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DEVELOPMENTAL THEORY OF FAMILIES: THE FAMILY LIFE CYCLE

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FAMILY LIFE CYCLE AND THE FAMILY PHYSICIAN

The developmental theory of families that encompasses the Family Life Cycle has been selected because: (1) the Family Life Cycle provides a predictable, chronologically oriented sequence of events in family life with which family physicians and other health professionals are already familiar, (2) viewing the family through the perspective of family development encourages us to see the family more as a system of interconnected and inter-related members, and (3) the events of the Family Life Cycle can be related to clinical events and to health maintenance of the family.

The Family Life Cycle provides a sequenced, predictable format for understanding the events of family development. Each step builds on and is dependent on the completion of a prior step. Physicians learn about life cycles by studying parasites in college biology courses. An important lesson is that each stage is important to the *individual* development of the parasite and also is intimately related to the *relationship* between the parasite and the host (the host-parasite system). The life cycle of a parasite not only describes the life cycle of the animal but also describes the relationship to the host organism. In a similar way, the Family Life Cycle provides a construct for understanding the individual development of family members and the relationship of individual family members to the family as a whole.

From the beginning of time, man has depicted the sequential stages of life and death through cultural rituals, religion, and art. Our society has placed an increasing emphasis on individual development beginning with Freud's theories of the psyche and extending to the child development theories of Gesell and coworkers (1943), and others. More recently, Erickson's (1959) description of individual personality growth pointed the way for thinking about adult human life cycles. This was extended by Sheehy (1976) in her book, *Passages: Predictable Crises of Adult Life*, in which the adult is seen as making a series of passages from each role to its succeeding role.

Many people have difficulty viewing the family as a system and tend to think of the family more as a collection of individuals. Family systems theory (see Chapter 2) points out that family functioning is more than the sum of the individual parts. Systems theory is necessary in understanding family functioning because it has the breadth and flexibility for capturing the interplay of numerous forces within and without the family that affect family development. Understanding the developmental theory of families encourages thinking in terms of family systems. During a life cycle, change occurs in the index generation, requiring concurrent change in the preceding and succeeding generations. Change in the role of one person requires change in the roles of others within the family system. Functional classifications of the Family Life Cycle describe the evolution of the family system from its formation (marriage) to its expansion (childbirth and child rearing) and its contraction. As a family enters the expansion phase, those of the prior generation become grandparents and spouses become parents. Each of these transformations requires changes in the roles and identities of the family members and affects the functioning of the family as a whole.

The Family Life Cycle can be related to clinical illness and to health maintenance. Since the life cycle consists of a series of predictable events in the formation and growth of a family, it is possible to postulate the role of the family physician as one of providing health care and medical care for the family as it moves through successive stages of the life cycle. Using such a construct, it is possible to relate the development of the family to a series of expected clinical events surrounding the formation and expansion of the family. For example, in our society, persons planning to marry must have a medical examination and certification that they do not have venereal disease. Childbirth typically dictates prenatal care, and entry of children into school requires school physical examinations and immunizations. Each of these stages of the life cycle, therefore, has clinical consequences. Additionally, there is evidence that some illnesses such as school phobia are clearly tied to a failure to achieve parent-offspring separation during the expansion phase of the Family Life Cycle.

HISTORY OF THE DEVELOPMENTAL THEORY OF FAMILY FUNCTIONING

In 1948, Evelyn Duvall and Reuben Hill coordinated a National Conference on Family Life in which the interdependence of individual life cycles was empha-

sized. They pointed out that each member of the younger, older, and middle generations had certain developmental tasks and that the successful achievement of one person's tasks was dependent on and contributed to the successful achievement by other family members of their appropriate tasks. This view of generational interconnectedness and interdependence of individual tasks led Duvall to her 1957 conception of the family having its own tasks. Her book (1977) is the basic text in this field and is now in its fifth edition. In her original work, Duvall outlined eight stages that address the entry and exit of family members into the system, including marriage, birth, child rearing, children leaving home, retirement, and death. Subsequently, there have been a number of variations on this original theme, including that of Rogers (1960), who expanded the eight stages into 24 separate stages to account for the progress of several children through the stages of the life cycle. There is no consensus on the "ideal" number of stages, but generally, courtship, marriage, birth of young children, adolescence, leaving of the children, readjustment of the couple, growing old, and facing death are the major categories.

In 1973, Haley wrote about the therapeutic strategies of Milton Erickson, which are organized around the stages of the Family Life Cycle. Erickson described the life cycle in six stages and stated his belief that stress is highest at the transition point from one stage of the life cycle to the next. Symptoms are most likely to appear in a family member when there is an interruption in the Family Life Cycle or when the family is having difficulty moving from the transition to its next phase. A number of workers have been trying to relate life cycle transition periods to the productions of symptoms (illness, behavioral problems, or family crises). Hoffman (1980) studied symptom formation in relation to the life cycle and proposed that there is a period of stress and disruption that is a prelude to each transformation in the life cycle. A common feature of this period is the type of message known as the paradoxical injunction. When the necessary pressure for the transformation cannot take place, one expects a symptom to develop that expresses both the family's need for change and the prohibition against change: thus, the paradox.

There are compelling reasons for the use of the Family Life Cycle as an orienting basis for studying and understanding families and their state of health in the specialty of family practice. The Family Life Cycle has evolved from individual, biologic, and emotional life cycles. Symptoms are produced when families have difficulty negotiating the transitions from one stage of the life cycle to the next.

STAGES OF THE LIFE CYCLE

It is important to understand the *levels of magnitude of change* that are involved in developmental transformations of the family as it progresses through the life cycle. Two orders of magnitude are involved in describing changes related to family development—first order changes and second order changes.

First order changes involve increments of mastery and adaptation that involve a need to *do* something new such as learning to prepare and administer a household budget or finding a place in which to house the family. Typically, first order developments do not involve a change in the main structure of the family but are additions to the existing state of the self and the family. In other words, *first order changes do not involve a change in an individual's identity or self-image.* First order developments are tasks that must be accomplished by the family and family members working *within* a stage of the Family Life Cycle.

Second order changes involve a transformation of an individual's status and meaning and a need to *be* something new. In order to make such a change, the very basic attributes of the family system must be changed—a member leaves or enters the family, loyalties are realigned, affections deepen or fade, roles are reassigned. Ultimately, the family system gives way to a new status. With the new system of meaning comes a new role for the individual members of the family. Second order changes occur *between* stages of the Family Life Cycle. *Second order changes always involve a change in the role and identity of family members.*

An important concept that is linked to the understanding of second order changes is that of *intergenerational connectedness.* According to this concept, each member of the young, middle, and older generations in the family has developmental tasks, and successful achievement of one member's tasks is dependent on and contributes to the successful achievement by other family members of their appropriate concurrent tasks. At the same time, the family itself has major tasks to accomplish. For instance, the birth of the first child into the young family requires that the spouses become parents and that the in-laws become grandparents.

With this background, we can now examine the Family Life Cycle stages presented in Table 3–1. The first column shows the stages of the Family Life Cycle and is organized on the basis of family members entering and exiting the family system. The second column delineates the emotional process of transition from stage to stage as suggested by Barnhill and Longo (1978). The third column shows the second order changes that must occur for the family to proceed developmentally to the subsequent stage. The fourth column outlines examples of first order changes that may and should occur within different stages of the life cycle. The second column represents the family's "attitude," and the third column indicates the work to be done by the family in instituting the family attitude.

It should be emphasized that the following description of the life cycle is illustrative of a "normal family" and that dislocations such as divorce and remarriage involve different emotional processes and require additional steps in order to proceed developmentally. A scheme for divorce and remarriage is presented after the discussion and interpretation of the stages of the life cycle of normal families.

The first stage of the Family Life Cycle is actually that of the unattached young adult. Adequate completion of the task of coming to terms with one's family of origin requires that the young adult separate from the family of origin without cutting off or fleeing to a substitute emotional refuge. The adequacy of completion of this task has an enormous influence on who, when, and how the young adult marries and on all

other succeeding stages of the new Family Life Cycle. The more adequately a young adult can differentiate himself or herself from the family of origin, the better the new family will be able to cope with stresses from in-laws and others in the family of origin during later stages of the life cycle.

The stage of marriage or formation of a new family should indicate that significant progress has been made in the task of becoming independent from the family of origin and not that this task is about to begin or is automatically accomplished by the fact of marriage. This progress involves an "attitude" of commitment to a new system that is reciprocally dependent on the relationship between the new and the old systems (the families of origin). It is important to underscore that the formation of a new family system depends not only on the commitment of the young marrieds to a new system but also on the willingness of the members of the family of origin to allow a new system to be formed. This is the concept of intergenerational connectedness. If the family of origin has not promoted adequate differentiation of its offspring, then a new family system is likely to be set up to please or spite the family of origin. This will ultimately interfere with the attempts of the married couple to become a functional family system.

The third stage of the life cycle is the family with young children. The entry of the family into this stage of the life cycle is dependent on the family system developing an attitude of acceptance of new members into the system and the preparation for a change in role from "spouse" to "spouse and parent." The family environment into which children enter may allow no space for them, allow space for them, or need them to fill a vacuum. Many factors can determine which situation will be present in a particular family at the time of birth of the first child. At one extreme, both parents may work and have multiple commitments that make it difficult to create space for children in their family system. At the other extreme, parents may be overinvested in the domestic sphere and need children to fill an emptiness in their lives. The most favorable situation is somewhere between no space for a child and using the child to fill a vacuum. As shown in Table 3–1, becoming a parent influences sexual attitudes and practices, the amount of parental privacy, and many other aspects of family life. The coming of children, therefore, defines a new family status as the wife becomes a mother and the husband becomes a father.

The fourth stage of the life cycle is that of the family with adolescents. Of all the events that occur in the Family Life Cycle, the emergence of adolescents is the one most likely to test the flexibility and resources of the family. The adolescent is rapidly changing the intensity of his or her relationships, overfunctioning one minute and underfunctioning the next. He or she wants total responsibility for self or none at all. The adolescent is also a peer grouper and explorer—constantly foraging into the community and bringing back new ideas, experimenting with new modes of behavior, and offering new values. New people are brought into the family system, many of whom are less than friendly. The three hallmarks of the family with adolescents are: (1) changes in the balance of responsibility along with overfunctioning and underfunctioning, (2) marked shifts of intensity in relationships and undercompensations in others, and (3) a surge of exchange with the community at large with input from friends, teachers, parents, and others. The period of adolescence also signals the time when the family must begin to think of its survival without the adolescent, so there is a beginning shift of concern for life without children in the parental subsystem. This may bring about some refocusing on the issue of re-forming the marital relationship without children or on further development of careers.

The next phase, launching children and moving on, is the longest phase of the life cycle now that families have fewer children. The hallmark of this phase is the attitude of acceptance of exits from and entries into the family system when the children leave home to marry and form new systems. There are two processes going on—one is the acceptance of a multitude of exits and entries, the other is the realignment and renegotiation of the marital dyad. During the launching of children stage, the parents must develop adult-type relationships between the grown children and themselves and must accept the children's marital partners as new family subsystems are formed. A final specter of this phase of the life cycle is beginning to deal with the disabilities of old age and death of the parents (or grandparents).

The final phase is the family in retirement. The major attitude of the family at this stage is that of acceptance of shifting generational roles. There is evidence (Comfort, 1978) that there will be mounting protests in the future as healthier and longer-lived oldsters object to exclusion from work and relegation to a marginal form of subsistence. During this phase of the life cycle, the older couple must deal with physiologic decline and must also deal with the death of a spouse, siblings, or other peers in preparation for their own death.

MEANING OF THE FAMILY LIFE CYCLE

Terkelsen (1980), of the Family Institute of Westchester, New York, has proposed a theory of the Family Life Cycle including: (1) purpose, (2) structure, (3) sufficiency, (4) change, (5) the family life cycle, (6) symptom formation, and (7) therapy.

PURPOSE. The purpose of the family is to provide a context that supports the need attainment for all members. All social systems fulfill the needs of their members but the family is unique in that membership in a family unit once conferred by birth, adoption, or marriage is permanent, and the relationships in the family systems are principally affectional. A family unit is able to address the developmental needs of its members after satisfying survival needs such as physical security, food, and shelter.

STRUCTURE. The structure of the family at any given point in history corresponds to the combined and interacting primary needs of its members. According to Terkelsen's theory, the basic unit of family structure is a patterned sequence of behaviors. Therefore, family structure evolves in the service of need attainment of family members.

SUFFICIENCY. The family is sufficient to the ex-

Table 3–1. THE STAGES OF THE FAMILY CYCLE*

Family Life Cycle Stage	Emotional Process of Transition: Key Principles	Second Order Changes in Family Status Required to Proceed Developmentally	Task
Between families—the unattached young adult	Accepting parent-offspring separation	1. Differentiation of self in relation to family of origin 2. Development of intimate peer relationships 3. Establishment of self in work	1. Extend social contacts outside of home to include: dating, clubs, recreation 2. Job employment 3. Living accommodations
The joining of families through marriage: the newly married couple	Commitment to new system	1. Formation of marital system 2. Realignment of relationships with extended families and friends to include spouse	1. Establishing a home base in a place to call their own 2. Establishing mutually satisfactory systems for getting and spending money 3. Establishing mutually acceptable patterns of who does what and who is accountable to whom 4. Establishing a continuity of mutually satisfying sex relationships 5. Establishing systems of intellectual and emotional communication 6. Establishing workable relationships with relatives 7. Establishing ways of interacting with friends, associates, and community organizations 8. Facing the possibility of children and planning for their coming 9. Establishing a workable philosophy of life as a couple
The family with young children	Accepting new members into the system	1. Adjusting marital system to make space for child(ren) 2. Taking on parenting roles 3. Realignment of relationships with extended family to include parenting and grandparenting roles	1. Supplying adequate space, facilities, and equipment for the expanding family 2. Meeting predictable and unexpected costs of family life with small children 3. Sharing responsibilities within the expanded family and between members of the growing family 4. Maintaining mutually satisfying sexual relationships and planning for future children 5. Creating and maintaining effective communication systems within the family 6. Cultivating the full potentials of relationships with relatives within the extended family 7. Tapping resources, serving needs, and enjoying contacts outside the family 8. Facing dilemmas and reworking philosophies of life in ever-changing challenges

The family with adolescents	Increasing flexibility of boundaries to include children's independence	1. Shifting of parent-child relationships to permit adolescent to move in and out of system 2. Refocus on midlife marital and career issues 3. Beginning shift toward concerns for older generation	1. Providing facilities for widely different needs 2. Working out money matters in the family with teenagers 3. Sharing the tasks and responsibilities of family living 4. Putting the marriage relationship into focus 5. Keeping communication systems open 6. Maintaining contact with the extended family 7. Growing into the world as a family and as persons 8. Reworking and maintaining a philosophy of life
Launching children and moving on	Accepting a multitude of exits from and entries into the family system	1. Renegotiation of marital system as a dyad 2. Development of adult to adult relationships between grown children and their parents 3. Realignment of relationships to include in-laws and grandchildren 4. Dealing with disabilities and death of parents (grandparents)	1. Adjusting to the physiologic changes of middle age 2. Discovering new satisfactions in relations with spouse 3. Setting up a comfortable home for themselves that can accommodate periodically other members of the family: parents, grandchildren, etc. 4. Helping their adolescent children to free themselves and become responsible and happy adults with families of their own 5. Re-examining their relationships and often the living arrangements with their own parents 6. Adjusting to the reality of their work situation 7. Assuring security for their later years 8. Participating in community life 9. Reaffirming the values of life that have real meaning
The family in later life	Accepting the shifting of generational roles	1. Maintaining own and/or couple functioning and interests in face of physiologic decline; exploration of new familial and social role options 2. Support for a more central role for middle generation 3. Making room in the system for the wisdom and experience of the elderly; supporting the older generation without overfunctioning for them 4. Dealing with loss of spouse, siblings, and other peers, and preparation for own death; life review and integration	1. Adjusting to physiologic changes of later life 2. Re-examining their living arrangements 3. Participating in group activities 4. Maintaining contact with younger generations

*Adapted from Barnhill, L., and Longo, D.: Fixation and regression in the Family Life Cycle. Fam. Process, 17:4, 1978.

tent that it matches specific elements of structure to specific needs of family members.

CHANGE. The appearance of a novel, primary need in one member sets in motion a new need attainment sequence that causes temporary destabilization of existing elements and eventuates in a new ongoing structure in which the existing elements have undergone modification. There are three steps involved in integrating new elements into the family structure under normal conditions: (1) insertion, (2) destabilization, (3) resolution. These processes overlap so that for any given insertion, interactions embodying destabilization and resolution are taking place simultaneously. Orders of development can be divided into two categories: first order changes that involve increments of mastery and adaptation and second order changes that involve transformation of status and meaning.

THE FAMILY LIFE CYCLE. Second order developments trigger periodic all-encompassing transformations in meaning and structure that, together with the intervening periods of stability, make up the superstructure of the Family Life Cycle. Terkelsen believes that each epoch of the life cycle should be named for the second order development that evokes the transformation.

There are two types of transformations ushering in developmental epochs in families. *Normative events* have a distinctive second order quality. They occur regularly in the vast majority of family units arising directly from the procreative and child-rearing functions. Normative events include marrying, having a child, child entering school, child entering adolescence, child becoming an adult, having a grandchild, retiring, and growing old. *Paranormative events* modify the normative momentum of the family unit. They occur frequently but not universally and are mediated by conflict, illness, extreme circumstances, or a combination of these. Paranormative events include miscarriage; marital separation or divorce; illness, disability, and death; relocation of the household; socioeconomic status change; and extrinsic catastrophe with massive dislocation of the family unit. Among both normative and paranormative events, the most pronounced effects occur with the first events. Subsequent events are less likely to trigger a major transformation of structure or change function.

As the family moves through its cycle, each member's growth is a stimulus for the growth of each of the other members of the family; this is the *developmental interaction* effect. The developmental interaction effect is of a different order of magnitude from simple behavioral interactions. In the former, we are talking about the impact of one member's *growth* upon another member. *Behavioral interaction*, however, refers to the impact of one member's *behavior* on another member. Terkelsen suggests that there are two effects of the notion of developmental interaction. First, if all members of the family must be viewed in nonpathologic terms, second order developments trigger emotional turmoil in healthy families, so families are playing out a largely normative process in therapy when their members respond adversely to therapeutically induced change. Second, the concept provides an explanation for the clinical observation that two members of a family initiate second order developments more or less simultaneously. Stated another way, growth in one family member activates a developmental move in another, which in turn influences the first member augmenting the initial change and so on.

A second effect that occurs as the family moves through the life cycle is that of multigenerational transmission. The multigenerational history of the family is made up of an endless chain of influences linking the developmental experience of each generation to that of its immediate and distant ancestors. In other words, each family member's life cycle unfolds in a context made up of the past life cycles of other family members. These multigenerational transmission effects include patterns of relating and functioning that are transmitted through the mechanism of emotional triangling put forth by Bowen (1978). The multigenerational transmission effects include the family's attitudes, taboos, expectations, labels, and loaded issues. Figure 3–1 depicts the developmental interaction effects and multigenerational effects on the family system's development.

SYMPTOM FORMATION. Haley's (1973) general concept as put forward in the early 1970's is that symptoms reflect Family Life Cycle derailment. Terkelson has stated this more formally by saying that symptoms appear in a family member when a second order development is not met by an appropriate and sufficient transformation of ongoing structure. Further, Terkelsen defines the following terms in discussing symptom formation: (1) a *symptom* is an undesirable and persisting or persistently recurring internal state—an unwanted experience; (2) *dysfunctional behavior* is behavior that disrupts the ongoing structure of the particular family system in which it occurs by interfering with reciprocal need attainment; and (3) a *dysfunctional transaction* is a sequence of behaviors containing two or more dysfunctional behaviors. Therefore, a symptom is experienced by the symptomatic member and is not observable by others, whereas dysfunctional behaviors and dysfunctional transactions are observable as events between members. The relationship between symptom and dysfunction is in the nature of a feedback loop. When unchecked, the loops of dysfunction and symptoms and their secondary elaborations disrupt the family's capacity to sustain adequate sequences of need attainment among its members and the family becomes dysfunctional for all its members. When repeated often enough, dysfunctional transactions become elements of the structure and functioning of the family. The process of integration absorbs the dysfunctional transaction into the family's ongoing structure. This concept is the basis for Smilkstein's (1980) explanation of symptom maintenance in his Cycle of Family Function proposal.

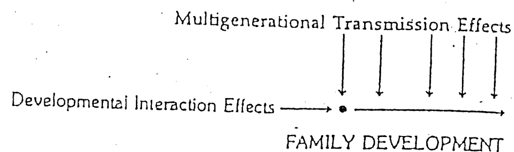

Figure 3–1. Multigenerational transmissions and developmental interaction effects on the family as it moves through time.

Table 3–2. DISLOCATIONS OF THE FAMILY LIFE CYCLE REQUIRING ADDITIONAL STEPS TO RESTABILIZE AND PROCEED DEVELOPMENTALLY*

Phase	Emotional Process of Transition: Prerequisite Attitude	Developmental Issues
Divorce		
The decision to divorce	Acceptance of inability to resolve marital tensions sufficiently to continue relationship	Acceptance of one's own part in the failure of the marriage
Planning the breakup of the system	Supporting viable arrangements for all parts of the system	a. Working cooperatively on problems of custody, visitation, finances b. Dealing with extended family about the divorce
Separation	a. Willingness to continue cooperative coparenting b. Work on resolution of attachment to spouse	a. Mourning loss of intact family b. Restructuring marital and parent-child relationship; adaptation to living apart c. Realignment of relationships with extended family; staying connected with spouse's extended family
The divorce	a. More work on emotional divorce b. Overcoming hurt, anger, guilt, etc.	a. Mourning loss of intact family; giving up fantasies of reunion b. Retrieval of hopes, dreams, expectations from the marriage c. Staying connected with extended families
Postdivorce Family		
Single-parent family	Willingness to maintain parental contact with ex-spouse and support contact of children with ex-spouse and his or her family	a. Making flexible visitation arrangements with ex-spouse and his or her family b. Rebuilding own social network
Single-parent (noncustodial) family	Willingness to maintain parental contact with ex-spouse and support custodial parent's relationship with children	a. Finding ways to continue effective parenting relationship with children b. Rebuilding own social network

*From Carter, E. A., and McGoldrick, M. (Eds.): The Family Life Cycle: a Framework for Family Therapy. N.Y., Gardner Press, 1980. By permission.

Table 3–3. REMARRIED FAMILY FORMATION: A DEVELOPMENTAL OUTLINE*

Steps	Prerequisite Attitude	Developmental Issues
Entering the new relationship	Recovery from loss of first marriage (adequate "emotional divorce")	Recommitment to marriage and to forming a family with readiness to deal with the complexity and ambiguity
Conceptualizing and planning new marriage and family	a. Accepting one's own fears and those of new spouse and children about remarriage and forming a stepfamily b. Accepting need for time and patience for adjustment to complexity and ambiguity of: 1. Multiple new roles 2. Boundaries: space, time, membership and authority 3. Affective issues: guilt, loyalty, conflicts, desire for mutuality, unresolvable past hurts	a. Work on openness in the new relationships to avoid pseudomutuality b. Plan for maintenance of cooperative coparental relationships with ex-spouses c. Plan to help children deal with fears, loyalty conflicts, and membership in two systems d. Realignment of relationships with extended family to include new spouse and children e. Plan maintenance of connections for children with extended family of ex-spouse(s)
Remarriage and reconstitution of family	a. Final resolution of attachment to previous spouse and ideal of "intact" family b. Acceptance of a different model of family with permeable boundaries	a. Restructuring family boundaries to allow for inclusion of new spouse-stepparent b. Realignment of relationships throughout subsystems to permit interweaving of several systems c. Making room for relationships of all children with biologic (noncustodial) parents, grandparents, and other extended family d. Sharing memories and histories to enhance stepfamily integration

*Variation on a developmental scheme presented by Ransom, J. W., Schlesinger, S., and Dendeyer, A.: Am. J. Orthopsychiatry, *49*:1, 1979.

Table 3–4. HEALTH MAINTENANCE SCHEDULE AS RELATED TO STAGES OF THE FAMILY LIFE CYCLE

Stage (Length of Time)	Adults—Age at End of Each Stage		Type of Health Encounter	Number of Visits for Parents		Number of Visits for Children	Issues in M.D.'s Assessment of Family Development
	M	F		M	F		
Between families (0–2 years)	20	20	Employment Physical	1	1		a. Relationship to family of origin b. Motivation and readiness for marriage
Newly married (2 years)	22	22	Premarital Contraception Health maint.	1 1	1 1 1		a. Knowledge of sexuality b. Awareness of contraceptive methodology c. Patient understanding of marriage, marital commitment d. Planning for family medical services
Young children (13 years)	35	35	Prenatal care Parent education	 5	9 5		a. Understanding of importance of prenatal care b. Knowledge of parenting and child health care (may be spaced over many years) c. Parents' assessment of child's psychological and emotional development d. Parents' reaction to adjustment to children, participation in child-related activities
			Child care 1st year 2nd yea Age 3–14			 6 3 3	
			Health maint. M—q 5 years F—q year	2	13		
Adolescents (7 years)	44	44	School/camp physical Health maint. M—1 at 40 to q 2 yr F—q yr	 3	 9	3	a. Work history and progress b. Child's relationship to parents c. Parents' understanding and preparedness for adolescence
Moving on (15 years)	59	59	M—q 2 yr till 50th q yr F–q yr	13	15		a. Assessment of adjustment to life as a couple b. Work plans and retirement plans c. Assessment of frequency of visits d. Reaction to physiologic changes of middle age e. Relationship to children vis-à-vis acceptance of parent-offspring separation
Later life (15 years)	70	70		11	11		a. Nutritional assessment b. Relationship with children and their spouses c. Relationship with grandchildren
Total Visits by Family Members				37	66	15	= 118 family visits

It has been suggested that a symptom generally emerges when a family is failing to address a developmentally relevant need. Although this association was first referred to by Haley, the idea has been elaborated by Hoffman (1980). Basically, Hoffman has proposed the theory of discontinuous change, which suggests that there is no way to avoid a period of stress and disruption that is the prelude to a transformation between stages of the life cycle. A common feature of this period is the message known as a *paradoxical injunction* or *simple bind*. A *double bind* results when the simple bind is negated or denied so that the necessary pressure for the transformation cannot take place. In such a case, one expects a symptom to arise that expresses the family's need for change and the prohibition against it. Further, since family structures are under most pressure to change at the transformation points, it is no surprise that symptoms occur at these times. Symptoms basically generate homeostatic sequences. Knowledgeable therapists and clinicians will pressure for change to disrupt this homeostatic sequence so that the system will transform and the symptom's presence will be unnecessary.

THERAPY. The goal of therapeutic interaction with a dysfunctional family is to restore its capacity to adequately support need attainment in its members. As we have seen, during each life cycle phase, two separate processes are occurring. The family member builds a foundation of self-knowledge and, at the same time, develops a foundation of knowledge about his or her identity in relation to the other people in the family system.

THE FAMILY LIFE CYCLE AND DIVORCE AND REMARRIAGE

Carter and McGoldrick (1980) have proposed a scheme for dislocations of the life cycle for divorce (Table 3–2) and remarriage (Table 3–3) that is partly based on that of Ransom and coworkers (1979).

THE FAMILY LIFE CYCLE AND FAMILY HEALTH MAINTENANCE

One of the major reasons for using the Family Life Cycle and the developmental theory of family functioning as an orienting focus for the family physician's understanding of families is that the Family Life Cycle provides a series of sequential stages of family development that can be related to health maintenance of a family. In this section, we briefly outline a concept for a life cycle–oriented system of family health care.

Table 3–4 the relates the stages of the life cycle to the health maintenance schedule for a family. For the sake of simplicity, this table has been based on a couple who marry at the age of 20. The first and only child is born when the parents are age 22. This table shows health maintenance and child health–related activities of family development only; no acute illnesses are included. The child leaves home at the parents' age of 44 and the parents both die at the age of 74.

There are a total of 118 visits for health maintenance by these three family members during a period spanning 50 years, which is probably longer than the practice life span of the family physician. Most (41) of the visits are in the early marriage and childbearing years. Fifteen visits are for child health maintenance, and 62 visits occur after the parents' age of 44. Each additional child would add 9 prenatal and 15 health maintenance visits, or a total of 24 visits each.

The farthest right hand column outlines the area of special family health concerns for each stage. As can be seen, there are a number of opportunities throughout the health maintenance visits for gathering information and providing counseling about the family's health and development.

REFERENCES

Barnhill, L., and Longo, D.: Fixation and regression in the family life cycle. Fam. Process, 17:4, 1978.

Bowen, M.: Family Therapy in Clinical Practice. New York, Jason Aronson, Inc., 1978. *This book presents the evolution of Bowen's family theory from his earlier essays on schizophrenic families and their treatment through the development of concepts of triangulation, intergenerational conflict, and societal regression. It culminates in his exploration of the differentiation of oneself in the family of origin.*

Carter, E. A., and McGoldrick, M. (Eds.): The Family Life Cycle: A Framework for Family Therapy. New York, Gardner Press, 1980. *This comprehensive book on the Family Life Cycle provides a framework for family therapy. The authors are well known experts in their fields, present a conceptual overview of the stages of the Family Life Cycle and special issues in family development and in family therapy. Issues such as the impact of death, separation, divorce, forming a remarried family, and women in families receive particular attention. This is an excellent all around text on the Family Life Cycle.*

Comfort, A.: A biologist laments and exhorts. *In* Jarvik, L. (Ed.): Aging into the 21st Century. New York, Gardner Press, 1978.

Duvall, E.: Marriage and Family Development. 5th ed. Philadelphia, J. B. Lippincott Company, 1977. *A classic textbook on the Family Life Cycle. Each stage of the life cycle is explored [illegible] detail along with the tasks necessary to accomplish that particular stage.*

Erickson, E.: Identity and the Life Cycle. New York, International Universities Press, Inc., 1959.

Gesell, A., et. al.: Infant and Child in the Culture of Today. New York, Harper Brothers, 1943.

Haley, J.: Uncommon Therapy. New York, W. W. Norton and Company, Inc., 1973. *A case book of an innovative psychiatrist's work in short-term therapy based on the psychiatric techniques of Milton Erickson. This book provides a comprehensive look at Dr. Erickson's theories, strategic therapy, and practice through a series of case studies covering the kinds of problems that are likely to occur at various stages of the human life cycle.*

Hoffman, L.: The Family Life Cycle and distribution change. *In* Carter, E A., and McGoldrick, M. (Eds.): The Family Life Cycle: A framework for family therapy. New York, Gardner Press, 1980.

Ransom, J. W., Schlesinger, S., and Dendeyer, A.: A step family in formation. Am. J. Orthopsychiatry, 49:1, 1979.

Rogers, R.: Proposed Modifications of Duvall's Family Life Cycle Stages. American Sociological Association Meeting, New York, 1960.

Sheehy, G.: Passages: Predictable Crises of Adult Life. New York, Dutton and Co., Inc., 1976. *A detailed exploration of each of the stages of adult development and the theory that adults continue to grow beyond childhood. There are predictable crises at each step. The steps are the same for both sexes, but the developmental ribbons are not.*

Smilkstein, G.: The cycle of family function, J. Fam. Pract., 1:223, 1980.

Terkelsen, K. G.: Toward a theory of the Family Life Cycle. *In* Carter E. A., and McGoldrick, M. (Eds.): The Family Life Cycle: A Framework for Family Therapy. New York, Gardner Press, 1980.

TABLE 3–2. CHILDREN'S REACTIONS TO DIVORCE*

Age of Child	Reaction of Child	Expected Problems	Risk Factors	Advice to Parents
Infancy (0–3)	Perceives loss of parent	Regression and developmental delays Problems with feeding, sleeping, and toileting Irritability, excessive crying Apathy, withdrawal	Loss of caregiver Diminished capacity of custodial parent Psychological disturbance of custodial parent	Maintain predictable routines Expect normal separation anxiety to be exaggerated Support for parent caring for herself and baby Substitute care for infant if parent is seriously depressed
Preschool (3–5)	Fears of abandonment Fears loss of custodial parent Confusion	Whining, clinging, and fearful behavior Regression and developmental delays Nightmares, bewilderment, confusion, aggression Sadness, neediness, low self-esteem Denial, perfect behavior	Persistent or severe regression, nightmares, or separation anxiety Persistent encopresis with smearing Refusal of nonresident parent to visit or of resident parent to allow visits Inability of parent to enforce discipline	Both parents should tell children about divorce and what is occurring Establish daily routine Maintain consistent discipline Emphasize that children are not responsible for divorce Encourage involvement of both parents in children's lives
Early school age (6–8)	Guilt, self-blame for divorce Sense of loss Feels betrayed, rejected Confusion	Sadness, crying, depression Longing for absent parent Anger, tantrums, acting out Asks for reconciliation Increased behavior problems	Developmental arrest, no new learning Loss of interest in peers and activities Other losses—friends, pet, relatives Changes in school or teacher	Regular frequent visits by noncustodial parent Shielding from parental hostility Involvement of both parents in child's care Consistent discipline Regular school attendance
Older school age (9–11)	Can view divorce as parents' problem but needs to find blame or reason Feels shame, rejection, resentment, loneliness	Conflicting loyalties between parents Worry about custody Hostility toward one or both parents Dependency School problems Increased behavior problems	Ongoing hostility between parents Complete rejection of one parent Parents pressure child to take sides Decrease in school performance	Involvement of both parents Parents avoid blaming each other Parental honesty Defuse child's anger
Adolescence (12–18)	Concern about loss of family life Concern about own future Feels responsible for family members Anger, hostility	Immature behavior Early or late development of independence Overcloseness or competition with same-sex parent Worry about own role as sexual or marital partner	Persistent academic failure Depression and suicide threats Delinquency or promiscuity Substance abuse	Maintain parent role with child Limit involvement in parent worries Child needs peer support Maintain consistent discipline Be aware of emotional ups and downs of adolescence—may be aggravated by stress of divorce

* Adapted from Anstett and Lewis (1986), Hetherington and Camara (1984), Rae-Grant and Robson (1988), Rhyne (1986), and Wallerstein and Kelly (1980).