

On Growth and Development of Individuals and Families

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Concepts of "growth and development" as held by clinicians have traditionally focused mainly on children. The specialty of pediatrics, both as a field of applied clinical practice and as an academic discipline, has been remarkably successful during the past 30 years in defining the various stages of normal maturation of infants and children in terms of physical, emotional, and behavioral development. This knowledge has been effectively translated into everyday medical practice, thereby allowing physicians to better counsel patients and their families concerning the landmarks of normal development, and to recognize and manage "abnormal" deviations from the normal.

The last ten years have seen increased interest in defining concepts and identifying new knowledge of growth and development of adults. As Vanderpool points out: "Adulthood is now being seen for what it is: a time of continued personality development and change, a time for facing new crises that have never been faced before, a time for reconsidering earlier difficulties and problems, and a time for facing certain real and painful facts: one's own aging and one's own death."¹

The stages of adulthood can be conceptualized in various ways at this early point in study of the subject. One such classification arbitrarily designates six stages of adulthood: (1) Leaving home (18 to 20/25 years); (2) Early adulthood (20/25 to 30/35 years); (3) Midlife crises (35 to 40/45 years); (4) Middle adulthood (40/45 to 60 years); (5) Preparation for retirement (60 to 65 years); and (6) Advanced adulthood (65 years to death).¹ Although there are numerous factors which can modify these stages as well as other frameworks for conceptualizing the process of adult development, one basic point cannot be challenged: adults, like children, are constantly developing and changing, and face predictable crises in each stage requiring phase-specific developmental tasks. Thus, the young adult leaving home must deal with issues of independence and identity, while the adult in the mid-60s must deal with retirement, changing life-

style, and perhaps physical disability.

The last ten years have also seen initial efforts to view the family as a developing entity with a life cycle of its own. In this culture, families tend to have a beginning and an end, and Worby points out that distinct, sequential phases, each involving phase-specific tasks, occur during the family life cycle. In his words: "These tasks arouse considerable stress within the family system and require of all family members a continuous mutual and reciprocal set of readjustments."² Thus, a young family (eg, a recently married couple) must work through such issues as early sexual adjustment, while an older family in the stage of dispersion ("empty nest") may simultaneously be dealing with career stagnation, menopause, and serious illness or death in the older couple's parents.³

Much as pediatrics has addressed the subject of growth and development of children, family practice has the opportunity and responsibility to explore and develop these concepts with respect to the entire life cycle of both individuals and their families. This effort should be a part of the developing emphasis on behavioral science in family medicine. Particular attention should be directed to the study of these concepts to determine whether practical and clinically applicable approaches can be developed for the care of physical, emotional, and behavioral problems in the various stages of the life cycle of individuals and their families. If progress in these directions over the next 10 to 20 years can equal that made by pediatrics in the care of children, the capacity of family practice to deliver effective anticipatory, preventive, supportive, and curative care to families can be enhanced.

References

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