
CHAPTER 1

THE NEW NORMAL

Diversity and Complexity in 21st-Century Families

FROMA WALSH

All happy families are alike; every unhappy family
is unhappy in its own way.

—TOLSTOY

All happy families are more or less dissimilar;
all unhappy ones are more or less alike.

—NABOKOV

Families and the world around them have changed dramatically over recent decades. Many traditionalists, sharing Tolstoy's view, have contended that families must conform to one model—fitting a cultural standard of “the normal family”—to be happy and raise children well. As families have become increasingly varied over a lengthening life course, our conceptions of normality must be examined and our very definition of “family” must be expanded to encompass a broad spectrum and fluid reshaping of relational and household patterns. This is the “new normal.” Supporting Nabokov's view of happy families, a substantial body of research attests to the potential for healthy functioning and well-being in a variety of family arrangements. In our turbulent times, family bonds are more vital than ever. It is important to understand the challenges families face and the family processes that can enable them to thrive.

This overview chapter seeks to advance our knowledge of the diversity and complexity of contemporary families. First, we consider the social construction of family normality and clarify four major perspectives from the clinical field and the social sciences. The value of a systems orientation is highlighted, to understand “normal” family processes in terms of average and optimal family functioning. Next, a sociohistorical lens is used to survey the

emerging trends and challenges for today's families. Chapter 2 then examines the influence of assumptions about family normality and dysfunction in clinical training and practice.

WHAT IS A NORMAL FAMILY?

The Social Construction of Normality

Clinicians and family scholars have become increasingly aware that definitions of normality are socially constructed, influenced by subjective worldviews and by the larger culture ([Hoffman, 1990](#)). Most influential theory and research on the family were developed by white, middle-class scholars and professionals, predominantly male, and from a Euro-American cultural perspective. Family therapists have become wary of the term “normal,” taking to heart Foucault's (1980) criticism that too often in history, theories of normality have been constructed by dominant groups, reified by religion or science, and used to pathologize those who do not fit prescribed standards. Notions of normality sanction and privilege certain family arrangements while stigmatizing and marginalizing others.

The very concept of the family has been undergoing redefinition as profound social, economic, and political changes of recent decades have altered the landscape of family life ([Coontz, 1997](#)). Amid the turmoil, individuals and their loved ones have been forging new and varied relationship patterns within and across households as they strive to build caring and committed bonds. These efforts are made more difficult by questions about their normality. Our understanding of family functioning—from healthy to average to dysfunctional—must take into account these challenges and changes in family life in our changing world.

Although some might argue that the growing diversity and complexity of families make it impossible or unwise even to address the topic of normality, the very subjectivity of constructions of “the normal family” makes it all the more imperative. They powerfully influence all clinical theory, practice, research, and policy. It is crucial to be aware of the explicit and implicit assumptions and biases about normal families that are embedded in our cultural, professional, and personal belief systems.

Varied Conceptions of Family Normality

Defining family normality is problematic in that the term “normal” is used to refer to quite different concepts and is influenced by the subjective position of the observer and the surrounding culture. The label may hold quite different meanings to a clinician, a researcher, or a family concerned about its own normality. Our language confounds understanding when such terms as “healthy,” “typical,” and “functional” are used interchangeably with the label “normal.” In an overview of concepts of mental health in the clinical and social science

literature, [Offer and Sabshin \(1974\)](#) were struck by the varied definitions of a “normal” person. Building on their synthesis of views of individual normality, four perspectives can be usefully distinguished to clarify conceptions of a normal family: (1) normal as problem-free (asymptomatic); (2) normal as average; (3) normal as healthy; and (4) normal in relation to basic transactional processes in family systems.

Normal Families as Problem-Free

From this clinical perspective grounded in the medical/psychiatric model, the judgment of normality is based on a negative criterion: the absence of pathology. A family would be regarded as normal—and healthy—if members and their relationships are asymptomatic. This perspective is limited by its deficit-based skew, focused on symptoms of distress and severity of problems, and inattention to positive attributes of family well-being. Healthy family functioning involves more than the absence of problems and can be found in the midst of problems, as in family resilience ([Walsh, 2003](#); see also Walsh, Chapter 17, this volume). As Minuchin (1974) has emphasized, no families are problem-free; all families face ordinary problems in living. Thus, the presence of distress is not necessarily an indication of family pathology. Similarly, freedom from symptoms is rare: As Kleinman (1988) reported, at any given time, three out of four persons are “symptomatic,” experiencing some physical or psychological distress. Most define it as part of normal life and do not seek treatment.

Further problems arise when therapy is used as the marker for family dysfunction, as in research comparing clinical and nonclinical families as disturbed and normal samples. “Nonclinical” families are a heterogeneous group spanning the entire range of functioning. What is defined as a problem, and whether help is sought, varies with different family and cultural norms. Worrisome conflict in one family might be considered a healthy airing of differences in another. Distressed families most often attempt to handle problems on their own, more frequently turning to their kin or spiritual resources than to mental health services ([Walsh, 2009d](#)). Moreover, as mental health professionals would avow, seeking help can be a sign of health.

Normal Families as Average

From this perspective, a family is viewed as normal if it fits patterns that are common or expectable in ordinary families. This approach disengages the concept of normality from health and absence of symptoms. Since stressful challenges are part of everyday life, family problems or distress would not necessarily signal family abnormality or pathology. Yet family patterns that are common are not necessarily healthy; some, such as violence, are destructive.

Social scientists have traditionally used statistical measures of frequency or central tendency in the “normal distribution,” or bell-shaped curve, with

the middle range on a continuum taken as normal and both extremes as deviant. Thus, by definition, families that are atypical are “abnormal,” with negative connotations of deviance too often pathologizing difference. By this standard, an optimally functioning family at the high end of a continuum would be abnormal. Given the multiplicity of family arrangements in contemporary society, the normal distribution is no longer a bell-shaped curve, and no single predominant model is typical. Rather the curve has flattened, with many peaks along the broad spectrum, reflecting the many, varied ways that ordinary, average families organize and experience family life.

Normal Families as Healthy, Ideal

This perspective on normality defines a *healthy* family in terms of ideal traits for optimal functioning. However, many standards of healthy families are derived from clinical theory and based on inference from disturbed cases seen in clinical practice (see Walsh, Chapter 2, this volume). The pervasiveness of cultural ideals must also be considered. Social norms of the ideal family are culturally sanctioned values that prescribe how families ought to be. Particular family patterns and roles are deemed desirable, proper, or essential for marriage and childrearing, in accord with prevailing standards in the dominant society or particular ethnic or religious values.

It is crucial not to conflate concepts of normal as typical and ideal. In the 1950s, sociologist Talcott Parsons’s influential study of “the normal family” made a theoretical leap from description of a sample of “typical” white, middle-class, suburban, nuclear families to the prescription of those patterns, such as “proper” gender roles, as universal and essential for healthy child development (Parsons & Bales, 1955). Leading social scientists and psychiatrists adhered to that model for decades, contending that deviation from those patterns damaged children and even contributed to schizophrenia (Lidz, 1963). Such pathologizing of differences from the norm—either typical or ideal—stigmatizes families that do not conform to the standard, such as working mothers, single-parent households, and gay- or lesbian-headed families (see chapters in Part II, this volume).

Normal Family Processes

The conceptualization of normal family processes, grounded in family systems theory, considers both average and optimal functioning in terms of basic processes in human systems, dependent on an interaction of biopsychosocial variables (von Bertalanffy, 1968; Grinker, 1967). Viewing functioning in sociocultural and developmental contexts, this transactional approach attends to dynamic processes over time and affirms varied coping styles and multiple adaptational pathways. This perspective contrasts sharply from an acontextual approach seeking to define universal or fixed traits of a so-called normal family, thought of as a static, timeless structure or institution.

Normal functioning is conceptualized in terms of basic patterns of interaction in relational systems (Watzlawick, Beavin, & Jackson, 1967). Such processes support the integration and maintenance of the family unit and its ability to carry out essential tasks for the growth and well-being of its members, such as the nurturance, care, and protection of children, elders, and other vulnerable members. Unconventional (atypical) family arrangements may be optimal for the functioning of a particular family, fitting its challenges, resources, and context.

Families develop their own internal norms, expressed through explicit and unspoken relationship rules (Jackson, 1965). A set of patterned and predictable rules, conveyed in family stories and ongoing transactions, regulates family processes and provides expectations about roles, actions, and consequences. Family belief systems are shared values and assumptions that guide family life, and provide meaning and organize experience in the social world (Reiss, 1981). Societal, ethnic, social class, and spiritual values strongly influence family norms (see McGoldrick & Ashton, Chapter 11; Falicov, Chapter 13; Walsh, Chapter 15, this volume).

A *biopsychosocial systems orientation* takes into account the multiple, recursive influences in individual and family functioning. From an ecosystemic perspective (Bronfenbrenner, 1979), each family's capabilities and coping style are considered in relation to the needs of individual members and to the larger community and social systems in which the family is embedded. Family functioning is influenced by the *fit*, or compatibility, between individuals, their families, and larger social systems. The bidirectional influences of genetic/biological vulnerabilities and other social influences must be considered (D'Onofrio & Lahey, 2010; Spotts, Chapter 22, this volume). Family distress is viewed in context: It may be generated by internal stressors, such as the strain of coping with an illness, and complicated by external influences, such as inadequate health care (see Rolland, Chapter 19, this volume).

A *family developmental framework* considers processes in the multigenerational system as it moves forward over time (McGoldrick, Carter, & Garcia-Preto, 2011; see McGoldrick & Shibusawa, Chapter 16, this volume). The traditional model of the family life cycle, with normative assumptions of an expectable trajectory and sequence of stages—marriage followed by childrearing, launching, retirement, and death/widowhood—tended to stigmatize those whose life course differed. For instance, women who remained single or “childless” were widely judged as having incomplete lives. In contemporary life, individuals, couples, and families forge increasingly varied and fluid life passages (Cherlin, 2010). A remarriage family comprised of a 50-year-old husband, his 35-year-old wife, their toddler twins, and his adolescent children, in shared custody with their mother, cannot be simply classified at a single particular life stage. Still, a flexible family developmental framework can be of value to identify salient issues and challenges that commonly arise with particular phases and transitions, as with parenthood and adolescence, and with divorce and stepfamily formation. Family development can usefully

be conceptualized in terms of adaptational processes that involve mastery of challenges and transitional stresses. Optimal family processes may vary with different developmental demands. For instance, families need to shift from high cohesion in rearing small children to more autonomy with adolescents.

Normative stressors are those that are considered common and predictable (Boss, 2001). It is normal to experience disruption with major transitions, such as the birth of the first child (see Cowan & Cowan, Chapter 18, this volume). *Non-normative stressors*, which are uncommon, unexpected, or “off-time” in chronological or social expectations, such as death of a child or early widowhood (Neugarten, 1976), tend to be more difficult (Walsh, 2009a). Intense distress at such times is common (i.e., normal). Strains may be worsened by a pileup or cumulative impact of multiple stressors, both internal and external. How the family deals with stresses as a functional unit is critical. Many adaptational pathways are possible, with more resilient families using a larger variety of coping techniques, more effective problem-solving strategies, and more flexibility in dealing with internal and external life events (Walsh, 2003, 2006; see Walsh, Chapter 17, this volume).

In summary, the integration of systemic and developmental perspectives forms an overarching framework for considering normality. The assessment of average and optimal family processes is contingent on both social and developmental contexts. What is normal—either typical or optimal—varies, with different internal and external demands posing challenges for both continuity and change over the course of the family life cycle (Falicov, 1988). This developmental systems paradigm provides a common foundation for family therapy and family process research, and for the conceptual models by contributors to this volume.

It is important also to clarify the terms “functional” and “dysfunctional,” which widely replaced more value-laden labels of “normal” and “pathological,” yet have become value-laden themselves. “Functional” essentially means workable. It refers to the utility of family patterns in achieving family goals, including instrumental tasks and the socioemotional well-being of family members. Whether processes are functional is contingent on each family’s aims, as well as situational and developmental demands, resources, and socio-cultural influences.

“Dysfunctional,” in a purely descriptive sense, simply refers to family patterns that are not working and are associated with symptoms of distress—regardless of a problem’s source. However, the term “dysfunctional” has come to connote serious disturbance and causal attributions that tend to pathologize families and blame them for individual and social problems. Popular self-help and recovery movements abound for “survivors” of “dysfunctional families.” Because individual problems are not necessarily caused by family pathology, caution is urged in labeling families, distinguishing those with serious disturbance, abuse, and neglect from most families that are struggling with ordinary problems in living or impacted by major stressors. It is preferable, and less stigmatizing, to identify particular family processes or relational patterns

that are dysfunctional and not to label the family. For families struggling with many persistent life stressors, particularly low-income and minority families, the term “multistressed families” is preferable to the pejorative label “multi-problem families.”

Yet what is meant by “functional”: functional to what end and for whom? A pattern may be functional at one systems level but dysfunctional at another. As a classic example, interactional rules that stabilize a fragile couple relationship (e.g., conflict avoidance) may have dysfunctional consequences for a child who becomes the go-between. Furthermore, an assessment of family functioning must evaluate available resources and the impact of other systems. For instance, workplace policies deemed necessary for productivity are too often detrimental for families (see Fraenkel & Capstick, Chapter 4, this volume). Dual-earner and single-parent households experience tremendous role strain with the pressures of multiple conflicting demands and inadequate resources (Bianchi & Milkie, 2010). Many parents manage to keep their families intact and their children functional only at a high cost to their couple relationship or personal well-being.

THE CHANGING LANDSCAPE OF FAMILY LIFE: THE BROAD SPECTRUM OF NORMAL FAMILIES

The family has been regarded as the linchpin of the social order. Fears of the demise of the family escalate in periods of social turbulence, as in recent decades when the very survival of the family has been questioned (Coontz, 1997). Many societies have worried about the breakdown of the “traditional family,” fitting their own established social, cultural, and religious norms.

Popular images of the typical “normal family” and the ideal “healthy family” both shape and reflect dominant social norms and values for how families are supposed to be. In the United States, two eras have become mythologized: the traditional family of the preindustrial past and the nuclear family of the 1950s. These cherished images of the family have lagged behind emerging social realities, often fueling nostalgia for return to families of the past. Just as storytelling has served in every age and culture to transmit family norms, television and the Internet have become the prime media in depicting family life. For the generation of “baby boomers,” TV dramas such as *Little House on the Prairie* transported viewers back to the distant rural past, to a time of large stable families, homespun values, and multigenerational connectedness. Family series, such as *Ozzie and Harriet* and *Leave It to Beaver*, idealized the mid-20th-century white, middle-class, suburban nuclear family, headed by the breadwinner father and supported by the homemaker mother. The lasting popularity of such images expressed longing for not only a romanticized notion of the family but also seemingly simpler, happier, and more secure times. Over recent decades, family sitcoms have gradually portrayed a broader spectrum of family life amid striking social changes. Currently,

family sitcoms, such as *Modern Family*, offer less idealized images and more varied and complex patterns in “new normal” family life (Feiler, 2011). They feature loving yet complicated bonds within and across households and generations as members reconfigure and redefine “family” through marriage and cohabiting, divorce, single parenting, and remarriage, and are inclusive of gay couples and interracial adoption. Family members grapple with spousal conflict, childrearing dilemmas, and the intrusion of technology in everyday life; they deal with serious issues, such as substance abuse; and yet they cherish and celebrate their family ties.

With the transformation of norms and structures of societies worldwide, our understanding of family functioning and our approaches to strengthen families must be attuned to our times and social contexts. This chapter and volume focus primarily on patterns in Western societies and statistics in the United States, yet they are relevant to many societies experiencing rapid transformation from traditional to postindustrial, urban contexts. Overall, demographic trends reveal an increasingly diverse and complex family life, and a more ambiguous and fluid set of categories traditionally used to define the family (Cherlin, 2010). A sociohistorical lens offers a valuable perspective on contemporary families, their strengths, and their challenges. At the forefront of current trends are the following:

- Varied family forms
- Varied gender roles and relationships
- Growing cultural diversity: Multicultural society
- Increasing socioeconomic disparity
- Varying and expanded family life course

Varied Family Forms

The idealized American image of intact, multigenerational family households of preindustrial society distorts their actual instability and complexity, with many life uncertainties and unpredictable family transitions. Intact family units were commonly disrupted by early parental death, which led to remarriage and stepfamilies, or to child placements in extended families, foster care, or orphanages. Most families now have greater control over the choice and timing of marriage and parenting, largely related to education, birth control, and medical advances that have increased fertility and childbearing options, and lengthened life expectancy.

American family households before the mid-20th century were actually quite diverse and complex, as they continue to be in many parts of the world. Flexible structures and boundaries with extended kin and community enabled resilience in weathering harsh and unstable life conditions. Households commonly included non-kin boarders, offering surrogate families for individuals on their own, facilitating adaptation of new immigrants, and providing income and companionship for widows and older adults (Aries, 1962). Relatives across households were actively involved in childrearing and care of the

infirm. Aunts, uncles, and godparents played important roles in children's lives, and stepped in as surrogate parents in times of need. In some traditional cultures, a brother-in-law was expected to marry his deceased brother's widow, making their future children both cousins and half-siblings of his own children by another marriage. Actually, the current proliferation of diverse family arrangements and informal support networks continues a long tradition across cultures and over the millennia.

The nuclear family structure arose with the industrial era, peaking in the United States in the 1950s. The household comprised an intact, two-parent family unit headed by a male breadwinner and supported by his full-time homemaker wife, who devoted herself to household management, childrearing, and elder care. Following the Great Depression and World War II, a strong economy and government benefits fueled a broad middle-class prosperity, providing for education, jobs, and home ownership, and enabling most families to live comfortably on one income. After a steady decline in the birth rate, couples married younger and in greater numbers, producing the "baby boom."

In earlier eras, the family fulfilled a broad array of economic, educational, social, and religious functions intertwined with the larger community. Relationships were valued for a variety of contributions to the collective family unit. In contrast, the modern nuclear family, expected to be a self-reliant household, became a rigid, closed system, especially in suburban enclaves, isolated from extended kin and community connections that had been sources of resilience. It also lost the flexibility that had enabled households to reconfigure according to need. Unrealistically high expectations for spouses to fulfill all needs for romantic love, support, and companionship contributed to the fragility of marriage (Coontz, 2005).

Today, the idealized model of the intact nuclear family, with gendered breadwinner-homemaker roles, is only a narrow band on the broad spectrum of normal families. A reshaping of contemporary family life now encompasses multiple, evolving family cultures and structures. Two decades of research have provided solid evidence that families and their children can thrive in a variety of kinship arrangements ([Cherlin, 2010](#); [Lansford, Ceballo, Abby, & Stewart, 2001](#)).

Dual-Earner Families

Over two-thirds of all two-parent households in the United States are dual-earner families (see Fraenkel & Capstick, Chapter 4, this volume). Two paychecks have become essential for most families to maintain even a modest standard of living. Women's career aspirations, economic pressures, and divorce have brought the vast majority of wives and mothers into the workforce. Yet flexible work schedules and affordable, quality child care are still difficult to obtain, in contrast to most European societies, which provide generous benefits and services to support families of working parents ([Cooke & Baxter, 2010](#)).

Declining Marriage and Birth Rates

Over recent decades, marriage and birth rates have sharply declined in many parts of the world. Just over half of all adults in the United States are currently married, in contrast to 7 in 10 adults in 1960. The average age at marriage has risen to 28 for men and 26 for women, up from ages 22 and 20, respectively, in 1960 (U.S. Bureau of the Census, 2009). Childbearing is also increasingly delayed, especially for women with advanced education and careers. There are striking racial, ethnic, socioeconomic, and educational differentials: Less-educated and lower-income adults are significantly less likely to marry, but those who do tend to marry younger and are more likely to divorce (Cherlin, 2010). Many couples today choose not to have children, defining their relationship as family. Commonly, they decide to raise a pet before, or in lieu of, a child (Walsh, 2009c).

Increasing Cohabitation and Single Living

Cohabitation by unmarried partners continues to be widespread. More than half of all adults cohabit with a partner at some time in their lives. Nearly two-thirds think of their living arrangement as a step toward marriage. Others live together after divorce or widowhood, often preferring not to remarry. Unmarried couples sometimes drift into cohabitation in a gradual process, without a clear decision to live together. Many break up, most commonly within 3 years. For same-sex couples, cohabitation and domestic partnerships remain the only alternatives to marriage outside states where same-sex marriage is legal.

Childbearing and childrearing by cohabiting couples have become more common. While 40% of children are born outside marriage, half of those unmarried women (i.e., legally single parents) are living with the fathers of their children. Also, nearly 40% of unmarried couples have at least one biological child of either partner living in the home (Kennedy & Bumpass, 2008). Instability in these relationships increases the risk of child adjustment problems (Fomby & Cherlin, 2007).

Households are increasingly varied. More people are living on their own at some period in their lives, although the recent economic recession has led more people to share residences with family members or roommates. The number of single adults has nearly doubled over the past two decades. An emerging trend is “living apart together”: adults who are in a stable, intimate couple relationship but live separately (Cherlin, 2010).

Single-Parent Households

Single-parent families, headed by an unmarried or divorced parent, now account for over 25% of all households. There are notable differences in births to unmarried women by race: 72% of African American women, 53% of Hispanic women, and 29% of white women (Pew Research Center,

2010b). Nearly half of all children—and over 60% of ethnic/minority children in poverty—are expected to live for at least part of their childhoods in one-parent households (see Anderson, Chapter 6, this volume). Mothers head more than 85% of primary residences. Lack of financial support and inconsistent involvement by many nonresidential fathers have been major factors in child maladjustment. There has been a decline in unwed teen pregnancy, with its high risk for long-term poverty, instability, poor-quality parenting, and a cluster of health and psychosocial problems for mothers and their children. Increasingly, older single women have been choosing to parent on their own when they lack suitable partners for childrearing. Children generally fare well in financially secure single-parent homes where there is strong parental functioning, especially when supported by extended kin networks.

Divorce and Remarriage

Divorce rates, after rising and peaking in 1980, have declined and leveled off at around 45% for first marriages (Amato, 2010). Over 20% of married couples divorce within 5 years. The vast majority of divorced individuals go on to remarry or cohabit, making stepfamilies increasingly common (see Pasley & Garneau, Chapter 7, this volume). Yet the complexity of stepfamily integration contributes to a divorce rate at nearly 60% of remarriages. Claims that divorce inevitably damages children, based on small clinical samples, have not been substantiated in large-scale, carefully controlled research (see Greene, Anderson, Forgatch, De Garmo, & Hetherington, Chapter 5, this volume). Although some studies have found a higher risk of problems for children in divorced families than for those in intact families, fewer than 1 in 4 children from divorced families show serious or lasting difficulties.

Divorce entails a complex set of changing conditions over time. Longitudinal studies have tracked family patterns associated with risk and resilience in the predivorce climate through separation and divorce processes, subsequent reorganization, and, for most, later stepfamily integration (Hetherington & Kelly, 2002). In high-conflict and abusive families, children whose parents divorce do better than those whose families remain intact. Moreover, other factors, particularly economic strain, heighten risk for maladjustment. Above all else, children's healthy adaptation depends on the strong functioning of their residential parents and the quality of relationships with and between parents before and after divorce (Ahrons, 2004).

Adoptive Families

Adoptions have also been increasing for single parents as well as couples (see Rampage et al., Chapter 10, this volume). Most adoptions are now open, based on findings that children benefit developmentally if they know who their birth families are, have the option for contact, and are encouraged to connect with their cultural heritage, especially in biracial and international adoptions (Samuels, 2010). In foster care, permanency in placement is seen as

optimal, keeping siblings together whenever possible, and avoiding the instability and losses in multiple placements.

Kinship Care

Kinship care by extended family members, either legal guardianship or an informal arrangement, has become the preferred option when parents are unable to provide adequate care of their children (see Engstrom, Chapter 9, this volume). In the United States one child in 10 lives with a grandparent, with the number increasing steadily over the past decade ([Livingston & Parker, 2010](#)). Kinship care families are disproportionately African American and Latino, although the sharpest rise during the recent recession has been among European Americans. In about 40% of cases, grandparents, most often grandmothers, serve as primary caregivers. Most have been caring for their grandchildren for a long time: More than half have been the primary caregiver to at least one grandchild for 3 years or more. Most grandparent caregivers have very limited financial resources with nearly 1 in 5 living below the poverty line.

Gender Variance, Same-Sex Couples, and Parenting

Conceptualizations of gender identity and sexual orientation have expanded to a broader and more fluid understanding of gender variance, and with greater attention to bisexual and transgender persons ([Lev, 2010](#)). The past decade has seen increasing acceptance of same-sex couples and expanding legalization of domestic partnerships and marriage. Growing numbers of gay and lesbian single parents and couples are raising children through adoption and a variety of reproductive approaches (see Green, Chapter 8, this volume). Although stigma and controversy persist, particularly among older generations and religious conservatives, public attitudes have been shifting toward greater acceptance (Pew Research Center, 2010). A large body of research over two decades has clearly documented that children raised by lesbian and gay parents fare as well as those reared by heterosexual parents in relationship quality, psychological well-being, and social adjustment (see review by [Biblarz & Savci, 2010](#)). Most studies have focused on co-mother families, with two lesbian parents (biological, social, or step), finding many strengths, including high levels of shared responsibility, decision making, and parental investment.

Lev (2010) encourages researchers, family therapists, and society in general to celebrate the unique qualities that gay and lesbian, bisexual, transgender, and questioning (LGBTQ) parents bring to childrearing. She has raised concern about underlying heteronormative assumptions in research viewing as successful LGBTQ parents who raise “normal” heterosexual children who are no different than those raised in heterosexual families. Being reared in gender-variant families involves certain “differences,” such as unique social

dynamics with two moms or two dads, and they are commonly formed differently than most heterosexual families. A sperm or egg donor, especially a sibling or friend may be quite involved in raising a child. Instead of expecting gay families to be “just like” straight families, both their commonalities and differences need to be acknowledged and honored.

Varied Gender Roles

Over the centuries, and still today in many traditional cultures, marriage has been viewed in functional terms: Matches by families for their children were made on the basis of economic and social position; wives and children were the property of their husbands and fathers. The family patriarch held authority over all members, controlling major decisions and resources. For the husband to be certain of his progeny and (male) heirs, the honor of the family required absolute fidelity of the wife and chastity of marriageable daughters. The valuing of sons over daughters has had devastating consequences for the well-being and survival of girls and women in many parts of the world.

The integration of family and work life in rural settings allowed for intensive sharing of labor, including work by children. Although families had many more children, women invested relatively less parenting time, contributing to the shared family economy in varied ways. Fathers, older children, extended kin, and neighbors all participated actively in childrearing. Industrialization and urbanization brought a redefinition of gender roles and functions. Family work and “productive” paid work became segregated into separate, gendered spheres of home and workplace. Domesticity became glorified, assigning to women exclusively the roles of custodian of the hearth, nurturer of the young, and caretaker of the old. Particularly in North American and British societies, the maternal role became reified, with mothers regarded as the primary, essential, and irreplaceable caregivers responsible for the healthy development of children—and to blame for all problems. Yet women’s unpaid domestic work was devalued and rendered invisible, with their total dependency on financial support by male breadwinners. For those in the workforce, their wages and job status were substantially lower than men’s, and they remained bound to their primary family obligations—a dual disparity that widely persists.

The belief that “proper gender roles” are essential for healthy family functioning and child development dominated sociological and mental health conceptualization of the normal American family, supported by Parsons’s view that the nuclear family structure provided for a healthy complementarity in the division of roles into male instrumental leadership and female socio-emotional support (Parsons & Bales, 1955). The breadwinner–homemaker model was highly adaptive to the demands of the industrial economy. However, the rigid gender roles, subordination of wives, and peripheral involvement of most fathers was detrimental to spousal and parent–child relations. The loss of community further isolated men and women from companionship and support. Role expectations came at great personal cost for women, with

a disproportionate burden in caring for others while denying their own needs and identities (McGoldrick, Anderson, & Walsh, 1989). Men's self-esteem and value to their families was tied to success as a breadwinner; intimacy with spouses suffered, and fathers barely knew their children.

The feminist movement, in the late 1960s, reacted to the stultifying effects of the modern family model, with its separate and unequal spheres. With reproductive choice and family planning, women sought in the workplace the personal growth and status valued by society. As wives combined jobs and childrearing, they found they were adding on a second shift, since most husbands did not make reciprocal changes toward equal sharing of family responsibilities. Women were made to feel guilty that their outside work was harmful to the family, undermining their husbands' esteem as breadwinners and endangering their children's healthy development. The women's movement then shifted focus in efforts to redefine and rebalance gendered role relations, so that both men and women could seek personal fulfillment, be gainfully employed, and share in the responsibilities and joys of family life. Progress toward equality in recent years has been steady yet uneven. Women have advanced in education and job status, yet they earn roughly 80% of men's salary for comparable jobs (see Fraenkel & Capstick, Chapter 4, this volume). Men are more actively involved in homemaking and parenting, yet working wives still carry a disproportionate share of household and child care obligations. Most young couples today share the desire for a full and equal partnership in family life, yet living out this aim continues to be a work in progress (see Knudson-Martin, Chapter 14, this volume).

Growing Cultural Diversity: Multicultural Society

One of the most striking features of North American families today is the growing cultural diversity. The foreign-born population in the United States has tripled over recent decades, with most coming from Latin America and Asia (McGoldrick, Giordano, & Garcia-Preto, 2005). Over 1 in 5 persons is either a foreign-born or first-generation resident. Through immigration and higher birth rates, ethnic and racial minorities now account for nearly half of the population and are expected to become the majority over coming decades (U.S. Bureau of the Census, 2010). Hispanics are rapidly becoming the largest minority group, currently at 15% of the population, and expected to rise to 25% by 2030. Although immigrants from some regions of the world are often treated as monolithic groups, especially Latinos, Asian Americans, and Africans, there are marked differences in country of origin, racial and ethnic identity, language patterns, religious beliefs, education, and socioeconomic status. Family networks are a complex mix of immigrant and native-born members, including many second- or third-generation Americans. Sadly, recent economic insecurity and fears of terrorism have aggravated racial discrimination and intolerance toward non-European immigrants and minorities, especially Latinos and Muslims, complicating their adaptive challenges.

Contrary to the analogy of the melting pot, American society, with a long tradition of immigration, has always been diverse (McGoldrick et al., 2005). In earlier periods, strong pressure for assimilation into mainstream society led many immigrants to cut off their extended family ties and leave ethnic traditions behind. More recently, scholars find that immigrants, and especially transnationals, are more resilient in navigating the challenges of adaptation when they also maintain continuities in both worlds, essentially becoming bicultural (Falicov, 2007; see Falicov, Chapter 13, this volume). Parents are encouraged to raise their children with knowledge and pride in their kin and community roots, language, ethnic heritage, and religious values.

In our multicultural society, growing numbers of children and families are multiracial (Burton, Bonilla-Silva, Ray, Buckelew, & Freeman, 2010; Samuels, 2010). Interracial and interfaith unions are increasingly common and accepted, blending diversity within families (Rosenfeld, 2007; Walsh, 2010; see Walsh, Chapter 15, this volume). Beyond acknowledgement of diversity, cultivation of cultural pluralism, with mutual understanding and respect for commonalities and differences, can be a source of strength that vitalizes a society.

Increasing Socioeconomic Disparity

Socioeconomic influences must be taken into account in appraising family functioning (Barrett & Turner, 2005; Conger, Conger, & Martin, 2010). Social scientists and public discourse have too often generalized to all families on the basis of white, middle-class values and experience or have compared ethnic and racial groups without adequate consideration of their socioeconomic conditions. Over recent decades, due to economic and political forces, the broad middle class has been shrinking, and the gap of inequality between the rich and poor has widened (Edin & Kissane, 2010). In 2008, 13.2% of the American population and nearly 1 in 5 children were officially poor—rates surpassing those of most Western industrialized countries. Blacks, Hispanics, and female-headed households were most vulnerable to poverty.

Harsh economic conditions and job dislocation have a devastating impact on family formation, stability, and well-being. Independent adulthood is being delayed. The financial prospects of most young families today are lower than those of their parents, with a decline in median income and more families living in poverty. Many are struggling anxiously through uncertain times as businesses downsize, workers lose jobs, and families lose homes to foreclosure. As the economy has shifted from the industrial and manufacturing sectors to technology, those with limited education, job skills, and employment opportunities have been hardest hit. A new “marriage gap” is increasingly aligned with the growing income gap (Cherlin, 2010; Fincham & Beach, 2010). Those with bleak earnings prospects are less likely to get married and more likely to divorce. Persistent unemployment and recurring job transitions can fuel substance abuse, family conflict and violence, and an increase in poor, single-

parent households. The impact of homelessness on children and families is devastating (Bassuk, 2010).

Yet it is a mistake to equate poor families with problem families. Data for more than 100,000 families from the National Survey of Children's Health suggest that although families in poverty experience socioeconomic disadvantages, they have many strengths, such as the closeness of relationships, and routines such as shared meals, however meager (Valladares & Moore, 2009). Still, their life chances are worsened by inadequate health care, blighted neighborhood conditions, poor schools, discrimination, and lack of opportunity to succeed. As Aponte (1994) stresses, emotional and relational problems in poor, disproportionately minority families must be understood within the fabric of their socioeconomic and political contexts: They are vulnerable to larger social dislocations and cannot insulate themselves. And in harsh economic times, "when society stumbles, its poorest citizens are tossed about and often crushed" (p. 8). Today's immense structural disparities perpetuate a vast chasm between the rich and the poor, and growing numbers of families struggle to make ends meet. Structural changes in the larger society and its institutional supports are essential if most families are to thrive.

Varying and Extended Family Life Course

As societies worldwide are rapidly aging, four- and five-generation families are increasingly common (Bengston, 2001; Waite, 2009). Yet the importance of the family in later life has been neglected in research and clinical practice (Walsh, 2011). Life expectancy in the United States has increased from 47 years in 1900 to over 78 years today. The booming over-65 age group, now 13% of the population, is expected to double over coming decades. Despite the stigma of ageism, focused on decline and decay, medical advances and neuroscience findings of neuroplasticity support the possibilities for functioning and growth into later years. Most older adults remain healthy and happy well into their 70s finding meaning and fulfillment in new pursuits and active involvement with friends and family, especially with grandchildren. Yet, with advancing age, chronic illnesses and disability pose stressful family caregiving challenges. Adults over age 85, the fastest growing age group, are the most vulnerable, and nearly half are likely to be affected by Alzheimer's disease. A family systems approach broadens the prevalent individual model of caregiving, which overburdens the designated primary caregiver, to involve family members as a caregiving team, each contributing according to abilities and resources. With fewer young people in families to support the growing number of older adults, and with threats to retirement and health care benefits, growing insecurity and intergenerational tensions are more likely in coming years.

Marriage vows "till death do us part" are harder to keep over a lengthening life course. Couples at midlife can anticipate another 20–40 years together. Although the high divorce rate is of concern, perhaps it is more remarkable

that over 50% of first marriages do last a lifetime. It is difficult for one relationship to weather the storms and to meet changing needs and priorities. As Margaret Mead (1972) observed, in youth, romance and passion stand out in choosing a partner. In childrearing, relationship satisfaction is linked more to sharing family joys and responsibilities. In later life, needs for companionship and caregiving come to the fore. In view of these shifts, Mead suggested that time-limited, renegotiable contracts and serial monogamy might better fit a long life. In fact, two or three committed long-term relationships, along with periods of cohabitation and single living, have become increasingly common (Cherlin, 2009; [Hetherington, 2003](#); [Sassler, 2010](#)). Most adults and their children will move in and out of a variety of family structures as they come together, separate, and recombine. Because instability in relationships and households heightens risk for maladaptation and child problems, families will need to buffer transitions and learn how to live successfully in complex arrangements.

Our conception of the family life cycle must be altered from a normative expectation of orderly progression through predictable life stages to many varied life paths and a wider range of options fitting the diverse preferences and challenges that make each individual, couple, and family unique. Some become first-time parents at the age when others become grandparents. Others start second families in middle age; some who repartner have children as young as their own grandchildren. Many become actively involved with nephews and nieces or with youth or older adults in their communities. Most lives are enriched by forging a variety of intimate relationships and significant kin and social bonds within and beyond households ([Roseneil & Budgeon, 2004](#)).

Family Complexities and Lagging Perceptions

Families with varied configurations have different structural constraints and resources for functioning. Two-earner families must organize their households, roles, and family lives quite differently from the breadwinner–homemaker model. Single parents must organize differently from two-parent households. Postdivorce families with joint custody must help children shuttling between two households to feel at home in each and to adapt to different rules and routines. Stepfamily constellations may span two, three, or more households, and the needs for contact between children and grandparents and other extended family members must be considered. With the death of a biological parent or with divorce, a stepparent—or nonbiological coparent—can be legally disenfranchised from rights to continuing contact with children they have been raising. With the intact, self-sufficient nuclear family taken as the norm, there has been insufficient appreciation of strong extended family bonds, especially in African American and immigrant families.

Our language and preconceptions about “the normal family” can pathologize relationship patterns that do not conform to the intact nuclear family

model with traditional gender roles. The label “latchkey child” implies *maternal* neglect when parents must work away from home. Despite the growing involvement of fathers and the active contributions to family life by grandparents and other caregivers, there is a lingering presumption that they “help out” or stand in for a working or absent mother. Too often, problems of a child living in a single-parent household are reflexively attributed to “a broken home” or the absence of a father in the house. The term “single-parent family” can blind us to the potential role of a nonresidential parent or the support of the extended kin network. The pejorative label “deadbeat dad” is especially harsh and writes off fathers who do care about their children and could become more involved and responsible than they may have been in the past. A stepparent or adoptive parent may be considered not the “real” or “natural” parent. The belief that stepfamilies are inherently deficient often leads them to emulate the intact nuclear family model—sealing their borders, cutting off ties with nonresidential parents, and feeling they have failed when they don’t immediately blend. As family therapy pioneer Carl Whitaker noted (see Walsh, Chapter 2, this volume), the very attempts to fit the social mold of a normal family are often sources of problems and deep pain.

Larger Social Forces and Family Policies

The importance of social and economic contexts for success or breakdown in marriages and families today is increasingly clear ([Fincham & Beach, 2010](#)). Many strains in family life today are generated by larger forces in the world around them. Families have experienced multiple dislocations. Job security, health care coverage, and retirement benefits are increasingly uncertain. Workplace demands spill over into family life, generating ongoing stress ([Repetti, Wang, & Saxbe, 2009](#)). Conflicting work and family demands create time binds, pressuring lives at an accelerated pace as family members seek elusive “quality time.” Many families are exposed to a toxic social environment. Besieged parents are unsure how to raise their children well in a hazardous world, and how to counter pressures of the Internet and popular culture that saturate homes and minds. Geographic mobility, often due to forces in the job market, contributes to the fragmentation of families and communities. Many families must repeatedly expand and contract between two-parent and one-parent households to meet demands of distant jobs or military service.

Seen in context, the stresses in family life are more understandable. Social policies, programs, and services must be geared to help struggling families to manage, with attention to those who are marginalized and underserved, and with safety nets for those most vulnerable ([Bogenschneider & Corbett, 2010](#)). Larger system changes and creative strategies are required to insure: workplace security, flexibility, and gender equality; adequate, affordable healthcare and housing; quality care for children and family members with disabilities; educational and job opportunities; and supportive community resources. The rhetoric on behalf of strong families must be matched by family-centered policies—both public and private—to enable families to flourish.

Clinical Implications: A Broad, Inclusive Perspective

With so many changes and challenges in contemporary life, families worry about how well they are doing. They often do not seek help because they fear being judged dysfunctional or deficient. As helping professionals, we also need to examine our implicit assumptions about family normality, health, and dysfunction from our own worldviews, influenced by our cultural standards, personal experience, and clinical theories (see Walsh, Chapter 2, this volume). Through these filtered lenses, we co-construct with clients the problems we “discover” in families and may set therapeutic goals tied to preconceptions about healthy functioning.

As the very definition of “family” can encompass a wide spectrum of relationship options, it is important to explore each family’s definition of family and convey our own broad view. Who do they include? Who is significant and what roles do they play? Are there friends they consider their “chosen family?” Legal and blood definitions of “family” or social norms may constrain clients from mentioning important relationships, such as a cohabiting partner. It is crucial not to equate family with household, particularly with divorced, recombined, and transnational families, which have important bonds across household and geographic boundaries. Informal (fictive) kin may be significant. It is also important to ask about the role of pets—considered by most as important family members (Walsh, 2009b, 2009c). Attachment bonds with companion animals can be especially significant for children, singles, and older adults, and can be valued resources through difficult family transitions and adaptation to loss.

In all assessments, it is important to gain a holistic view of the family system and its community linkages. This includes all members of current households, the extended family network, and key relationships that are—or have been—important in the functioning of the family and its members. Clients who presume that “family” is equated with “household” or with legal marriage may not mention a nonresidential parent, children from former marriages, or other relationship that have been, or could become, important resources. Genograms and time lines (McGoldrick, Gerson, & Petry, 2008) are invaluable tools to visualize and bring coherence to a complex network of relationships and residential patterns, noting significant losses and transitions, and identifying existing and potential resources in kin and social networks.

Family time management has become crucial. Work–family strains are particularly important to address, including role functions, financial pressures, and time binds. Inquiring about a typical day and a typical week in family life can reveal fault lines and open discussion about ways to ease pressures. When parents are overburdened, clinicians can explore ways to increase resources and facilitate negotiation of more equitable sharing of responsibilities and joys in family life.

Because transitions such as separation, divorce, and remarriage are evolving processes over time, clinicians need to inquire about previous family units, the timing and nature of events, the current state of relationships, and future

anticipated changes in order to understand and address problems in family developmental context. In particular, recent or impending changes in membership or household composition should be noted, as these disruptions may contribute to presenting problems. Clinicians can help families to buffer disruptive transitions and to restabilize family life, creating “new normal” patterns to adapt to new conditions.

Clinicians can usefully draw on family process research demonstrating how a variety of family structures can function well; none is inherently healthy or pathological. As we see in the chapters in Parts II, III, and IV in this volume, a robust body of research is illuminating key variables in risk and resilience, which can usefully inform practice to strengthen family functioning and the well-being of members.

FAMILIES IN TRANSFORMATION: A PLURALISTIC VIEW OF NORMAL FAMILIES

Over recent decades, families have been in transformation, with growing diversity and complexity in structure, gender roles and sexual orientation, multicultural makeup, socioeconomic conditions, and life cycle patterns. As family scholars have concluded ([Cherlin, 2010](#)), it no longer makes sense to use the nuclear family as the standard against which various forms of the family are measured. Families in our distant past and in most cultures worldwide have had multiple, varied structures. What remains constant is the centrality, and the fundamental necessity, of relatedness. Our growing diversity requires an inclusive pluralism, beyond tolerance of difference to respect for many different ways to be families, recognizing both their distinctiveness and their commonalities.

Recent surveys find that most Americans today do have an expansive definition of what constitutes a family (Pew Research, 2010a, 2010b). Public response to changing marital norms and family forms reflects a mix of acceptance and unease, with younger generations more inclined to view varied family forms, same-sex marriage, and cohabitation in a positive light. Despite concerns, two-thirds of all adults are optimistic about the future of marriage and family. Most people still view loving, committed bonds—and their own families—as the most important sources of happiness and fulfillment in life. More than 8 in 10 say the family they live in now is as close as or closer than the family in which they grew up.

Yearnings for “family,” “home,” and “community” are heightened by continuing threats of global instability. As Maya Angelou affirmed, “The ache for home lives in all of us; the safe place where we can go.” Life was never more secure in earlier times or distant places, yet families today are in uncharted territory, lacking a map to guide their passage. The many discontinuities and unknowns generate an uncomfortable tension. Myths of the ideal family compound the sense of deficiency and failure for families even though such models

don't fit their lives. Yet most families are showing remarkable resilience, making the best of their situations and creatively reconfiguring family life. Constructing a variety of household and kinship arrangements, they are devising new relationship strategies to fit their aspirations and their challenges, and inventing new models of human connectedness. Most are sustaining strong extended family connections across distances and finding kinship with long-time close friends. Many are seeking community and spirituality outside mainstream institutional structures, weaving together meaningful elements of varied traditions to fit their lives and relationships (Walsh, 2010). Particularly impressive are those who reshape the experience of divorce from a painful, bitter schism and loss of resources into a viable kin network—involving new and former partners, multiple sets of children, stepkin, extended families, and friends—into households and support systems collaborating to survive and flourish (Stacey, 1990). It is ironic that today's varied relational configurations are termed “nontraditional families,” as their flexibility, diversity, and community recall the resilience found in the varied households and loosely knit kin networks of the past.

In our rapidly changing world, our lives can seem unpredictable and overwhelming. As Mary Catherine Bateson (1994) observed, adaptation emerges out of encounters with novel conditions that may seem chaotic. An intense multiplicity of vision, enhancing insight and creativity, is needed today. Although we can never be fully prepared for new demands, Bateson argues that we can be strengthened to meet uncertainty:

The quality of improvisation characterizes more and more lives today, lived in uncertainty, full of the inklings of alternatives. In a rapidly changing and interdependent world, single models are less likely to be viable and plans more likely to go awry. The effort to combine multiple models risks the disasters of conflict and runaway misunderstanding, but the effort to adhere blindly to some traditional model for a life risks disaster not only for the person who follows it but for the entire system in which he or she is embedded, indeed for all other living systems with which that life is linked. (p. 8)

If we knew the future of particular families, we might help them gain the necessary skills to succeed. However, today's families need to meet emerging demands of a dynamic society and a changing global environment. As Bateson observes, ambiguity is the warp of life, and cannot be eliminated. In her apt metaphor, “we are called to join in a dance whose steps must be learned along the way” (1994, p. 10).

Thus, we can help families to carry on the process of learning throughout life, to sustain continuities along with change, and to find coherence within complexity. The ability to combine multiple roles and adapt to new challenges can be learned. Encouraging such vision and skills is a core element of strengths-based approaches to family therapy. To enable families to thrive, social and economic policies, as well as clinical and community services, must

be attuned to our times. Crisis and challenge are part of the human condition; how we respond can make all the difference for family well-being and successful adaptation.

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