

Preparation  
Normalization  
Specificity

## LIFE CYCLE PRESENTATION

### I. WHAT IS A FAMILY?

- A. Biological ties
- B. Relational ties

### II> WHAT IS THE PURPOSE OF A FAMILY?

- A. Physical maintenance of family members
- B. Ensure appropriate psychological, emotional, and physical development of family members
- C. Socialization of family members for roles in family and other groups
- D. Maintenance of social control within family and between family members and outsiders
- E. Addition of family members and their release when mature

### III. UNIQUE CHARACTERISTICS OF FAMILY (contrast to other organizations)

- A. Membership virtually permanent
- B. Relationship primarily affectional in nature
- C. Committed to guaranteeing survival and developmental needs of its members

### IV. CONCEPTS OF FAMILY LIFE CYCLE: ASSUMPTIONS

- A. Families have beginnings and endings
- B> Families go through distinct sequential stages
- C. Each stage includes a number of specific developmental tasks
- D. Multi-generational transmission: patterns of responding to developmental phases extend across generations

### V. CHARACTERISTICS OF STAGES

- A. Contain normative - predictable developmental tasks
- B. And unexpected events - serious illness, financial devastation, rape
- C. At each stage, particular vulnerabilities
  - 1. Family with adolescents: conflicts with parents peak, deterioration in sibling relationship
  - 2. Childbearing years usually correspond to peak of career establishment
- D. Stages may also be characterized by resource-building
  - 1. Financial, material
  - 2. Emotional maturity, social support

### VI. DEVELOPMENTAL TASKS: PRINCIPLES

- A. Each stage of life brings responsibilities and adjustments
- B. Developmental task of any given period must be accomplished before going onto next level of maturation
  - 1. Don't resolve marital conflicts, having children won't help
  - 2. Family's performance (ie., patterns of communication or lines of authority) during one stage can narrow options in next phase (authoritarian parent may not have flexibility to deal with

adolescents)

C. Inadequate or adequate accomplishment of developmental tasks determines family functioning

D. Cultural, ethnic, socioeconomic variations in both tasks and responses to tasks

#### VII. NORMAL FAMILY LIFE CYCLE

SEE FIGURE 2

#### VIII. DIVORCING FAMILY CYCLE

SEE FIGURE 3

#### IX. THE REMARRIED FAMILY

SEE FIGURE 4

#### X. CULTURAL VARIATIONS

A. Different life cycle transitions have different importance to different ethnic groups

1. Funerals: important to blacks, Irish

2. Quincereanos - 15th birthday party for Latinos

3. Launching - many developing countries deemphasize phase of single young adult; launching occurs from home to married life; launching much more stressful in West

4. Marital unit - in many countries more for procreation than personal fulfillment, interpersonal relationship

5. Marriage - may be more emphasis on linking families, loyalty to family of origin, opposition to intermarriage

6. Child-centered - some cultures more than others

a. Jewish - child-focused

b. Irish - seen and not heard

c. some more physical discipline

d. some more affectionate (Latino)

7. Responsibilities toward elders - different concepts

8. Death - some cultures express grief overtly (black); others make with joviality (Irish)

B. Culture clash between values of 1st and 2nd generations

C. Mexican-American/Latino Family

1. Family structure embedded in extended family network

2. Courtship: longer; parents more involved; importance of coming together of extended families

3. Marriage - strong involvement and physical proximity to family of origin; complementarity of marital roles stressed; not much emphasis on marital or sexual satisfaction

4. Family with young children - integration of new family member through ritual of baptism (acquisition of godparents); entrance into parenthood not seen as major crisis, does not signify independence from own mother, as in Anglo women; less pressured than Anglos about developmental milestones; emphasis on gratifying needs rather than stimulating independence

5. Family with school age children - first sustained contact with values of dominant society; cooperation, affiliation stressed, rather than achievement, competition

6. Families with adolescents - expect obedience from children throughout life; later dating, stricter rules than Anglos; parents

may depend on older children to mediate alien culture

7. Families with middle-aged parents - empty nest syndrome not as visible; still focused on children and grandchildren

8. Old family - retirement not significant turning point; traditional valuing of leisure; importance of male friendship groups and extended family; culture does not idealize youth; expectation young will care for old; more open about death

## THE FAMILY LIFE CYCLE

### I. Nuclear Family Stages

#### A. Definitions of stage

1. different time periods through which families exist
2. division within family distinctive enough from those that precede and follow it to constitute a separate period

#### B. Characteristics of family stages

1. family stages not invariant or irreversible
2. families at same stage characterized by similarity of tasks to be accomplished, and similarity of role functions for family members
3. role transitions (getting married, having children, coping with spouse dying) introduce family stages
4. certain stages characterized by particular vulnerabilities
  - a. family with secondary school children: conflict with parents, deterioration of sibling relationships
  - b. demands of multiple roles may peak simultaneously: childbearing years often correspond to peak of career establishment
5. stages may also be characterized by resource building
  - a. before children arrive
  - b. after children arrive
6. at each stage,
  - a. normative events (which all families experience - marriage, birth, school)
  - b. unexpected crises (accidents, serious illness, financial devastation, rape)

#### C. Models of stages

1. 5 stage model
  - a. establishment stage
  - b. expanding stage - addition of first child to arrival of last child
  - c. stable stage - period of child-rearing until first child leaves home
  - d. contracting stage - period of children's leaving home until last gone
2. 7 stage model
  - a. newly established couple (I)
  - b. childbearing (II)
  - c. families with school children (III)
  - d. families with secondary school children (IV)
  - e. families with young adults (V)
  - f. families in middle years (VI)
  - g. aging families (VII)

### II. Family Developmental Tasks

#### A. Definition of family developmental tasks

1. any one of family functions necessary for its continuance at a particular stage

## FAMILY CYCLE 2.

2. family functions
    - a. physical maintenance of family members
    - b. ensuring appropriate psychological, emotional, and physical development for family members
    - c. socialization of family members for roles in family and other groups
    - d. maintenance of family members' motivation to perform family and other roles
    - e. maintenance of social control within family and between family members and outsiders
    - f. addition of family members and their release when mature
  - B. Characteristics of family developmental tasks
    1. family development tasks at a specific stage arise from conjunction of pressures from family members and from larger society
      - a. each stage of family life cycle brings responsibilities and adjustments
    2. family members attempt to accomplish these tasks in ways consistent with family values and reputation of family in community
    3. concept of limited linkage
      - a. family role performance at one stage can narrow family's behavioral options at the next stage
      - b. patterns of communication or lines of authority developed in stage I may restrict possibilities in these areas for stage II
    4. level a family attains in task performance partly dependent on demands of new stage partly on continuing effects of past performance
    5. accomplishment of individual and family tasks has a reciprocal relation
      - a. few developmental tasks can be done in isolation
      - b. need context of family, subculture, society
    6. need for accomplishment of a developmental task arises from 3 sources:
      - a. changes in individual and family role expectations to coincide with maturational process in the individual
      - b. changes in individual aspirations and demands
      - c. changing societal demands on family as unit and on individual members
- III. Issues (developmental tasks) of Stage I
- A. Preparation to take over marital roles
    1. role assignments
    2. negotiation of division of labor
  - B. Establishment of interpersonal boundaries
    1. separation from families of origin
    2. establishment of solidarity of new couple relation
  - C. Shift of gratifications from those satisfactory to individual to those satisfactory to both

FAMILY CYCLE 3.

1. change from self- to other-oriented perspective
  2. identification of common, shared pleasures and activities
  - D. Developing mutually satisfactory sexual adjustment and family planning
  - E. Developing facility for living intimately with each other
  - F. Developing some skills in conflict management
- IV. Issues of Stage II
- A. Impact of parenthood on marital roles
    1. potentially diminishing sexual relations
    2. competition between marital and parent-child subsystems for resources of time, nurturance, and affection giving
    3. reorganization into three-person group system
    4. cohesiveness in marital bond before birth of child associated with less perceived difficulties in adjustment
  - B. Tasks of parenting
    1. challenge of coping with ignorance of parenting skills
    2. must maintain infants physically
    3. begin process of socialization
    4. deal with problem of imbalance between family's consumption and wage
- V. Issues of Stages III-V
- A. Child-rearing years - divisive interest in marital careers (differing role functions) leads to separation of husband and wife
    1. loss of intimacy difficult to reverse
    2. more complementarity and overlap of role function, greater closeness in couple
    3. wives with organizational and occupational roles outside the home tend to maintain higher levels of marital adjustment
    4. importance of balance between control and support in child rearing tasks; providing nurturance and noncontingent love
  - B. Adolescence
    1. letting-go period
    2. strong financial and emotional pressures
    3. youths liking for more power to make own decisions
    4. parents still wish to exercise control
  - C. Sibling
    1. competition for attention
    2. siblings may serve as mediators within the family and between family and broader community
- VI. Issues of Stages VI-VII
- A. Middle years - has been overemphasis on negative (empty nest syndrome)
    1. less marital tension
    2. emphasis on companionship

**FAMILY CYCLE 4.**

**B. Tasks of middle years**

1. launching of children
2. transitions of menopause, midlife crisis
3. adjusting to body's physical changes
4. adjusting to reality of work situation
5. adjusting to being a couple again
6. assuring own economic security
7. maintaining participation in community life
8. assuring adequate medical supervision for old age
9. making adequate living arrangements for own parents

**C. Aging couple**

1. importance of companionship
2. sexual accommodations
3. making shift from being position-oriented to person-oriented

## FAMILY AND ILLNESS

- I. Dimensions of Assessing Family Response to Illness
  - A. How family has dealt with previous crises
  - B. Meaning the illness has to the family and to ill members
  - C. Family life-style/structure
    - 1. when family is nurturing, well-structured, and has open communication, response to illness is more adaptive
  - D. Coping resources
    - 1. emotional strength of family members
    - 2. support from extended family
    - 3. availability of necessary resources
    - 4. self-help groups
    - 5. religious beliefs
  - E. Who is ill
    - 1. status and role of ill family member
  - F. Stage of the family life cycle
  - G. Stage of disease
    - 1. preventive efforts
    - 2. diagnostic crisis
    - 3. treatment
    - 4. rehabilitation and recovery or death
    - 5. at each stage, various clusters of roles to be performed
      - a. some family functions continue without disruption
      - b. some redistributed temporarily
      - c. some permanently reassigned
      - d. some new functions created
- II. Effects of Illness on the Family
  - A. Dysfunctional effects
    - 1. disappointment, shame, guilt, inadequacy
    - 2. resentment and anger, yielding punishment, ignoring of ill member
    - 3. anxiety, yielding overprotectiveness, overindulgence
    - 4. depression and unresolved grief
    - 5. marital dysfunction
    - 6. overconcentration of attention on sick member; child-rearing practices distorted
    - 7. distortion of family life
    - 8. secondary gain
    - 9. chronic stress - main goal survival; little hope of accomplishment
    - 10. lethal dyads: a see-saw of symptoms between family members
    - 11. web of silence: lack of communication, patient isolation
    - 12. social isolation of the family
    - 13. family postpones or avoids seeking help
    - 14. patient develops low self-esteem; withdrawal; dependence; anger
    - 15. family breakdown and disintegration
    - 16. infringement on leisure time, work time



FAMILY AND ILLNESS 2.

B. Positive effects

1. family feels they have become closer as a unit
2. family members feel they have grown on a variety of personal, interpersonal dimensions as a result of the experience
3. development of a more positive and humorous worldview
4. development of unusually deep and meaningful friendships
5. encouragement of independence and normalcy in ill member

III. Coping Tasks and Strategies

A. Goals of coping

1. challenge to family adaptation
2. important for family to maintain sense of membership for ill person
3. family reorganization, reassignment of roles
4. reestablish emotional baseline - mastery of resentful, self-accusatory feelings

B. Coping strategies

1. denying, minimizing, avoiding
  - a. of facts
  - b. of meaning of facts
  - c. of one's emotional state
2. seeking relevant information
3. requesting reassurance and emotional support
4. learning specific illness-related procedures
5. setting concrete, limited goals
6. rehearsing alternative outcomes
7. finding general pattern or meaning
8. isolation of affect - isolate and deny anxious emotions, especially during medical crisis
9. rationalization - focus on enriching aspects of experience
10. control through thinking - mastery of information
11. maintaining a sense of control
  - a. over life in general
  - b. over outcomes of this illness
  - c. through personal efficacy (participating in recovery process)
  - d. through belief in powerful others
12. acceptance
  - a. positive - continue to live as fully as possible; "insightful"
  - b. resignation and giving up
13. maintaining hope or optimism
14. use of mental imagery
15. prayer
16. humor, laughing
17. adopting or avoiding the sick role
18. making positive life changes
19. stress reduction behaviors
  - a. meditation, relaxation
  - b. smoking, watching TV, drinking

### FAMILY AND ILLNESS 3.

20. escape, distraction

21. expression of feelings

#### C. Maladaptive coping responses

1. severe and unchanging denial of reality of illness

2. isolation of ill member while rest of family attempts to survive

3. hypochondriasis in other family members

4. continued projection of angry feelings onto other family members

5. extreme regression on part of children

6. extreme rigidity

7. significant withdrawal from accustomed social interactions

#### IV. Guidelines for Intervention

A. Importance of providing explanatory models to family members

B. Encouraging open communication

C. Using information constructively

D. Sharing parental anxiety

E. Identifying and emphasizing parental strengths

F. Teaching specific treatment techniques

G. Use behavioral rehearsal to prepare family for different possible outcomes

## PSYCHOSOMATIC FAMILIES

- I. Characteristics of psychosomatic families
  - A. Enmeshment
    1. extreme form of proximity, overinvolvement, intensity in family interactions
    2. dyadic conflict always expands to entire family
    3. subsystem boundaries poorly defined
    4. parental control of children ineffective
    5. interpersonal differentiation poor
      - a. individual gets lost in system
      - b. autonomy punished - subordination of self
    6. excessive togetherness and lack of privacy
    7. family child-oriented
      - a. parents focus on child's well-being
      - b. child focuses on her own well-being
      - c. child feels responsibility not to embarrass family
      - d. emphasis on loyalty to family
    8. child's self-image
      - a. overly skilled in interacting with adults
      - b. adolescence provokes crisis of separation - intense anxiety
      - c. focus on bodily function as avoidance
      - d. sees herself as weak, incompetent, dependent, helpless - acts out these feelings in illness
    9. family tends to be somewhat isolated from outside world and reality
  - B. Overprotectiveness
    1. high degree of concern for each others' welfare
    2. constant nurturing and protective responses
    3. always looking for illness
    4. retards child's development of autonomy, competence, interests outside the family
  - C. Rigidity
    1. too invested in maintaining status quo
    2. cannot absorb change
    3. presents as normal, with no problems other than identified patient
  - D. Conflict avoidance
    1. problems left unresolved, resurface again and again
    2. child's illness used to skirt conflict: protective detouring
      - a. triangulation: child cannot express herself without siding with one parent against the other
      - b. parent-child coalition - child tends to pair repeatedly with one parent
      - c. unified spouse dyad
        1. join in protecting or blaming sick child
  - E. Depressive affect
    1. dysphoric feelings contribute to family cohesion but mitigate against expression of feelings
    2. pseudomutuality

PSYCHOSOMATIC FAMILIES 2.

- F. Blocked verbal communication
  - 1. especially in areas of sexual maturation and functioning

II. Therapeutic Process

- A. Therapeutic goal
  - 1. transformation of family structure through modification of feedback system of relationships
  - 2. emphasis on modification of present, rather than exploration, interpretation of past
- B. Joining maneuvers
  - 1. therapist assumes position of leadership
  - 2. accepts family organization and transactional patterns
  - 3. blends, accomodates
  - 4. is able to participate in family structure
  - 5. therapist joins with various subsystems
  - 6. must be careful not to join with only one subsystem
  - 7. must not become so joined that loses power, sucked into family's dysfunction
- C. Accommodation
  - 1. therapist's adaptation to family system so joining is successful
  - 2. maintenance - planned support of family structure
  - 3. tracking
    - a. observing and encouraging interactions
    - b. clarifying, approving, empathy
  - 4. mimesis - physical mimickry of family members
- D. Family Assessment
  - 1. What is family structure?
    - a. preferred transactional patterns and available alternatives
  - 2. What is system's flexibility and capacity for restructuring?
  - 3. How sensitive is system to family member's actions? (resonance)
  - 4. What is the family life context? - sources of support, current stresses
  - 5. What is family's developmental stage?
    - a. degree of appropriateness of current family tasks
  - 6. How are the identified patient's symptoms used to maintain the family's preferred transactional patterns?
- E. Formation of the Therapeutic Contract
  - 1. therapist and family must come to agreement on nature of problem
  - 2. must also reach agreement on goals for change
- F. Restructuring the Family
  - 1. Forming the therapeutic system
    - a. assist family to enact, rather than describe transactional patterns (actualization)
      - 1. recreating family dialogue
      - 2. manipulating geographical arrangements

PSYCHOSOMATIC FAMILIES 3.

2. Marking boundaries
  - a. creation of flexible interchange between autonomy and interdependence for all family members
  - b. confirm individual member's sense of self
  - c. strengthen boundaries
    1. do not allow one person speaking for another
    2. do not allow interruptions
    3. elicit opinions of other members
    4. assign new transactional patterns
3. Escalating stress: therapeutically induced crisis
  - a. blocking of usual transactional patterns
  - b. emphasizing differences, disagreements
    1. allow completion of disagreements
    2. avoid being referee
  - c. develop implicit conflict to make explicit
  - d. therapist joins subsystems to unbalance and force restructuring
  - e. highlights child's competence - not sick but disobedient
  - f. challenge enmeshment
    1. support individual space
    2. support subsystem development
    3. support hierarchical organization of family
  - g. challenge overprotection
    1. support coping behavior
    2. support individuation
  - h. challenge rigidity
  - i. challenge detouring
4. Assigning homework tasks
5. Utilizing symptoms
  - a. transfer focus from identified patient to other members
  - b. exaggerated focus on symptom to challenge existing structures
6. manipulating mood
  - a. using humor
  - b. exaggeration of predominant affect of family
7. Support, education, guidance
  - a. teach family members to respond to each other

## FAMILY ASSESSMENT

- I. Dimensions of Assessment
  - A. Nature of presenting problem
    - 1. severity of symptomatology
    - 2. role of symptom in family
  - B. Family structure
    - 1. overt power (influence and dominance vs. leadership in family)
    - 2. parental coalitions: child coalitions
    - 3. closeness (boundaries)
    - 4. family rules and means of enforcing
    - 5. role network with extended family community
  - C. Family goals and value orientation
  - D. Mythology
    - 1. shared distortions, stereotypes
    - 2. degree of congruence between family and observer impressions of family
  - E. Goal-directed negotiation
    - 1. effectiveness of family negotiations
    - 2. problem-solving skills
  - F. Previous response to crises
  - G. Communication patterns
    - 1. clarity, directness
    - 2. congruence between verbal and nonverbal
    - 3. who talks to whom and how
  - H. Family affect - dealing with affect
    - 1. expressiveness
    - 2. mood and tone, warm affectionate vs. cynical, pessimistic
    - 3. conflict - degree of unresolved conflict
    - 4. empathy - sensitivity to feelings of others
  - I. Degree of autonomy of family members - individuation
    - 1. ability to communicate self-concept (sharing feelings and thoughts)
    - 2. responsibility (for own thoughts, feelings, actions)
    - 3. invasiveness - speaking for one another, mind-reading
    - 4. permeability - receptivity to each other's acknowledgment of what others' thinking, feeling
  - J. Stage of family life cycle
    - 1. accomplishment of appropriate developmental tasks
  - K. Capacity for change
- II. Ten Key Questions in Family Assessment
  - A. What is outward appearance of family?
    - 1. how far apart do family members sit from each other?
    - 2. who sits next to whom?
    - 3. who is closest to therapist?
    - 4. physical appearance (resemblances, neatness, cleanliness)

## FAMILY ASSESSMENT 2.

- B. What is cognitive functioning in the family?
    - 1. capacity for precise communication
    - 2. degree of effective problem-solving
    - 3. contradictory messages
    - 4. who gives and who receives various communications
  - C. What is repetitive, non-productive sequences do you notice?
  - D. What is the basic feeling state of the family?
    - 1. who carries it?
  - E. What is the quality of relationship between family?
    - 1. how do people relate to each other?
    - 2. how well are they able to communicate, to share feelings?
  - F. What subsystems are operative in the family?
    - 1. coalitions
    - 2. triangulated situations
  - G. Who carries the power in the family?
  - H. How are family members differentiated from each other? (autonomy)
  - I. What part of the life cycle is the family experiencing?
    - 1. are its problem-solving methods appropriate?
  - J. What are evaluator's own reactions to family?
    - 1. reminds of own family
    - 2. affect (warmth, dislike, anger etc.)
- III. More Right Questions
- A. Families of Origin
    - 1. who is the family of the family?
    - 2. what sort of families did the parent generation come from?
    - 3. use of genograms to identify transgenerational patterns of dysfunction
  - B. Value Orientation
    - 1. what are particular values held by this family?
    - 2. what beliefs are important to them?
    - 3. are religious beliefs important to the family?
    - 4. are there value conflicts between family members, particularly across generation?
  - C. Social Milieu
    - 1. how much contact with relatives? helpful/difficult?
    - 2. do family members have friends in the neighborhood?
    - 3. to what groups, organizations do family members belong?
    - 4. employment/income status? level of education of members? school attendance/problems?
    - 5. what is the physical environment in which family lives?
  - D. Psychosocial Interior
    - 1. who are major decision-makers in family?
    - 2. who can each person talk to most easily?
    - 3. how does each member get attention?
    - 4. what activities does the family share? what about only some?
    - 5. what are roles each family member assumes?

FAMILY ASSESSMENT 3.

E. Family life cycle

1. how many are there in the family?
2. who lives at home?
3. what family concerns/problems do they presently have?
4. what major problems has this family experienced in past; how have they resolved them?

F. Family Life

1. what is daily life like for this family and its members?
2. what are their routines?

IV. Distinguishing Functional and Dysfunctional Family Systems

A. Health families

1. capacity to communicate thoughts and feelings (key)
2. cardinal role of parental coalition in establishing level of functioning of total family (key)
3. ability to successfully love, work, and play
4. freedom from symptoms
5. capacity to deal with stress
6. ability to master life stages
7. ability to maximize personal resources
8. open, caring, empathic, trusting communication between members
9. mutual respect for other family members: shared power
10. freedom to agree or disagree without punishment
11. closeness, but also autonomy: good boundaries
12. ability to deal realistically with separation and loss

B. Troubled families (severely dysfunctional)

1. great difficulty dealing with adolescent separation
  - a. centripetal - cling together; family binds children;
  - b. centrifugal - distancing from family, reliance on peers; children expelled often before they are ready;
2. dominated: one powerful parent; little or no closeness
3. conflicted: parents unable to share power; struggles for control
4. chaotic: disorganized, isolated, may seem bizarre
5. completely closed system - chaotic, rigid, little interaction with outside world
6. centripetal
  - a. absence of parental coalitions; leadership absent
  - b. difficult to tell who is parent and who child
  - c. individuality discouraged: emphasis on family closeness
  - d. children fail to establish separate identities
  - e. lack of boundaries between subsystems
  - f. communication poor and confusing
  - g. absence of warmth
  - h. inability to negotiate differences



FAMILY ASSESSMENT 4.

7. Centrifugal
  - a. open discord, manipulation
  - b. confusion about roles: leadership shifts moment to moment
  - c. blaming, intimidation, quarreling
  - d. lack of warmth or tenderness
  - e. inconsistent rules

VII. Red Flags in Assessment

- A. Inability to deal effectively with developmental sequences and family crises
  1. regression
  2. disorganization
  3. major dysfunction
- B. Pathological communication
  1. double-bind: issuing two simultaneous but contradictory messages
  2. mystification:
    - a. befuddling, obscuring, masking
    - b. way of dealing with conflict and contradictory viewpoints
  3. quality of communication:
    - a. symmetrical
      1. each participant attempts to mirror other's behavior
      2. may either minimize conflict or be competitive
    - b. complementary
      1. one partner's behavior complements the other
      2. based on inequality
- C. Enmeshment and disengagement
  1. families functioning on either extreme of continuum at risk
  2. juvenile delinquency as index of either enmeshment or disengagement
  3. psychosomatic symptoms in child as index of enmeshment
- D. Scapegoating
  1. reliance of family system on maintenance of pathology in identified patient
  2. all members, including scapegoat, participate in the process
- E. Persistent family myths
  1. shared fantasy, denial, distortion contradicting reality
  2. used to maintain dysfunctional interaction patterns
- F. Pseudomutuality
  1. attempt to maintain appearance of close, open relationship
  2. in reality, great distance between family members
- G. Pervasive physical symptomatology in family members
- H. Alcoholism, drug abuse

## LEARNING OBJECTIVES - FAMILY LIFE CYCLE

The learner should be able to:

1. Identify the various stages of the traditional middle-class family life cycle, including launching of the single adult, the new couple (marriage), becoming parents (families with young children), families with adolescents, launching children, and the family in later life; and be familiar with normative developmental events within each stage.
2. Identify various aspects of the divorce cycle, including divorce at different stages of the family life cycle, the process of becoming a one-parent family, and issues in remarriage such as blended families and step-parenting.
3. Discuss ways in which ethnicity and culture interact with the family life cycle, including differences in the meaning of marriage, views of appropriate sex roles, roles of children, relationship to extended family, and views of illness and death; and be able to discuss the immigrant family, and the issue of intermarriage.
4. Identify changes in the family life cycle in the past generation, including the impact of lower birth rates and longer life expectancy, effects of economic developments, changes in women's traditional roles, and changes in what constitutes a family.
5. Describe ways in which chronic illness interacts with the family life cycle, including typology of disease (onset, course, outcome, degree of incapacitation); significance of family member affected (parent, child, grandparent) and point in family life cycle (infancy and early childhood, middle years, launching, old age etc.); role of family in patient adaptation to illness/recovery; differential response patterns of families to illness; and role of family in health promotion and risk reduction.
6. Identify and describe unique characteristics of the family life cycle in poor and lower-income families.
7. Identify the meaning and expressions of myths, ceremonies, and rituals in the family life cycle, both as ways of dealing with normative developmental events and unexpected family crises.

### MENU OF LEARNING EXERCISES

1. Prepare a brief annotated bibliography (10 references).
2. Videotape and present an interview with a family, focusing on one of the learning areas above (dealing with chronic illness/death; normative challenges at a particular life phase etc.).

3. Develop a role-play situation illustrating one of the learning objectives above.
4. Prepare a three page summary of library research on one of the above objectives.
5. Complete a family genogram on a patient which focuses on one of the learning objectives listed above.
6. Complete your own family genogram describing your current phase in the family life cycle, and contrast it with a genogram of your family-of-origin in its current phase of the family life cycle.