

Family Medicine Theory in Action for GP's

Theories in Action – A regular column that explores core concepts of our discipline using actual patient problems as triggers for discussion. Presented by Professor Bruce Sparks and Dr Anne Wright from the Department of Family Medicine, University of the Witwatersrand.

No 5. The Family Life Cycle: Its Use in Clinical Practice

The patient's story...

The patient

Mrs Anne Coleman, who has been a patient of the Johannesburg practice for many years, consults late one Friday afternoon. She is deeply concerned about her 17 year-old son Peter. He is living with his father and sister Susan, ever since Anne's divorce 6 years ago from their father Robert. Their oldest son, Justin is a student at Port Elizabeth University. A basic genogram drawn with Anne's help reveals a full history of the family relationships. (Figure 1)

The patient's story

The divorce had been a 'messy' and traumatic one for the whole family. Anne had been abusing alcohol for many years, and when Robert ultimately divorced her she was in no fit state to care for the children. Possibly being strongly influenced by the family advocate and also Robert's attorney, they had chosen to stay with Robert and he was granted custody. Anne was devastated as she was left totally alone and without much emotional support. Since attending Alcoholics Anonymous she has made many new friends and is now enjoying her sobriety and beginning to make good the lost opportunities with her children. Justin who was 15 at the time of the divorce and who was most affected by the disruption, is still very angry that his mother had "dumped" him and his younger siblings. Three years ago, Sophie Coleman, Robert's widowed mother joined his household. She is chronically ill having been diagnosed with Crohn's disease at the age of 30. She is racked by repeated bouts of diarrhoea and pain.

Robert had apparently been involved in 'quite a few' relationships since the divorce, and two years ago had married Trish a 20 year-old secretary in his office. This had angered Justin even more, especially when Nicki his stepsister was born. Anne thinks the marriage is 'totally ridiculous'. "She's Justin's age and hardly older than Peter!" she exclaimed.

"I have been seeing quite a bit of Peter and Susan lately, but I am deeply concerned about what is going on at Robert's house. It's a totally unhealthy situation and Susan

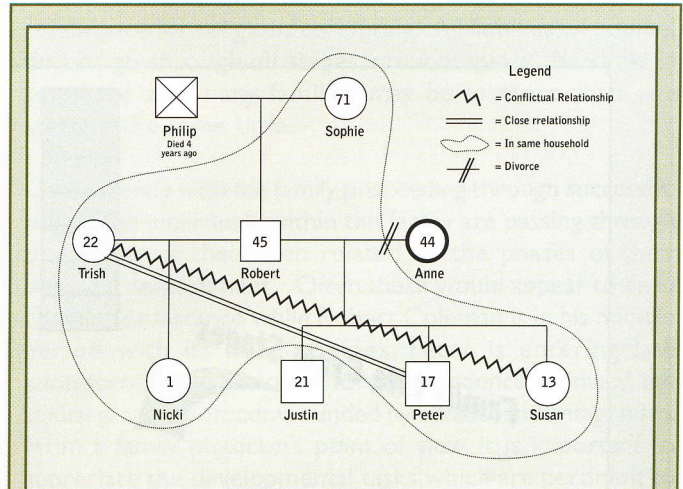


Figure 1: Coleman family genogram

(Note that for discussion purposes ages of patients have been used instead of dates of birth).

is so unhappy. She is expected to look after the baby and is treated like a nursemaid – Trish does nothing for the child! Peter is spending a lot of time with Trish and they seem quite close. I think he fancies her and she flirts with him. I am really worried about the kids. Robert doesn't seem to care or even notice – he is so besotted with his baby and his fresh young bride! It's not that I am jealous, I just think its wrong!"

The Theory

"We are born to families. Our first relationships, our first group, our first experience of the world are with and through our families. We develop, grow, and hopefully die in the context of our families. Embedded within the larger socio-political culture, the individual life cycle takes shape as it moves and evolves within the matrix of the family life cycle. Our problems are framed by the formative course of our family's past, the present tasks it is trying to master, and the future to which it aspires. Thus the family life cycle is the natural context within which to frame individual identity, and development and to account for the effects of the social system." ¹

Many of the theoretical principles involved in this family problem were discussed in the previous TIA.2 A systems approach would permit us to understand the reactions and interactions within the family system. Another way of applying this approach is to consider the tasks and conflicts using the framework of the family life cycle.

What is the family life cycle? Just as individuals go through a developmental process from foetus > newborn > infant > toddler > pre-schooler > scholar > teenager > young adult > middle age > elderly, so do families. Ian McWhinney states, "An understanding of the family life cycle, together with an understanding of individual development can help the

physician form good hypotheses about the problems patients are experiencing."³ There are different ways to describe the stages of family development – which although not necessarily accurate for a given family, may assist us to formulate such hypotheses.

The sociologist, Duvall⁴, developed an eight-stage schema of structural, observable, and predictable stages indicating the number of years that an American family is expected to spend at each stage. These stages are as follows:

1. Married couples (without children)
2. Childbearing families (oldest child, birth –30 months)

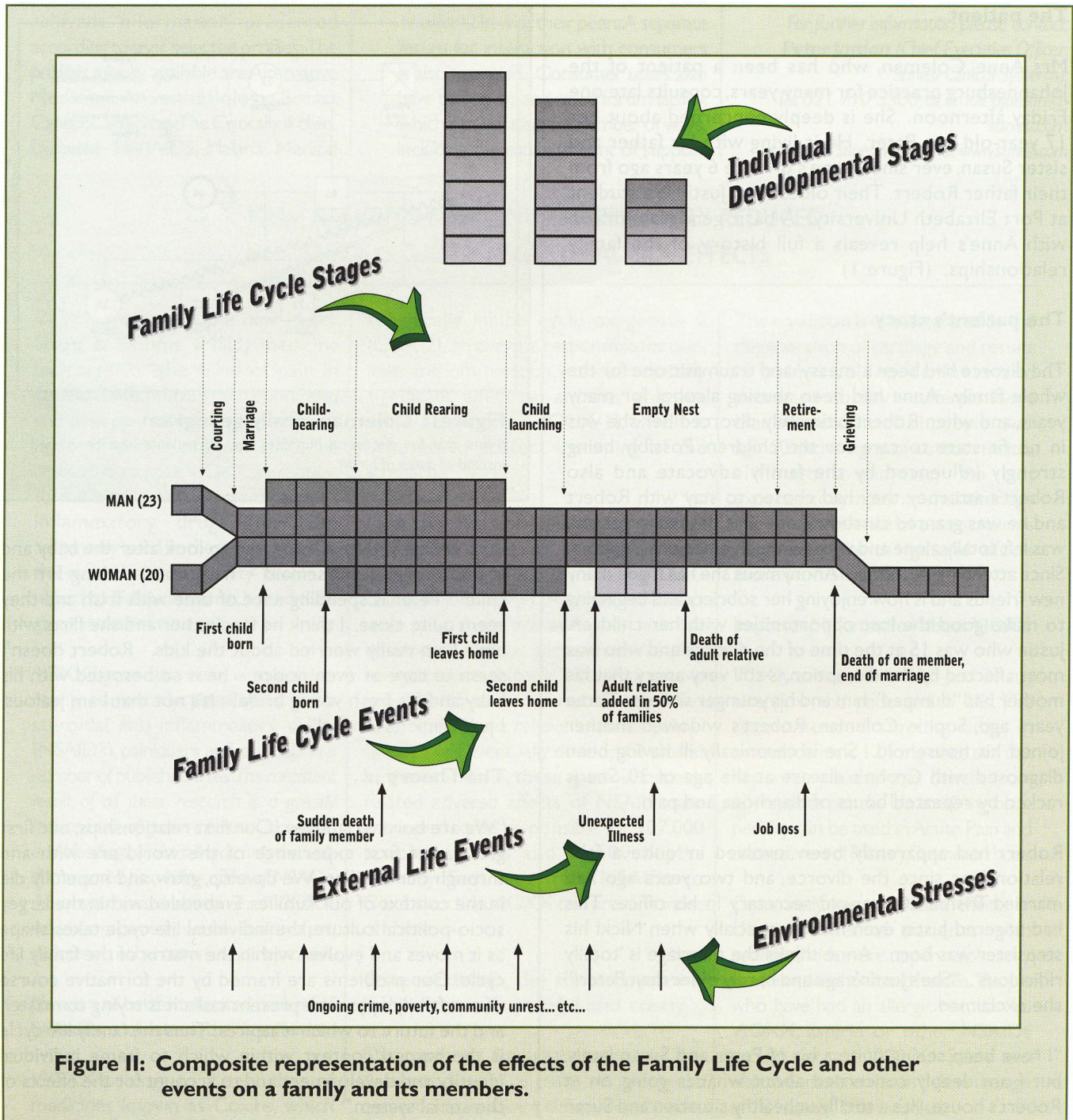


Figure II: Composite representation of the effects of the Family Life Cycle and other events on a family and its members.

3. Families with pre-school children (oldest child 30 months – 6 years)
4. Families with schoolchildren (oldest child 6-13 years)
5. Families with teenagers (oldest child 13-20 years)
6. Families launching young adults (first child gone to last child leaving home)
7. Middle-aged parents (empty nest to retirement)
8. Ageing families (retirement to death of both spouses)

The psychiatrist, Glick ^{5,6}, on the other hand, using US census data to document the length of each stage of the life cycle of the family, used a functional classification of the stages. These are depicted in the horizontal family profile in Figure 2 where each block represents 2 years. The following points about the average North American family are worth noting.

1. Couples are married about 2 years before the first child is born
2. The average family size is 3.6
3. The last child is born about 6 years after the marriage
4. The first child leaves home within 16-18 years after the marriage.
5. The last child leaves home within 18-20 years after the marriage.
6. An adult relative moves in within 18-24 years after the marriage in about half the US homes
7. The basic couple is without children at home for at least 14-15 years of the marriage.⁷

These figures, which were based on middle class, Caucasian, Americans living in the era 1940-1970, have probably changed today and do not reflect the average South African family. One thinks of the challenge presented by street children, teen moms, extended families and 'HIV families'. However the concept assists us to understand what could be expected, and is a useful skeletal framework, as long as these limitations are kept in mind. In the course of its development, a family goes through a series of predictable transitions: marriage, childbirth, school years, adolescence, child launching, involution, 'empty nest', retirement and widowhood. Each transition can be very stressful and is often accompanied by some form of 'rite of passage', such as a party, celebration, or religious ceremony. All families, of course, do not go through all stages, nor complete the cycle in sequence and many families may be in more than one stage at the same time.

Concurrently with the family proceeding through successive stages, the individuals within the family are passing through transitions of their own related to the phases of their personal development. Often these would appear to be in conflict, for instance while Robert Coleman is in his mid-life period with its own stresses, Peter is entering late adolescence with the quest for independence, intimacy, and sexual gratification, compounded by conflict and antagonism. From a family physician's point of view, it is important to appreciate the developmental tasks which are pertinent to

Age of Index Person	Individual Life Cycle	Individual Development Tasks	Family Life Cycle Stage	Family Development Tasks
0-1	Infancy	Safety, trust, dependence, communication with parents		
1-4	Early childhood	Self-control, play, language, sibling relationships		
4-7	Middle childhood	Peer relationships, right & wrong		
7-11	Late childhood	Self-esteem, self-discipline		
11-14	Early adolescence	Role identity, peer pressure, physical maturation		
14-17	Mid-adolescence	Independence	Courting stage	Intimacy in relationships
17-21	Late adolescence	Self-sufficiency, differentiation from family		
21-28	Young adulthood	Interdependence, self-sufficiency, career role and career ambition	Marriage: couple formation, pregnancy	Differentiation from families or origin; establishment of family rules; relationship commitment
28-40	Early & Mid-adulthood	Career success and ambition	First child Multiple children School children	Parental love, child discipline, prioritising the child, sibling conflicts, balancing attention, promoting personal development, social parenting role
40-60	Mid-life	Personal fulfillment, balance in life, comfort with self	First child leaves home	Separation, promoting independence, launching children
60-80	Late life	Illness, disability, death and dying	Retirement	Widowhood, disability

Table I: Developmental Stages of the Traditional Family⁹

the stages of the life cycles of both the individuals and the family, and also the predictable crises associated with the accomplishment (or non-accomplishment) of those tasks⁸. Table 1 demonstrates examples of some of these developmental tasks⁹. (See previous page)

The effect of the stages of the family life cycle and the outcome of the tasks are obviously dependent on the personalities of the individuals and the relative stages of development of the individuals within the family. A family may be in multiple stages at once. The Coleman family is simultaneously at the child-launching phase and in the child-rearing phase. An understanding of the developmental tasks and the conflicts and stresses generated as individuals pass through the transitional phases enables the practitioner to hypothesise on the possible pathogenesis and contributing factors of family dysfunction and of individual morbidity. Such effects are further compounded by the additional stress of the effects of unpredictable life events,¹⁰ such as deaths in the family, loss of a job, unexpected illness and also the effects of external events such as violence, crime and community unrest. These are illustrated graphically in Figure II.

Leonard Roberts has suggested that when using the family life cycle framework in clinical situations, the objective is to answer each of the following questions:

- (a) At what stage of development is this patient and his/her family?
- (b) What are the developmental tasks and crises of that stage?
- (c) How does this information fit with the patient's expressed reason for coming to the physician? ¹¹

In addition, the family doctor is in a unique position to practise anticipatory guidance. This is an attempt to prevent a problem before it is possible to detect its presence, as opposed to screening and early detection, which depend on the existence of evidence of the 'illness'⁷. The practitioner should be aware of the stages being experienced by a family and its members and anticipate possible problems and counsel accordingly. For example the practitioner caring for the Coleman family should consider the risks of 'teenage' problems with Peter and Susan. It would appear inappropriate for Susan to be mothering Nicki at a time when she is coming to terms with her own maturation. The addition of Sophie, the granny, to this potentially unstable family is an added threat to its stability due to the possible stress, strain, changes in family dynamics and hardships that may accompany incorporation of a chronically ill, elderly person into a household.

Drawbacks and limitations

A major limitation to the model's use in this country is that we do not have sufficient formal understanding of the structure, stages, developmental tasks, and ethnic variations of the typical South African family. For example we have no data on how the cycle is affected by migrant labour in

this country.¹² However the model does provide a framework in which to explore each family in its own way.

There is a temptation to use the life cycle approach to explain all problems. Family problems are complex and the product of numerous factors. While consideration of the family life cycle may help address some of these factors, a competent practitioner will also take a good history, do an appropriate examination, and if necessary order investigations. In addition it should not be used 'only if nothing else is found'. The model must be integrated into the consultation in its own right, to achieve the most complete assessment and assist with management. On the other hand it is equally inadvisable to 'force' a problem into the concept. "I know you must be upset about your husband's retirement and that is why you have your headaches...."

Conclusion

The authors believe that the family life cycle does indeed form a 'natural context within which to frame individual identity and development and to account for the effects of the social system'.

To return to Crouch and Roberts:

"The family life cycle is a series of stages of family development, with developmental tasks and crises characteristic of each stage. There are advantages, limitations, and precautions for using this concept in medical practice. The family life cycle can be a useful instrument to help the physician understand (a) the predictable family issues, (b) the distress that can accompany these issues, and (c) the possibility of a relationship between these issues and the patient's chief complaint. Utilising the life cycle approach leads to a more accurate depiction of illnesses and families. Its use enhances the practice of medicine by recognising and incorporating a human dimension that otherwise may be overlooked."

The Library

- 1 Carter B, McGoldrick M. The expanded family life cycle: Individual, family, and social perspectives. 3rd ed. Boston: Allyn and Bacon, 1999:1
- 2 Wright AE, Sparks BLW. TIA's for Family Practitioners: TIA No 4. The person behind the scent: An exploration of the systems approach. SA Family Practice 2000; 22(3):37-40
- 3 McWhinney IR. A Textbook of Family Medicine. 2nd edition. Oxford: Oxford University Press, 1997:240.
- 4 Duvall EM. Family Development, 5th ed. Philadelphia: Lippincott, 1977.
- 5 Glick PC. The Life Cycle of the Family, Marriage and Family Living 1955; 17:3-9.
- 6 Glick PC. Updating the life cycle of the family. J Marriage Fam 1977; 39(2):5-13.
- 7 Hennen BK. In: Shires DB, Hennen BK, Rice DI. eds. Family Medicine: A guidebook for practitioners of the art. New York: McGraw-Hill, 1987:25-31.
- 8 Roberts L. In: Crouch MA, Roberts L. eds. The family in family practice: A family systems primer. New York: Springer-Verlag, 1987:74-96.
- 9 Saultz JW. In: Saultz JW. ed. Textbook of family medicine. New York: McGraw Hill, 2000:51-78.
- 10 Holmes TH, Rahe RH. The social adjustment scale. J Psychosomatic Research 1967; 11: 213-8.