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# THE EXPANDED FAMILY LIFE CYCLE

INDIVIDUAL, FAMILY, AND  
SOCIAL PERSPECTIVES

THIRD EDITION

**Edited by**

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*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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## CHAPTER 1

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# 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	<ul style="list-style-type: none"> <li>a. Differentiation of self in relation to family of origin</li> <li>b. Development of intimate peer relationships</li> <li>c. Establishment of self in respect to work and financial independence</li> </ul>
The joining of families through marriage: the new couple	Commitment to new system	<ul style="list-style-type: none"> <li>a. Formation of marital system</li> <li>b. Realignment of relationships with extended families and friends to include spouse</li> </ul>
Families with young children	Accepting new members into the system	<ul style="list-style-type: none"> <li>a. Adjusting marital system to make space for children</li> <li>b. Joining in child rearing, financial and household tasks</li> <li>c. Realignment of relationships with extended family to include parenting and grandparenting roles</li> </ul>
Families with adolescents	Increasing flexibility of family boundaries to permit children's independence and grandparents' frailties	<ul style="list-style-type: none"> <li>a. Shifting of parent/child relationships to permit adolescent to move into and out of system</li> <li>b. Refocus on midlife marital and career issues</li> <li>c. Beginning shift toward caring for older generation</li> </ul>
Launching children and moving on	Accepting a multitude of exits from and entries into the family system	<ul style="list-style-type: none"> <li>a. Renegotiation of marital system as a dyad</li> <li>b. Development of adult-to-adult relationships between grown children and their parents</li> <li>c. Realignment of relationships to include in-laws and grandchildren</li> <li>d. Dealing with disabilities and death of parents (grandparents)</li> </ul>
Families in later life	Accepting the shifting generational roles	<ul style="list-style-type: none"> <li>a. Maintaining own and/or couple functioning and interests in face of physiological decline: exploration of new familial and social role options</li> <li>b. Support for more central role of middle generation</li> <li>c. Making room in the system for the wisdom and experience of the elderly, supporting the older generation without overfunctioning for them</li> <li>d. Dealing with loss of spouse, siblings, and other peers and preparation for death</li> </ul>

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 sub-

ject 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.

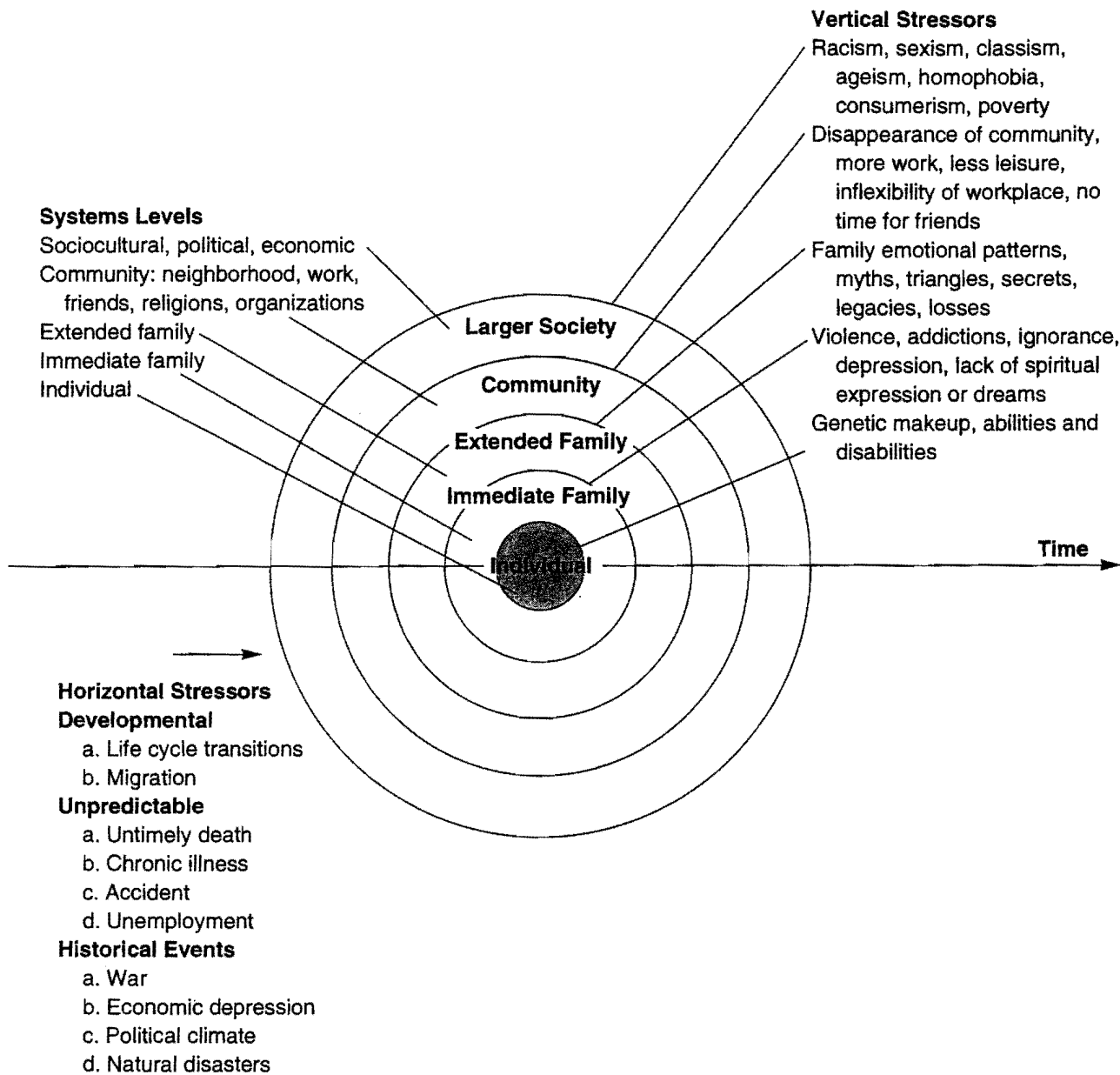
We strongly believe that individual development takes place only in the context of significant emotional relationships and that the most significant relationships are family relationships, whether by blood, adoption, marriage, or commitment. Individuals and families must then also be seen in their cultural 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 unrelenting 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 num-

ber 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 informa-

tion 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
<ul style="list-style-type: none"> <li>• Age</li> <li>• Gender roles and sexual orientation</li> <li>• Temperament</li> <li>• Developmental or physical disabilities</li> <li>• Culture, race, ethnicity</li> <li>• Class</li> <li>• Religious, philosophical, spiritual values</li> <li>• Finances</li> <li>• Autonomy skills</li> <li>• Affiliative skills</li> <li>• Power/privilege or powerlessness/abuse</li> <li>• Education and work</li> <li>• Physical or psychological symptoms</li> <li>• Addiction and behavioral disturbances</li> <li>• Allocation of time</li> <li>• Social participation</li> <li>• Personal dreams</li> </ul>	<ul style="list-style-type: none"> <li>• Type of family structure</li> <li>• Stage of family life cycle</li> <li>• Emotional climate</li> <li>• Boundaries, patterns, and triangles</li> <li>• Communication patterns</li> <li>• Negotiating skills</li> <li>• Decision-making process</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship patterns</li> <li>• Emotional legacies, themes, secrets, family myths, taboos</li> <li>• Loss</li> <li>• Socioeconomic level and issues</li> <li>• Work patterns</li> <li>• Dysfunctions: addictions, violence, illness, disabilities</li> <li>• Social and community involvement</li> <li>• Ethnicity</li> <li>• Values and/or religion</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face links between individual, family, and society</li> <li>• Friends and neighbors</li> <li>• Involvement with governmental institutions</li> <li>• Self-help, psychotherapy</li> <li>• Volunteer work</li> <li>• Church or temple</li> <li>• Involvement in children's school and activities</li> <li>• Political action</li> <li>• Recreation or cultural groups</li> </ul>	<ul style="list-style-type: none"> <li>• Social, political, economic issues</li> <li>• Bias based on race, ethnicity</li> <li>• Bias based on class</li> <li>• Bias based on gender</li> <li>• Bias based on sexual orientation</li> <li>• Bias based on religion</li> <li>• Bias based on age</li> <li>• Bias based on family status (e.g., single parent)</li> <li>• Bias based on disability</li> <li>• Power and privilege of some groups because of hierarchical rules and norms held by religions, social, business or governmental institutions</li> <li>• How does a family's place in hierarchy affect relationships and ability to change?</li> </ul>

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 influ-

encing the immediate situation. These include the following:

- *Relationship patterns.* These may include cut-offs, 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 interracial 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 expect-

ing 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 dysfunc-

tional. 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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