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

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We are born into families. They are the foundation of our first experiences of the world, our first relationships, our first sense of belonging to a group. We develop, grow, and hopefully die in the context of our families. Human development takes shape as it moves and evolves through the matrix of the family life cycle, embedded in the larger socio-cultural context. All human 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 and the larger social context in which it is embedded are the natural framework within which to focus our understanding of individual identity and development. This chapter and this book offer a framework for understanding families in the U.S. in their cultural context over the life cycle. Statistics offered refer to the U.S. unless otherwise specified and are an effort to help clinicians appreciate the larger context of individuals, their families, and their larger social system, as they move through the life cycle.

Families comprise people who have a shared history and an implied shared future. They encompass the entire emotional system of at least three, and frequently four or even five, generations held together by blood, legal, and/or historical ties. Relationships with parents, siblings, and other family members go through transitions as they move through life. Boundaries shift, psychological distance among members changes, and roles within and between subsystems are constantly being redefined (Norris & Tindale, 1994; Cicirelli, 1995; Tindale, 1999; Meinhold, 2006; McKay & Caverly, 2004; Condilis, 2001, 2008). It is extremely difficult to think of the family as a whole because of the complexity involved. As a system moving through time, families are different from all other systems because they incorporate new members only by birth, adoption, commitment, or marriage, and members can leave only by death, if then. No other system is subject to these constraints. A business manager can fire members of his organization viewed as dysfunctional, and members can resign if the organization’s structure and values are not to their liking. In families, by contrast, the pressures of membership with no exit available can, in the extreme, lead to severe dysfunction and even suicide. In nonfamily systems, the roles and functions are carried out in a more or less stable way, by replacement of those who leave for any reason, or else the group dissolves and people move on into other systems. Although families also have roles and functions, their main value is in the relationships, which are irreplaceable.

Until recently, therapists have paid little attention to the family life cycle and its impact on human development. Even now, psychological theories tend to relate at most to the nuclear family, ignoring the
of the twentieth century, due to society's technological process and movement both from and toward. These parents are living in couple relationships, a fair dependent phase could be thought of as an invention of those eras. The notion of young adulthood as an invention of the dominant value structure of our society, which mobilized by their immediate feelings. Therapeutic interventions with a life cycle framework and the exciting and dramatically changing realities of the life cycle of families in the United States in our times. The tremendous life-shaping impact of one generation on those following is hard to overestimate. For one thing, the three or four different generational stages of the family are transiting simultaneously. While one generation is moving toward old age, the next is contending with late middle age, caregiving or the empty nest. The next generations cope with establishing careers and intimate peer adult relationships, having and raising children, and adolescents, while the youngest generations are focused on growing up as part of the system. Naturally, there is an incredible ongoing cycle of change at one level have a powerful effect on relationships at other levels. The important impact of events in the grandparental generation is routinely overlooked by therapists who focus only on the nuclear family. Painful experiences such as illness and death are particularly difficult for families to integrate and are thus most likely to produce a long-term impact on relationships in the next generations. Of course, in different cultures, the ages of multigenerational transitions differ markedly. In addition, ethnicity, race, sexual orientation, gender identity, socio-economic status and health status influence the life cycle. The stages of the life cycle themselves are changing and redefined. 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 be thought of as an invention of the twentieth century, due to society's technological needs. The inclusion of women as independent individuals could be said to be a construct of the late twentieth century. The lengthening period of life has increased the awareness of the impact of human processes and the evolutionary influence of time on human experience. From a family life cycle perspective, symptoms and dysfunction are examined within a systemic context. At the same time we must be extremely cautious about stereotyping people who do not fit into traditional norms for marriage, or having children, as if they were somehow disordered. Relationships with siblings and parents are fairly readily disrupted by occupational and geographic mobility as we move through the life cycle; even couples are increasingly struggling with bi-coastal relationships (Hess & Waring, 1984; Connidis, 2001; Mckay & Caverly, 2004; Pruchno & Rosenbaum, 2003; Taylor, Clark, & Newton, 2008). Therapeutic interventions with a life cycle framework aim at helping families to reestablish their evolutionary momentum so that they can proceed forward to foster the uniqueness of each member's development. We can, through our therapeutic efforts, validate, empower, and strengthen family ties or, by ignoring them, perpetuate the invalidation, anomie, and disconnection of the current generation of children, which privileges individuality, autonomy, competition and materialistic values, over connectedness to a whole network of kin with whom one feels "at home." The Changing Family Life Cycle Family life cycle patterns have changed dramatically over the past century. In 1900 the average life expectancy in the U.S. was 47 years; by the year 2000, dying before old age has become a rare event. About 75 percent of the population live beyond their 65th birthdays, and 4 percent of people lived to this birthday (Skolnick, 2009) Two factors of the longevity increase of all human history has taken place since 1900. At that time half of all parents experienced the death of a child; by 1976 this rate was only 6 percent. Thus, in earlier times couples had to have two children in order to have one who survived to adulthood, but this is no longer necessary. Twenty-five percent of children were born after the death of a parent by the age of 15, 1976 only 5 percent of children experienced parental death by that age. In 1900 one out of 62 children had lost both parents; by 1976 this was only one out of 1800 (Skolnick, 2009). At the same time that we are living much longer and having fewer children, the family is experiencing much less loss than ever in history, our couple and parental-child passions are changing dramatically. In terms of couples, fewer and fewer appear to be marrying. It has been speculated that the major change is the economic situation of women, who, once they can support themselves, may not want a marriage with the traditional caretaking roles. As one well-paid working wife and mother put it, "We're no longer the poster family, where the men's lives haven't changed at all. . . . Providing is not enough. I need more partnership" (Jones, 2006, p. B1). Fifty-one percent of women live without a spouse (Zinulke, 2007). The marriage rate has dropped by about 50 percent since the mid-twentieth century (Manus, 2006). Marriage rates are de- creasing at a much slower rate of movement for the commitment of men (on the percent of women never marry) and the age of marriage has been increasing dramatically, from age 21 to age 25 for women and from age 23 to age 27 for men in the last 30 years (Cherlin, 2009; U.S. Census, 2007). Whereas in 1976 women had on average 3.2 children, current childbearing rates in the U.S. have been reduced to 2.3 children per adult woman, which is the lowest in the Western world. Of course, the rates are higher for Latinas (2.3) (Zezima, 2008). In 1970 only 10 percent of women did not have children, while currently that rate has doubled. Even more educated professional women (27 percent) are remaining childless (Zezima, 2008). Whereas in 1950 only 4 percent of births took place outside of marriage, the current rate is 35 percent, though many of these parents are living in couple relationships, a fair proportion of them are having no children.
percentage being same-sex parents (Cherlin, 2009). Married couples with children have shrank from 40 percent of all households in 1970 to less than 25 percent (Saluter, 1996; www.statemaster.com, 2009).

Overall changes in family life cycle patterns have escalated dramatically, in recent decades owing especially to:

- A lower birth rate
- Longer life expectancy
- The changing role of women
- The rise in unmarried motherhood
- The rise in unmarried couples
- Increasing single-parent adoptions
- Increasing LGBT gay and lesbian couples and families
- High divorce and remarriage rates
- Increasing two-paycheck marriages to the point where they are now the norm

One of the greatest changes in living patterns in the U.S. in recent years is the increase in single person households, which now represent 26 percent of U.S. households, up from 10 percent in 1950 (Francese, 2003). Another major change is that child-rearing, which used to occur for adults for their entire active life span, now occupies less than half of the adult life span prior to old age. The meaning of family is thus changing drastically, and there are no agreed-upon values, beyond child-rearing by which families define their connections. The changing role of women is central to these shifting family life cycle patterns. Sixty percent of working-age women are now in the paid workforce (U.S. Census, 2007). Even women who choose primary roles of mother and homemaker must now face an "empty nest" phase that is longer than the number of years devoted to child care.

There is an increasing chasm between less fortunate children, who grow up in poverty with financially pressured, often stressful circumstances, and advantaged children, who grow up in comfortable circumstances with highly educated dual-carer parents. These differences are reflected in an expanding differential in longevity between the rich and the poor. In 1980 the differential was only three years, but that difference has increased to 10 years (Pears, 2009). Education is a powerful differential in the potential for a longer, healthier life (Kolata, 2007). At age 35, even a year’s worth of education, doubles life expectancy. If much as a 70 percent and a half longer life expectancy. One of the big differences in marriage rates is a class difference. Those with resources are much more likely to be married (Zelnike, 2007). And children from disadvantaged backgrounds are much more likely not to be raised with both parents. The proportion of children living with both parents varies by ethnic group: 87 percent of Asian children, 78 percent of Whites, 68 percent of Latinos, and 38 percent of African Americans (Roberts, 2008). Jones (2006) suggests that marriage is only for White people, indicating that it may not seem like a worthwhile proposition for African American women, who may see a husband as hazardous to their health.

On the other hand, while it has generally failed to look at the value of extended family on well-being through life, it has been shown that the presence of a grandparent, most of all the maternal grandmother, can have a major positive impact on family well-being and make a tremendous difference in children’s life prospects, especially in struggling families (Berger, 2003).

The size of family living units has been decreasing for centuries (Fishman, manuscript in preparation). Through most of history families lived in bands of extended families of about 40 people. By 1500 in the west, the average household had decreased to 20 people, by 1850 to 10, and by 2000 to less than 3 in the U.S. This trend in the U.S. is due to the growing clusters of family members. There were usually three or more caregiving adults for each child under six, and there was little privacy. In our society, with three people or fewer in the average household, we rarely eat family meals, we spend 30 percent of available family time watching TV or on the computer, and our children are raised in isolated cohorts in situations where we are lucky if we have two adults for one child. We have overscheduled our children, and they have little time for spontaneous social play with peers (Perry, 2002, p 96). Our children might develop very differently, if we resolved problems of our children not with medication or court sanctions but in consultation with the community. What if children had responsibility to the community to make up for their misdeeds? Speck & Atteave (1973) recommend setting aside a portion of our time that children would be accountable to the community of those who care for them our world might begin to look very different (Perry, 2002).

Human Development in Context

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 (Erikson, 1963, 1994; Levinson, 1978, 1996; Sheehy, 1977, 1995; Valliant, 1977; and others) and the traditional family (e.g., Duvall, 1970). From the beginning of our work we have placed the individual in the context of the 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 all families. We do believe it is helpful to consider all clinical assessment within a life cycle framework which offers a flexible concept of re­dictable life stages and acknowledges the emotional tasks of individuals and family members, depending on their structure, time of life, culture and historical era. We disagree with human developmental or life span theorists who, like many feminist theorists, have ignored the family system altogether in their efforts to analyze the emotional lives of the family, and act as if the individual existed in society with no mediating context.

We believe, by contrast, that individual development always takes place in the context of significant emotional relationships and that the most significant are family relationships, whether by blood, adoption, marriage, or informal commitment. From our perspective it is impossible to understand individuals without assessing their current and historical cultural and family contexts. We see the family as the most immediate focus for therapeutic intervention because of its primacy in mediating both individual and social forces, bridging and mediating between the two. However, since the family is no longer organized primarily around married heterosexual couples raising their children, but rather involves many different structures and cultural differences for different people, identifying family stages and emotional tasks for various clusters of family members is complex. Yet, even within the diversity, there are some unifying principles that we have used to define stages and tasks, such as the primary importance of addition and loss of family members for the family’s emotional equilibrium through life’s many transitions (Hadley, Jacob, Milliones, Caplan, & Spitz, 1974).

We embrace this complexity and the importance of all levels of the human system: individual, family, and social. Indeed we believe that the meaning of family is deeply intertwined with a sense of “home,” or belonging, and is essential to our sense of individual and social identity. Paolo Freire (2000) put it this way:

"No one goes anywhere alone...not even those who arrive physically alone, unaccompanied by family, spouse, children, parents, or siblings. No one leaves his or her world without having been transformed by its roots, or with a vacuum for a soul. We carry with us the memory of many fabrics, a self soaked in our history, our culture; a memory, sometimes scattered, sometimes sharp and clear; the streets of our childhood, of our adolescence, the reminisce of something distant that suddenly stands out before us, in us, a sky gesture, an open hand, a smile lost in a time of misunderstanding (p. 31)."

Freire conveys the importance of the sense of our roots, our connections, and of home that we carry with us as an integral part of our identity through life. In our view this context is essential to incorporate into our clinical assessment and intervention during therapy.

Part of the pull that family therapies 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) outline of eight stages of human development, by which he was referring to
male development, was an effort to highlight the interaction of the developing child with society. However, Erikson's stages actually emphasize non-relational connectedness of the individual, but the development of individual characteristics (mostly traits of autonomy) in response to the demands of social interaction (Erikson, 1963). Thus, trust, autonomy, industry, and the formulation of an identity separate from his father are supposed to carry a child to young adulthood. It is widely supposed to know how to “love,” go through a middle age of “waring,” and develop the “wisdom” of aging. This discontinuity—a childhood and adolescence focused on developing one’s own individuality and autonomy—expresses exactly what we believe is wrong with developmental norms of male socialization even today: it deviates from most of the major tasks of adulthood: intimacy, caring, network, mentoring, and sharing one’s wisdom. 

Although there has always been a “his” and “hers” version of development, until the late twentieth century the former was ever described in the literature (Dinnerstein, 1976; Gilligan, 1982; Miller, 1979). Most theories used to study family development under male development, which was taken as the standard for human functioning. Separation and autonomy were considered the primary values for male development, the values of caring, interdependence, relationship, and attention to context being considered primary only for female development. However, healthy human development requires finding a balance between individuality and relatedness, belonging and individuation, interdependence 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 in a dichotomy of individualism and collectivism cannot exist in isolation, and the most important aspects of human experience have always been relational.

Most developmental theorists, however, even feminist theorists, have espoused psychodynamic assumptions about autonomy and separation, over-focusing on relationships with mothers as the primary factor in human development. They have assumed that masculine identity is achieved through separation from one’s mother and feminine identity through identification and attachment to her. Silverstein & Rashbaum (1982), Gilgian (1982), and Dooley & Fedele (2004) have effectively challenged the assumption that male development requires separation from one’s mother. Gilgian (1991) criticized Piaget’s conception of morality as being tied to the understanding of rights and rules and suggested that for females, moral development centers on the understanding of responsibilities and relationships, whereas Piaget’s description fits traditional male socializa­tion’s focus on autonomy. Eleanor Maccoby (1990, 1999), the Stone Center at Wellesley (Miller, 1987; Jordan, Walter, & Hartling, 2004; Stiver & Miller, 1988; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991), Buzoii/Rivers (2004), and Michael Kimmel (2000, 2007) have expanded our understanding of 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 males and females from early childhood has drawn us to the work of those whose perspectives go beyond white male development. Those include Hale-Benson (1986), who explored the multiple intelligences and other developmental features she identified in African American children; Comer and Pousaint (1992), who factorized racism and its effects into their blueprint for the development of healthy Black children; and 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 responsi­bility and the emergence of multiple frames of understanding interdependence, a concept that girls and children of color learn early but that is ignored in traditional theories of male development.

Dilworth-Anderson et al. (1993), Burton et al. (2004) and their colleagues argue for the importance of a life cycle perspective because it is based on interdisciplinary ways of thinking, being a framework that emerged from the cross-fertilization of the sociology of aging, demographic cohort analysis, and the study of personal biography in social psych­ology. A life cycle perspective on human development represents a dynamic approach to the study of family lives by focusing on the interlocking nature of family trajectories within kinship networks in the context of temporal moment, culture, and social change. Their position is especially important because as researchers, they are well aware of the relev­ance of the developmental frameworks researchers use for research. As they have articulated it: A life cycle framework “offs­erts the conceptual flexibility to design conceptual frameworks and studies that address a variety of family forms in culturally diverse contexts” (p. 640). This is a most compelling argument, and one that we must put forward to encourage culturally meaningful research on diverse populations.

The Vertical and Horizontal Flow of Stress in the Life Cycle

To understand how individuals evolve, we must examine their lives within their individual, family, community, and social and cultural contexts over time. This can be represented schematically along two time dimensions: the vertical axis reflecting influence of the historical issues that flow down the family tree, influencing families as they go through life (our biological heritage, genetic make­up, cultural, religious, psychological, and familial issues that come through one’s family); and the horizontal axis, which represents the develop­mental and unpredictable influences that affect families as they go through life. Over time, the individual’s inherent qualities can either become crystal­lized into rigid behaviors or elaborated into broader and more flexible repertoires. Certain individual stages can be very 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 issues with which we grow up. These aspects of our lives make up the hand we are dealt. What we do with them is up to us. The horizontal flow describes the family as it moves through time, coping with the changes and transitions in the family life. This includes both predict­able development 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.

The vertical axis includes cultural and societal history, stereotyped patterns of power, social hierar­chies, and beliefs, that have been passed down through the generations. A group’s history, in particu­lar the legacy of trauma, 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, homophbic crimes on homosexuals and heterosexuals, genocide and forced incarceration in boarding schools and on reservations for American Indians and all other citizens, and colonizing exploitation for families in Latin America and for the colonizers).

The horizontal axis relates to community connec­tions, current events, and social policy as they affect a family or individual at a given time. It depicts the consequences of present or present experiences. A society’s inherited (vertical) norms of racism, sexism, clas­sim, 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

Stress is often greatest at transition points from one stage to another in the developmental process as families rebalance, redefine, and realign their relationships. The stressor has been correlated significantly with the normal family developmental process of addition and loss of family members such as birth, marriage, divorce and death (Hadley et al., 1974). We found that a significant life cycle event, such as the death of a grandparent, when closely related in time to another life cycle event,
anxiety for the couple. Even without any outstanding cycle point when opportunities open up. For example, or both spouses, and has not been dealt with, the Hopes And Dreams

Personal

5. Loss & Trauma


Rituals

Values, Beliefs, & Extended Family

Interdependence for Life

APPROPRIATE INTERDEPENDENCE FOR LIFE CYCLE STRESSORS

1. Family Life Cycle Stage

2. Personal Hopes And Dreams

3. Emotional & Relational Patterns: Boundaries, Communication, Triangles, Secrets, Myths, Legacies, Themes, Disabilities, Skils, Talents: Strengths & Vulnerabilities or Dysfunctions


5. Loss & Trauma

6. Values, Beliefs, Rituals & Practices

Socio-Cultural Context

1. Individual & Family's History Having a Sense of Belonging: Safety, & "Home Place"

2. Connection to Community, Political, Religious, Ethnic, & Social Groups

3. Community Resources, Friendship Networks


5. Loss & Trauma

6. Values, Beliefs, Rituals & Practices

Cohorts: When and Where in Time and Place We Are Located

In addition to the anxiety-provoking stress that is inherited from past generations and the stress 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 group or cohort born at a given time in history, and living through various historical and socio-cultural events 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. We must also pay close attention to the enormous anxiety generated by the chronic unrelenting stresses of poverty and discrimination, just as the generations that experienced the Civil Rights era were marked by the hopes of their era.

Cohorts born and living through different periods vary in fertility, mortality, acceptable gender roles, migration patterns, education, attitudes toward child-rearing, couple relationships, family interrelationships and aging. Those who lived through the Great Depression and World War II, those who experienced the Black migration to the North in the 1940s, the baby boom generation that grew up in the 1950s, those who came of age during the Vietnam War in the 60s, and cohorts who grew up during the Reagan years, will have profoundly different orientations to life, influenced by the times in which they lived (Elder, 2002, 2006; Modell & Elder, 2002; Schaie & Elder 2005; Johnson, Foley, & Elder, 2006).

And as Malcolm Gladwell (2008) points out there are specifics of being at a certain key life cycle point when opportunities open up. For example,
The family of the past, when the extended family reigned supreme, could not be romanticized as a time when women were the property of the husband. Families were supported by kinship and interpersonal ties that formed and dissolved with the passing of time. As Johnetta Cole (1996) put it: "No one family form—nuclear, extended, single-parent, matrilocal, patrilocal, fictive, residential, nonresidential—necessarily provides the ideal form for humans to live or raise children in" (p. 75).

The traditional more stable multigenerational extended shifting community was supported by patriarchy, sexism, classism, racism, and heterosexism. In that traditional family structure, 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 increase in shifting membership of children who belong to several households, single-parent families, families with stepchildren, and members of both households, regardless of the legal relationship, they remain co-parents of their children, bonds tend to linger; it is difficult to hear of "ex-spouse." Families may have partners and/or children living in different geographic locations, but they are still families. They demonstrate the important ways in which the nuclear family structure is invalid (McCarthy, 1994).

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, and the infirm—suffer the consequences. Nowadays, this is more readily seen than in the 1950s, when efforts of the family to fill a parenting function, but this person can never provide care for both their children and their aging and dependent relatives, with woefully few resources from our society. The "typical" caregiver in the U.S. is a woman in her forties who works outside her home and spends more than 20 hours a week providing unpaid care. Caregivers often experience serious economic losses due to changes in work arrangements, reduced hours, benefits, and other job benefits, lower retirement savings and no Social Security benefits for any period they spend caretaking.

Families have many forms: multigenerational extended families of three or four generations, gay or lesbian couples and children, and families with stepchildren. Members of both households, regardless of the legal relationship, they remain co-parents of their children, bonds tend to linger; it is difficult to hear of "ex-spouse." Families may have partners and/or children living in different geographic locations, but they are still families. They demonstrate the important ways in which the nuclear family structure is invalid (McCarthy, 1994).

Backlash forces in our society have used 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 definition of a family that includes the types and forms of families that are "family values" values. Most families live in more than one household. Grandparents, aunts, uncles, godparents, and other kin who are intimately involved with the immediate family may live next door or far away but still be part of the family. Immigrant families often have members living in different countries, yet stay very close together. Extended families may have partners and/or children living separately with whom they are intimately connected. If two parents live apart, children are generally members of both households, regardless of the legal custody arrangements, as part of multi-nuclear families, because divorce restructures but does not end the nuclear families. As Dilworth-Anderson, Burton, and Johnson (1993) have made clear it is impossible to understand families by using the old nuclear family model: "Important organizing, relational bonding of significant others, as well as socialization practices or socio-cultural premises are overlooked by researchers when the nuclear family structure is the unit of analysis" (p. 640). They demonstrate the importance of the many ways in which social support networks within the Black community serve as a buffer against a discriminating environment. They call for broadening ideas of what constitutes a family and its positive characteristics to allow for "culturally relevant descriptions, explanations, and interpretations of the family." 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 should live in many different geographic locations, but they are still families. Adding or subtracting family members is always stressful, and the strain of restructuring in the extended family because of divorce, death, or remarriage adds to the normative stress for the immediate family of dealing with whatever family patterns, myths, secrets, and triangles make up the emotional legal, but not the family of origin.

In our time, people often act as though membership and responsibility for their families were optional but we have very little choice about our family ties. Children 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 responsibilities and obligations to their children. We must not neglect these responsibilities. In fact, no family relationships except marriage are entered into by choice. Even the freedom to marry whomever one wishes is a rather recent option, and the decision is probably much less freely made than people recognize at the time. Although partners can choose not to continue a marriage, it is much more difficult, much more complicated, and more costly. Extended families may have partners and/or children living separately with whom they are intimately connected. As Dilworth-Anderson, Burton, and Johnson (1993) have made clear it is impossible to understand families by using the old nuclear family model: "Important organizing, relational bonding of significant others, as well as socialization practices or socio-cultural premises are overlooked by researchers when the nuclear family structure is the unit of analysis" (p. 640). They demonstrate the importance of the many ways in which social support networks within the Black community serve as a buffer against a discriminating environment. They call for broadening ideas of what constitutes a family and its positive characteristics to allow for "culturally relevant descriptions, explanations, and interpretations of the family." 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 should live in many different geographic locations, but they are still families. Adding or subtracting family members is always stressful, and the strain of restructuring in the extended family because of divorce, death, or remarriage adds to the normative stress for the immediate family of dealing with whatever family patterns, myths, secrets, and triangles make up the emotional legal, but not the family of origin.

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resources through life. Indeed, dramatic research on women in the past few years has turned five decades of stress research upside down by demonstrating that women, unlike men, turn to their friends when under stress at every point in the life cycle and that is a major resource and protection. It helps when mar­riages are in trouble, when a spouse has died, and it even contributes to longevity (Taylor, Klein, Lewis, Grunewald, Guning, & Updegraft, 2000). While our society has a well developed ideology about marriage and family, we have tended to relegate friendship to the cultural attic, which has blinded us to its impor­tance throughout the life cycle (Rubin, 1993). Friends can be crucial supports from early childhood and through adolescence and young adulthood, mitigating family trauma and dysfunction and providing en­couragement, socialization, and inspiration for our development. In the phases of adulthood friends can again buffer stress as well as tell us the truth about ourselves, stimulate us to change our ways, and, in fact, keep us healthy. The loss of a close friend at any point in the life cycle can be a major stress. Friends should always be included on genograms and consid­ered in our life cycle assessment.

The Changing Family Life Cycle of Men and Women

Perhaps the modern feminist movement was inevitable, as women have come to insist upon a personal identity. Having always had primary responsibility for home, family, and child care, women began to resist their burdens as they came to have more options for their own lives. Given their pivotal role in the family and child care, women began to resist their burdens as they came to have more options for their own lives. Given their pivotal role in the family and child care, women have tended to relegate friendship to the cultural attic, which has blinded us to its impor­tance throughout the life cycle (Rubin, 1993). Friends can be crucial supports from early childhood and through adolescence and young adulthood, mitigating family trauma and dysfunction and providing en­couragement, socialization, and inspiration for our development. In the phases of adulthood friends can again buffer stress as well as tell us the truth about ourselves, stimulate us to change our ways, and, in fact, keep us healthy. The loss of a close friend at any point in the life cycle can be a major stress. Friends should always be included on genograms and consid­ered in our life cycle assessment.

Homeplace: The Importance of Belonging Throughout the Life Cycle

When we speak of “home” we are usually referring to a place of acceptance and belonging, which is essential to our development of a solid sense of ourselves as human beings. Bell hooks (1999) refers to a sense of “homeplace,” as an essential part of our cultural and individual identity. Barlett Giambi described it this way:

Home is an English word virtually impossible to translate... No translation catches the association, the mixture of memory and longing, the sense of security and autonomy and accessibility, the aroma of inclusiveness, of freedom from wa­steful guilt clinging to the world... Home is a concept, not a place; it is a state of mind where one first realizes one is an original... Home... remains in the mind as the place where reunion, if it ever were to occur, would happen... It is about restoration of the right relationships among people... Everyone has a "hometown" back there, at least back in time, where stability or at least its image remains alive... To go home may be impossible, but it is often a driving necessity, or at least a compelling dream (1998, pp. 99-101).

Giambi conveys powerfully the concept of home as a place of self-definition and belonging, a place where people find resilience to deal with the injustices of sexism and racism in their family of origin. It is a place where they can develop and express their values. Home reflects our need to acknowledge the forces in our history that have made us strong, but it is also a concept that we remake at every phase of life, with family, with friends, with work, with nature, with smells and sounds and tastes that nurture us because they are familiar. Safety and connection. Clin­i­cal intervention needs to acknowledge the impor­tance of this place of psychological and spiritual safety at each life cycle phase.

Burton, Winn, Stevenson, and Clark (2004) drew attention to the concept of homeplace, de­scribed by bell hooks as that place in African Amer­ican families where “All that is important in life took place—the warmth and comfort of shelter, the feeding of our bodies, the nurturing of our souls. We learned and become human beings. We learned to love and be loved. We learned the image of ourselves. We learned integrity, of being—there we learned to have faith” (Hooks, 1999, pp. 41-42). She spoke of it also as the site of resistance, where oppressed people resist racism and oppression, and gather their strength and do not feel invalidated. It is a place that mobilizes our pos­sibilities for the future, for an ideal of personal and cultural identity. It is an essential con­cept for a life cycle framework. As Maya Angelou once put it: “The ache for home lives in all of us, the safe place where we can go as we are and not be questioned. It impels mighty ambitions and danger­ous capers... Having that by doing these things home is where we truly are, or, failing that, that is where we will forget our awful yearning for it” (1986, p. 196). It may be a physical location, with physical associations, but it is absolutely a spiritual location with value and deep meaning for people as they go through life. Burton and her colleagues provide im­portant clinical examples of the value of proactively attending to our client’s need for the continuity and belonging provided by the concept of “homeplace” (Burton, Winn, Stevenson, & Clark, 2004). Transferring them to a new therapist or a new home, of ignoring their important kin connections, even where there are serious dysfunctions, may only compound their distress. We see the concept of homeplace as being at the core of a meaningful life cycle assessment. We must assess clients with re­gard to their sense of belonging and connection to what is familiar. Having a sense of belonging is es­sential to well-being.

Perhaps the sense of home is for a client is an essential part of any assessment and cli­nicians and policy makers who do not consider our deep seated need for continuity and belonging as we go through life, especially through traumatic transi­tions and disruptions, will increase the trauma of the original experience.

Homeplace represents multiple levels of the human system, from the small face-to-face neighbor­hood, group, or local community to the larger cultur­al group, to the nation, and then to our increasingly “global” society. All these levels have an enormous impact on the individuals and families under their sway. They either offer protective safety and a sense of self and group identity, or amplify the alien­ation and disaffection. Many people in the U.S. do not seem to have an evolving sense of them­selves as community members or participants in the developing U.S. identity or as evolving citizens of a global community.

There is an African saying, “If I don’t care for you, I don’t care for myself,” which expresses the interdependent nature of our interventi­on to others. 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. We have a need for a spiritual sense of belonging to something larger than our own small, separate concerns. With our greater in­volvement in global events, “unconnectedness” has been disappearing, leaving little time for church or synagoge, friends, family Sunday dinners, support­ing children’s school activity, political action or adv­ocacy. These activities get lost in the scramble to survive in a tense, high-wired time that rewards no­thing but the individual acquisition of power and money. Many people have been alienated from the com­press as well as secure, exclusionary as well as support­ive of their members, and then only as long as members conform to community norms. Our social
networks of friends and collective association are no longer the given they were in the past. We must find our own place in shifting social networks from neighborhood to internet communities. Community is one of the best antidotes to the violence and anomie of our society and our best hope for alleviating levels of consumption as a way of life. And the focus on clients' having a sense of home is ever more important when the network of belonging is as rapidly changing as in our society. Shaffer and Amundson (1993) defined community as a dynamic whole that emerges when a group of people participate in common practices, depend on one another to make decisions, identify themselves as part of something larger that the sum of their individual relationships, and commit themselves for the long term to their own, one another's, and the group's well-being. Choice is the operative idea here, not nostalgia.

With our increasingly global economy, our context has increasingly become the entire earth, but we will focus primarily on the culture of the United States in the early twenty-first century. Clinicians have a meaningful role to play in encouraging clients to think about the meaning of family and community to them and asking whether they are living according to their values and ideals. To do this they must generally overcome their very real fear of avoiding topics that smack of spirituality or philosophy. In spite of thousands of years of holistic approaches to healing, our society has tended to keep physical, emotional, and spiritual healing separate.

We have also become one of the world's most class-stratified nations, with almost impenetrable walls between people of different classes. The upper-class lives in gated communities (where the emphasis is on security, not community), while the underclass lives behind prison bars, on the street, or in cell-like corners of the ghetto with almost no access to transportation to other parts of the community (Fullilove, 2004); and everyone in between is confused about what is going on. The poor have tended not to vote, but as we are seeing in recent times, great political victories can be won with a small percentage of eligible voters. If concerned citizens bring the poor into the system, things could change as politicians seek to respond to voters. What if we asked poor clients if they planned to vote? What if we discussed social or political action with middle-class clients? 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.

To keep family therapy relevant to today's families, we have to learn how and when to discuss the important issues that shape and determine our lives. We have to learn to reconnect family members with their dreams and their values. We have to learn to discuss the inequalities in our society, to include the racism, classism, sexism, and homophobia that are built into the system—and help clients 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.

### 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 those in privileged and powerful groups regarding their awareness of their position and its responsibilities. Because most people compare ourselves with those "above" them, we rarely 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, Jews, and the groups who must struggle to resolve the problem.

We 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 helping to make the rapidly increasing multi-culturalism 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? Have you ever turned in an 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 the 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 you do to help change these things?

Asking such questions is obviously not enough, since these inequalities 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. We rarely become aware of or give up our privilege without pressure or threat. In the beginning there was such a challenge, because we are so accustomed to the status quo that it is not necessarily acceptable to us or to our clients if we are pushed to think about such issues seriously.

### Life Cycle Stages: A Provisional Framework

Current definitions of life cycle stages differ from those of all other times in history. Indeed, it is becoming increasingly difficult to determine what family life cycle patterns are "normal," causing great stress for family members, who have few consensually agreed-upon models to guide them through life's passages. We offer Table 1.1 as a map for considering the transformational stages of life and the tasks required to accomplish them.

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### Table 1.1 The Stages of the Family Life Cycle

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<thead>
<tr>
<th>Family Life Cycle Stage</th>
<th>Emotional Process of Transition: Key Principles</th>
<th>2nd Order Changes in Family Status Required to Proceed Developmentally</th>
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</thead>
<tbody>
<tr>
<td><em>Leaving</em> Home: Emerging Young Adults</td>
<td>Accepting emotional and financial responsibility for self</td>
<td>a. Differentiation of self in relation to family of origin</td>
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<td></td>
<td></td>
<td>b. Development of intimate peer relationships</td>
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<td></td>
<td></td>
<td>c. Establishment of self in respect to work and financial independence</td>
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<td></td>
<td></td>
<td>d. Establishment of self in community and larger society</td>
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<td></td>
<td></td>
<td>e. Spirituality?</td>
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<tr>
<td><em>Joining of Families Through Marriage/Union</em></td>
<td>Commitment to new system</td>
<td>a. Formation of partner systems</td>
</tr>
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<td></td>
<td></td>
<td>b. Realignment of relationships with extended family, friends, and larger community and social system to include new partners</td>
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<tr>
<td><em>Families with Young Children</em></td>
<td>Accepting new members into the system</td>
<td>a. Adjustment of couple system to make space for children</td>
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<td></td>
<td></td>
<td>b. Collaboration in child-rearing, financial, and housekeeping tasks</td>
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<td></td>
<td></td>
<td>c. Realignment of relationships with extended family to include parenting and grandparenting roles</td>
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<tr>
<td></td>
<td></td>
<td>d. Realignment of relationships with community and larger social system to include new family structure and relationships</td>
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<tr>
<td><em>Families with Adolescents</em></td>
<td>Increasing flexibility of family boundaries to permit children's independence and grandparents' frailties</td>
<td>a. Shift of parent-child relationships to permit adolescent to move in and out of system</td>
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<td></td>
<td></td>
<td>b. Refocus on midlife couple and career issues</td>
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<td></td>
<td></td>
<td>c. Begin shift toward caring for older generation</td>
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<td></td>
<td></td>
<td>d. Realignment with community and larger social system to include shifting family of emerging adolescent and parents in new formation pattern of relating</td>
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<tr>
<td><em>Launching Children and Moving On at Midlife</em></td>
<td>Accepting a multitude of exits from and entries into the system</td>
<td>a. Renegotiation of couple system as a dyad</td>
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<td></td>
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<td>b. Development of adult-to-adult relationships between parents and grown children</td>
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<td>c. Realignment of relationships to include in-laws and grandchildren</td>
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<td>d. Realignment of relationships with community and larger social system to include new structure and constellation of family relationships</td>
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<td>e. Exploration of new interests/career given the freedom from child care responsibilities</td>
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<td></td>
<td>f. Dealing with care needs, disabilities, and death of parents (grandparents)</td>
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<tr>
<td><em>Families in Late Middle Age</em></td>
<td>Accepting the shifting generational roles</td>
<td>a. Maintenance of own and/or couple functioning and interests in face of physiological decline: exploration of new familial and social role options</td>
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<td></td>
<td></td>
<td>b. Supporting more central role of middle generations</td>
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<td></td>
<td></td>
<td>c. Realignment of the system in relation to community and larger social system to acknowledge changed pattern of family relationships of this stage</td>
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<td></td>
<td></td>
<td>d. Making room in the system for the wisdom and experience of the elders</td>
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<td></td>
<td></td>
<td>e. Supporting older generation without overfunctioning for them</td>
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<tr>
<td><em>Families Nearing the End of Life</em></td>
<td>Accepting the realities of limitations and death and the completion of one cycle of life</td>
<td>a. Dealing with loss of spouse, siblings, and other peers</td>
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<td>b. Making preparations for death and legacy</td>
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<td></td>
<td></td>
<td>c. Managing reversed roles in caretaking between middle and older generations</td>
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<tr>
<td></td>
<td></td>
<td>d. Realignment of relationships with larger community and social system to acknowledge changing life cycle relationships</td>
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rich richer and the poor poorer. But we do not need to lose our 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 elite are trying to blind us to the common welfare of our whole society. And in spite of our hyper-individualistic times, some creative therapists are still daring to maintain their social perspective and challenge the dominant ideology. Therapists can make a difference in large and small ways, even in our office practices.

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:

1. 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. Such a list at the start of the twenty-first century might include random violence, affirmative action, de facto school and neighborhood segregation, gay and lesbian adoption or marriage, welfare reform, abortion rights, the education of all our children, prejudice against legal and illegal immigrants, health care and insurance, tax cuts, layoffs, 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 of the family or group. Rather, 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 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 the wife's complaints about her husband's drinking and depression. She also expressed great concern about family finances because his disability pay could not support them and their two young children. Their repeated arguments were described as "neurotic and restless," the therapist felt, and although they had a trained bookkeeper, the sexist norms of their ethnicity 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 resistance 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 hand 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 realize 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."

The multi-contextual framework first laid out by Betty Carter in 1993 and expanded in Appendix 1 is a framework to assist clinicians in assessment of all levels of the system. Our intent is to make an enormous amount of information manageable and clinically relevant without diminishing its complexity. We have been evolving this guide over the years. It is meant to be suggestive and always subject to clinical judgment for a particular case.