness of its entire context of multigenerational family relationships as well as within its social and cultural context.

It is also curious that the developmental literature has ignored the powerful impact of children on adult development. Thus, the potential for change and growth in parents, as they respond to the unfolding of their children's lives is lost. As Daniels and Weingarten (1983) note, "Because men have not traditionally occupied themselves with caring for children, parenthood—the core experience of what Erikson calls generativity, is oddly missing from their sense of their own development" (p. 5).

It is difficult to determine what behavioral differences between males and females are based on biology, since socialization affects people so powerfully and so early. 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 difference in early childhood is that girls develop language skills earlier and boys tend to be more active, but since studies of infants show that parents talk and look more at girls and engage in more rough play with boys, it is not possible at this point to say whether the gender differences are biological or social. Eleanor Maccoby, one of the leading researchers on sex differences, found that over the past two decades, the sex differences on various dimensions have not changed too much. Moderate differences were found between boys and girls in performance on mathematical and spatial abilities, while sex differences in verbal abilities had faded. Other aspects of intellectual performance continue to show gender equality (Maccoby, 1990), but differences in social behavior follow from societal patterns that orient boys to competition and girls to relationships. Preschool girls, who increasingly try to influence others by polite suggestions, have increasingly less ability to influence boys, who are more and more unresponsive to polite suggestions. Boys and girls would respond to a vocal prohibition by another boy. Maccoby thinks that girls find it aversive to keep trying to interact with someone who is unresponsive and begin to avoid such partners.

Kagan and Moss (1962) traced achievement-oriented adults back to their relationships with their mothers (they did not look at their relationships with their fathers). They found that these 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) has 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 as typical for girls.

The data on children who are raised with only one parent are not clear. Some girls who are raised without a father have more difficulty in establishing relationships with men, while boys may display extremely "masculine" behavior, possibly because