

CLASS 4

CLASS 4

The Transition to Parenthood: II. Stability and Change in Marital Structure*

JERRY M. LEWIS, M.D.†

At 1 year postpartum, 22 of 38 couples demonstrated the same level of marital competence as they had prenatally, 14 couples demonstrated deterioration in their marital relationship, and 2 couples were improved. At each of four levels of marital competence, there was a trend for the couples to demonstrate the same relationship response to parenthood. Highly competent relationships remained at high levels of competence. Competent but pained relationships were most vulnerable to regressive change in structure. Dominant-submissive, complementary relationships tended to remain stable at that level. Dominant-submissive, conflicted or severely conflicted relationships were most unpredictable and stability, regression, and improvement were seen. These findings are explored for possible correlations and are discussed from the perspective of several current models of family development.

Fam Proc 27:273-283, 1988

THIS ARTICLE presents data about the transition to the parenthood stage of the family life cycle. More specifically, it addresses one of the two developmental challenges of early parenthood: the stabilization or the improvement of the parental relationship structure. The article also addresses the concept of family epigenesis; that is, to the extent that the marital couple has resolved the earlier relationship formation stage of the family life cycle with resulting high levels of marital competence, the greater the likelihood of either stabilization or improvement in the marital relationship and successful incorporation of the child into the family. The data about the incorporation of the child are presented in a third article.

Two groups of reports have relevance for the hypotheses and data reported here. The first group involves expositions of theory about the family life cycle, particularly as they attend the issues of structural change and epigenesis. The second group involves reports of research investigating the transition to parenthood. Rather than attempt an extensive review of the literature, reports have been selected that appear most relevant to the data reported in this article.

Many theorists of the family life cycle address the issue of marital or family structure and its stability during developmental transitions. There are but a limited number of positions. Some suggest that structural change is necessary and adaptive, and

* This is the second of three related articles; the first, subtitled "The Rating of Prenatal Marital Competence," appeared in the previous, June issue of this Journal (pp. 149-165); the third will appear in a future issue.

† Timberlawn Psychiatric Research Foundation, 2750 Grove Hill Road, P. O. Box 270789, Dallas TX 75227.

theory, derived in part from the work of Levinson (23) on individual development, proposes predictable changes over the life cycle in specific dimensions of the marital relationship such as commitment, intimacy, power, and boundaries.

Wynne (35) has articulated an epigenetic model of marital and family development that incorporates both predictable and unpredictable change in structure. He suggests that four relational processes appear to unfold epigenetically and form the basis for understanding family development. The four processes are affectional bonding, communicating, joint problem solving, and mutuality. Each of these relational processes has both a positive and negative pole, the latter referring to some form of distancing, divergence, or relational failure. Whether at the positive or negative pole, the four processes are presumed to unfold in an orderly sequence and are, therefore, predictable. Wynne's model also allows for unpredictability as new ingredients may be introduced randomly and result in discontinuous destabilization.

Raush and his colleagues (30) emphasize the remarkable stability of family structure across developmental transitions. They focus on patterns of conflict resolution and report systematically collected empirical data from couples in the early stage of marriage. Stable patterns of conflict-resolution are established in the marriage by 4 months and are consistent over the following several years. In that cohort of their sample in which a child was born during this interval, there was no evidence that the transition to parenthood was a crisis resulting in basic change in the pattern of conflict resolution. The authors' conclusions emphasize the stability of patterns over time.

Although those theorists who posit unpredictable change in marital and family structure may speak indirectly to the concept of deterioration or regression in family structure, Barnhill and Longo (1) suggest

specifically that family structure may regress to less functional structures during transitions.

When the focus is shifted to the construct of family epigenesis, there is little to be found in the literature. Empirical studies reporting data from successive developmental periods are rare. Even those who construct theoretical models of family development attend epigenesis either at a very abstract level or not at all. Over 20 years ago, Magrabi and Marshall (27) called for increased attention to epigenetic issues, but their call has been unheeded for the most part. The theoretical model presented by Wynne (35) is a clear exception. He offers an epigenetic framework and describes both successful and unsuccessful outcomes. Wynne proposes that the initial task of relationship formation is the development of attachment, defined primarily as mutual caretaking. If that is accomplished, the likelihood of developing adequate communication patterns is enhanced. Three types of dysfunctional attachment are proposed: emotional overinvolvement, detachment, and criticism/withdrawal. These dysfunctional types of attachment can lead to specific communication abnormalities: amorphous communication deviance, guarded communication, and fragmented communication. These communication abnormalities can lead developmentally to specific types of joint problem solving. Wynne's theory is a clear exception to the lack of attention to epigenesis in the literature of family development and presents an intriguing model for hypotheses to be tested in longitudinal research.

When we turn to specific empirical studies of the transition to parenthood, the yield is more concrete. We have selected five studies that we believe are most relevant to our own work. These studies arose from the early research into marital satisfaction. Starting with LeMasters' 1957 report (22), a host of studies report a

decline in marital satisfaction associated with the transition to parenthood (3, 13, 16-19, 21, 28, 29, 31). As emphasized by Cox (12), the interpretation of these studies has been difficult because of methodologic flaws. More recent studies have been longitudinal and have included measurement of marital satisfaction before parenthood rather than relying on reports made retrospectively. Most of these recent studies support the earlier reports of a decline in marital satisfaction (more distinct for wives than for husbands) across the transition to parenthood. These studies have led to an interest in marital quality as viewed from a broader perspective than just marital satisfaction and the changes in marital quality across the transition to parenthood.

The work of the Cowans and their colleagues (7-11) has been particularly influential. In a series of reports they have presented a coherent theoretical framework and collected a wide variety of data. They present measurements of five clusters of variables: individual family members, marital interaction, parent-child relationships, a three-generational perspective, and the balance of life stress and social supports. Their primary hypothesis was that negative changes occur during the transition to parenthood in all five domains. However, over the transition to parenthood, spouses becoming parents and a control group of spouses without children (measured over the same period of time) describe stable levels of self-esteem, life stress, and descriptions of families of origin. On all other measures, couples who became parents experienced negative changes as contrasted with the childless couples. Couples experiencing negative changes, however, remained in the same ranked position relative to all other couples. This confirms Belsky's (2) observations and emphasizes that couples doing relatively well prior to parenthood are found to be doing relatively well after par-

enthood. In another report from the Cowans, Heming (15) states that "simply put, if we want to predict how well partners will feel they are doing *after* the birth of their first child, our best bet is to look at how they describe key aspects of themselves and their relationship *before* the baby arrives" (p. 4).

There are many parallels between the work of the Cowans and their colleagues and our own work. Their position that judgments cannot be made reliably about the overall quality of a marital relationship differs from our findings that if one is clear about the criteria, overall ratings can be reliably made (25, 26).

Grossman and colleagues (14), like the Cowans, used a multivariate approach, a longitudinal design that began in early pregnancy and included families expecting their firstborn or subsequent children. One group of findings involved the crises experienced by first-time parents in the early months of parenthood. The crises were most clearly reflected in the wives' levels of anxiety and depression, and these were predictable on the basis of both the wives' ego strengths and the quality of their marriages. By 1 year, the turmoil and disorganization of the early postpartum period had passed, and this recovery from crisis could be predicted prenatally by the wives' level of emotional integration, socioeconomic status, and level of marital satisfaction. First-time parents who had a more egalitarian (rather than traditional) marriage did better. Grossman's study is unusually rich and adds to the Cowans' reports regarding the impact of the prenatal marital relationship on the transition to parenthood.

A third study related to our own, that of Shereshefsky and Yarrow (32), is also multivariate and longitudinal. Of particular interest is the finding that one-fifth of the couples manifest serious marital disharmony at the time of initial prenatal data collection. This group had the most diffi-

cult time with pregnancy and early parenthood. Indeed, serious marital disharmony in combination with maternal ego deficits was a potent predictor of difficulty with pregnancy and parenthood.

Belsky and his colleagues (2) measured stability and change in the marital relationship across the transition to parenthood, as measured prenatally and at 3 and 9 months postpartum, using paper-and-pencil instruments, interviews, and home observations. Their hypotheses for the transition to parenthood included the prediction of a decline in overall marital quality associated with a decrease in the romantic aspects of the relationship and an increase in the instrumental, partnership aspects. They also hypothesized a relative stability of ranking among the couples; that is, those who scored high in prenatal marital quality (relative to other couples) would score high postnatally. Their findings confirmed their hypotheses. The most dramatic declines were seen at 3 months postpartum (with a modest improvement over 3-month levels reported at 9 months), and the wives' reports of marital adjustment were the most sensitive barometers. As in the other studies noted, the quality of the marital relationship as rated prenatally was an effective predictor of the relative quality of the relationship postnatally.

A very different kind of study is that of Wenner and her collaborators (34). These psychoanalytic investigators offered psychotherapeutic services to pregnant women as a way of studying the emotional problems of pregnancy. Although this kind of research presents major methodologic difficulties (absence of control groups and lack of independent ratings), the results are intriguing and support the crucial roles of the psychological integration of the women and the quality of their marital relationships as predictors of the course of pregnancy. Of particular interest was their finding that women with neurotic levels of psychological health did well in pregnancy

if their relationships with their husbands were warm and supportive.

The five studies mentioned above suggest a decline in marital quality across the transition to parenthood; but they also suggest an element of predictability in that, on the average, the strength of the relationship before parenthood predicts the quality of the relationship after the birth of the child. For the most part, however, self-reports were the primary data source. There is little to suggest why the experiences of parenthood may be so different for different couples.

These empirical studies, taken as a whole, however, do not support the theoretical models of dramatic transitions with unpredictable outcomes. Many reasons may underlie this observation. One of the most plausible is that the empirical studies are not based on clinical samples of couples and families seeking help from therapists, whereas the models of family development articulated by family therapists usually rely on such samples.

HYPOTHESES AND METHODS

Our hypotheses concern the role of the couples' prenatal marital competence ratings as predictors of changes in marital structure and in the incorporation of the child into the family. In this article we present the data about observed changes in marital structure.

The major hypothesis is that couples with high levels of marital competence will maintain their high levels of marital competence as they experience parenthood. They may show improvement in marital competence, but will not manifest regressive change in the structure of their marriages unless they experience high levels of stress unrelated directly to parenthood itself. Couples with more dysfunctional relationship structures will be most vulnerable to regressive change in their relationships even in the absence of other types of stress.

A second hypothesis involves the nature of the changes in marital structure. We predict that when changes occur they will do so in predictable ways. Couples with rigid dominant-submissive, complementary relationships will experience increased conflict and distance. Couples with prenatal relationships characterized by significant conflict will experience increasing disorganization and alienation. In other words, we predict that if regressive changes in marital structure occur, they can be described as movement down the Continuum of Marital Competence (24).

Marital Competence ratings, described in the preceding article, were made again at Time 3 (3 months postpartum) and at Time 4 (1 year postpartum) using the same individual and dyadic measures. At Time 3, the marital competence ratings were made by the same senior investigator (JML) who made the Time-1 ratings. Additionally, he was not blind to his Time-1 ratings when Time-3 ratings were made. In the attempt to deal with this rater's contamination, a second rater, blind to all data about these couples, scored 10 of the couples at Time 3. Interrater reliability between these two raters was high ($r = .95, p < .001$). At Time 4 a second senior investigator blind to all previous marital competence assessments rated the couples' marital competence and his ratings are used in the data analysis. A second rater also rated 16 of the 38 couples. Their interrater reliability was acceptable ($r = .75, p < .01$).

The definition of change in basic marital structure was arbitrarily defined as two or more points on the Continuum of Marital Competence. Because this is a conservative measure, analyses were also done defining a one-point difference as "change" if that difference resulted in a shift to a different type of family structure on the Continuum of Marital Competence. Because these analyses did not differ in any essential way, the two-point index of change will be used in presenting the data.

TABLE 1
Change in Marital Structure* at 3 Months & 1 Year Postpartum

	3 Months	1 Year
No change	24	22
Regression	9	14
Improved	5	2

*Defined as a change of 2 or more points on the Continuum of Marital Competence.

FINDINGS

As can be seen in Table 1, the majority of couples' basic marital structures did not change over the transition to parenthood. A minority manifested a regressive change, that is, assumed a more dysfunctional pattern. A small number showed an improvement to more competent interactional structures. The data also suggest that the number of couples demonstrating regressive changes increases throughout the first year of parenthood. In only two of the five couples manifesting greater competence at 3 months was the improvement maintained at 1 year.

If we next look at how the transition to parenthood affects the marital structure of couples at different levels of marital competence, some interesting trends become apparent (see Table 2).

The highly competent group demonstrates, for the most part, the predicted stability in interactional structure. At 1 year, six of the eight couples retain a structure characterized by shared power, high levels of commitment, high levels of closeness, high levels of individual autonomy, and the presence of psychological intimacy. The two couples whose interactional structure became less competent demonstrated diminished communication, loss of psychological intimacy, and an overall increased interpersonal distance. Their interactional structures had assumed the configuration described as competent but pained. Two issues need to be emphasized. First, couples who maintained their highly func-

TABLE 2
Change in Marital Structure

Marital Structure	n	Nature of Change	Number at 3 Months	Number at 1 Year
Highly competent	8	No change	7	6
		Regression	1	2
		Improvement	0	0
Competent but pained	13	No change	8	4
		Regression	5	9
		Improvement	0	0
Dominant-submissive, complementary	10	No change	6	8
		Regression	3	2
		Improvement	1	0
Dominant-submissive, conflicted or severely conflicted	7	No change	3	4
		Regression	0	1
		Improvement	4	2

onal relationship described having to work at it" because of the demands of early parenthood, including much less time for each other, physical fatigue and, in several instances, infants with either difficult temperament or illness. These couples experienced strain but were able by dint of considerable effort to maintain their relationship at the highly competent prenatal levels. The second issue is that couples rated as 1 or 2 on the Continuum of Marital Competence cannot demonstrate improvement on this same index. Despite this, it could be noted that spouses in such marriages described heightened joy, sharing, and excitement about parenting and about their infant. Overall, the capacity of most of the couples to maintain their premarital, highly competent relationship structures during the first year of parenthood is in keeping with a major hypothesis of this study.

The data regarding the competent but pained couples are, however, not in keeping with that hypothesis. As can be seen in Table 2, this type of marital structure appears most vulnerable to regression throughout the first year of parenthood. By the end of the first year, 9 of the 13 couples demonstrated clear regression, and the impact of parenthood is about equally noted at 3 months and 1 year. The changes

in marital structure involved increased dissatisfaction (particularly for wives), increased dominance, which was usually a pattern of husband dominance, and increased conflict between the spouses. These relationships appeared clearly dysfunctional by 1 year after birth, and had assumed the interactional configuration of the marital types we have termed dominant-submissive or severely conflicted.

The pattern of change among couples rated prenatally with the complementary dominant-submissive type of marital structure also was somewhat mixed at 3 months, but by 1 year, 8 of the 10 couples again demonstrated a dominant-submissive, complementary pattern. We did not predict such general stability of this type of interactional structure, which has also been called "gender-stereotyped," with dominant husbands and more passive, submissive wives. We anticipated that the demands of parenthood, particularly on the wives, would lead to increasing dissatisfaction and conflict. This happened with the two couples who did manifest regression at 1 year, but in the majority, early parenthood, despite its strain, did not alter their basic interactional structure.

The conflicted dominant-submissive or severely conflicted group of marriages proved to be the most unpredictable. At 3

months, four of the seven marital structures were improved. Improvement was manifested by clearly diminished conflict, greater closeness, and higher levels of satisfaction. Our impression was that the changes in dominant-submissive (but now complementary) relationship reflected, more than anything else, the wives' early joy and satisfaction with their newborn children. At 1 year, two of the four improved relationships had changed, one reverting to the prenatal (dysfunctional) level of marital function and one showing even more intense conflict accompanied by escalating disorganization. The other two relationship structures remained clearly improved at 1 year. These results were not predicted by our hypothesis.

In order to understand these data, another group of analyses were performed in which correlates of structural stability, regression, and improvement were explored. One set of analyses explored whether the prenatal ratings of the spouses' individual psychological health might discriminate structural stability and structural change. Grouping no change and improvement in marital structure, and comparing the prenatal psychological health of those spouses with the spouses in relationships that regressed, revealed no significant differences. Comparable analyses explored the relation of regression in marital structure to the spouses' perceptions of support from social networks, their perceptions of life stress, and the temperament and gender of the child. All these analyses failed to find any significant relation to structural stability or change at 3 months or 1 year postpartum. The only significant relation to emerge from this series of analyses involved length of marriage. Although length of marriage did not correlate with level of marital competence, marriages of longer duration (means of 5-6 years) at Time 1 were more apt to manifest regression at Time 3 than marriages of shorter duration (means of 2-3 years). The

same trend was apparent but not significant for structural change from Time 1 to Time 4.

DISCUSSION

The central hypotheses were supported by the finding that most couples with high levels of prenatal marital competence maintained their highly competent marital structure through the transition to parenthood. The remainder of the sample did not show the predicted relationship between prenatal marital competence and structural stability or improvement. The competent but pained subgroup, considered as intermediate between the highly competent and clearly dysfunctional in our earlier work with families containing adolescents, proved to be most vulnerable to regressive change in marital structure. The complementary dominant-submissive subgroup, understood from our earlier work to be clearly but moderately dysfunctional, demonstrated a surprising stability of marital structure across this transition. The conflicted dominant-submissive or severely conflicted subgroup, found to be clearly and painfully dysfunctional in our work with families containing adolescents, was most unpredictable. Over one-half of this small group was clearly improved at 3 months postpartum, and at 1 year structural stability, improvement, and regression all were seen. Although a high level of marital competence predicted structural stability across the transition to parenthood, lesser levels of marital competence had more varied consequences. Couples with the same type of marital structures did tend to respond in similar ways to the transition. A number of interpretations are possible.

The first interpretation is that family development is more complex than our hypotheses allowed. We started with the idea that a Continuum of Marital Competence developed from empirical data from families with adolescents could be descrip-

tive of families at the stage of the transition to parenthood. This idea is based on the construct of the predictive power of an overall measure of marital or family competence. The data reported in this article suggest that different patterns of marital structure may be more or less competent at different stages of the family life cycle. As Combrinck-Graham's (6) model of family development suggests, we may have used a continuum of marital competence based on findings from a stage of family development (adolescent children), in which individuation and autonomy are primary goals, and applied it to a stage (transition to parenthood) in which cohesion is primary. If this reasoning is valid, we may find greater predictability of the Continuum at the next stage of family development (oldest child entering school) wherein separation issues become paramount.

It may be useful to examine this interpretation from the perspective of the individual marital types. The highly competent marital structures are characterized by high levels of closeness or cohesion and high levels of autonomy. The presence of high levels of closeness before parenthood may be a factor supporting structural stability during a transition to parenthood in which cohesion is so important. The competent but pained marital structures demonstrate adequate autonomy but have problems with closeness. The impact of the demands for cohesion, so much a part of the transition to parenthood, may render this type of marital structure particularly vulnerable to regression. The complementary dominant-submissive marital type is most often characterized by greater problems with autonomy than with cohesion. This may help to understand the stability of this type of marital structure during this particular transition. The conflicted dominant-submissive and severely conflicted subtypes are more dysfunctional than the others during a later stage of family development (adolescent children) in which

autonomy is paramount, but they are the least predictable in our sample during the first year of parenthood. Most often, both autonomy and closeness are deficient in this marital type and, from this perspective, more regression toward a disorganized system would be predicted but was not found—at least in this small subgroup and at 3 months and 1 year. This subgroup is the only one of the four in which Combrinck-Graham's model does not hold.

The failure to find additional correlates of structural regression and stability, with the exception of longer marriages and regression at 3 months, is perhaps most easily understood as a finding that underscores the importance of the marital relationship structure itself. Although variables such as the spouses' individual coping abilities, perceived stress, and perceived support from social networks may well be important factors in the transition to parenthood, their influence may be masked by the much greater impact of the nature of the basic marital structure on the response to the transition to parenthood.

The construct of family epigenesis receives only partial support from these data and cannot be evaluated fully without presenting data regarding the second developmental challenge, incorporation of the child into the family. This is addressed in the third article of this series.

The issue of transitions as crises is ultimately one of definition. The data presented here, however, are consistent with a crisis perspective for certain types of marital structures (competent but pained, conflicted dominant-submissive, and severely conflicted) and not for others (highly competent and complementary dominant-submissive). The findings presented here lead to a more specific question than the issue of crisis versus no crisis: Which types of marital structure undergoing specific developmental transitions are most apt to manifest crisis?

Perhaps more than any specific finding,

the results presented here emphasize the impact of a previously determined marital or family structure on the experience of a current developmental transition. The data regarding structural stability or change must be viewed, however, within the context of the second developmental challenge, the incorporation of the child into the family, and it is to these data that we can now turn.

REFERENCES

1. Barnhill, L.R., & Longo, D. Fixation and regression in the family life cycle. *Family Process* 17: 469-478, 1978.
2. Belsky, J., Spanier, G.B., & Rovine, M. Stability and change in marriage across the transition to parenthood. *Journal of Marriage and the Family* 45: 567-577, 1983.
3. Benedeck, T. Parenthood as a developmental phase. *Journal of the American Psychoanalytic Association* 7: 389-417, 1959.
4. Berman, E.M., & Lief, H.I. Marital therapy from a psychiatric perspective: An overview. *American Journal of Psychiatry* 132: 583-592, 1975.
5. Carter, E.A., & McGoldrick, M. The family life cycle and family therapy: An overview. In E.A. Carter & M. McGoldrick (eds.), *The family life cycle: A framework for family therapy*. New York: Gardner Press, 1980.
6. Combrinck-Graham, L. A developmental model for family systems. *Family Process* 24: 139-150, 1985.
7. Cowan, C.P., & Cowan, P.A. Conflicts for partners becoming parents: Implications for the couple relationship. Paper presented at the American Psychological Association Symposium on Research on Families, Los Angeles, 1981.
8. ———, Cowan, P.A., Coie, L., & Coie, J.D. Becoming a family: The impact of a first child's birth on the couple's relationship. In W. Miller & E. Newman (eds.), *The first child and family formation*. Chapel Hill: University of North Carolina Population Center, 1978.
9. Cowan, P.A., & Ball, L.J. The impact of the first child on couple communication. Paper presented at the American Psychological Association Meeting, Los Angeles, 1981.
10. ———, & Cowan, C.P. Quality of couple relationships and parenting stress in beginning families. Paper presented at the Meetings for the Society of Research in Child Development, Detroit, 1983.
11. ———, & Cowan, C.P. Pregnancy, parenthood, and children at three. Paper presented at the Meetings of the Society for Research in Child Development, Toronto, 1985.
12. Cox, M. Progress and continued challenges in understanding transition to parenthood. *Journal of Family Issues* 6: 395-408, 1985.
13. Dyer, E.D. Parenthood as crisis: A restudy. *Marriage and Family Living* 25: 196-201, 1963.
14. Grossman, F.K., Eichler, L.S., & Winickoff, S.A. *Pregnancy, birth, and parenthood*. San Francisco: Jossey-Bass, 1980.
15. Heming, G. Early identification of couples at risk. Paper presented at American Psychological Association Meeting, Los Angeles, 1981.
16. Hobbs, D.F. Parenthood as crisis: A third study. *Journal of Marriage and the Family* 27: 367-372, 1965.
17. ———. Transition to parenthood: A replication and extension. *Journal of Marriage and the Family* 30: 413-417, 1968.
18. ———, & Cole, S.P. Transition to parenthood: A decade replication. *Journal of Marriage and the Family* 38: 723-731, 1976.
19. ———, & Wimbish, J.M. Transition to parenthood by black couples. *Journal of Marriage and the Family* 39: 677-689, 1977.
20. Hoffman, L. *Foundations of family therapy: A conceptual framework for systems change*. New York: Basic Books, 1981.
21. Jacoby, A.P. Transition to parenthood: A reassessment. *Journal of Marriage and the Family* 31: 720-727, 1969.
22. LeMasters, E.E. Parenthood as crisis. *Marriage and Family Living* 19: 352-355, 1957.

23. Levinson, D.J., with Darrow, C.N., Klein, E.G., Levinson, M.H., & McKee, B. *The seasons of a man's life*. New York: Alfred A. Knopf, 1978.
24. Lewis, J.M. Family structure and stress. *Family Process* 25: 235-247, 1986.
25. ———, Beavers, W.R., Gossett, J.T., & Phillips, V.A. *No single thread: Psychological health in family systems*. New York: Brunner/Mazel, 1977.
26. ———, & Looney, J.G. *The long struggle: Well-functioning, working-class black families*. New York: Brunner/Mazel, 1983.
27. Magrabi, F.M., & Marshall, W.H. Family developmental tasks: A research model. *Journal of Marriage and the Family* 27: 454-461, 1965.
28. Meyerowitz, J.H., & Feldman, H. Transition to parenthood. *Psychiatric Research Reports* 20: 78-84, 1966.
29. Rapoport, R. Normal crisis, family structure and mental health. *Family Process* 2: 68-80, 1963.
30. Rausch, H.L., Barry, W.A., Hertel, R.K., & Swain, M.A. *Communication conflict and marriage*. San Francisco: Jossey-Bass, 1974.
31. Russell, C.S. Transition to parenthood: Problems and gratifications. *Journal of Marriage and the Family* 36: 294-302, 1974.
32. Shereshefsky, P.M., & Yarrow, L.J. *Psychological aspects of a first pregnancy and early postnatal adaptation*. New York: Raven Press, 1973.
33. Terkelsen, K.G. Toward a theory of the family life cycle. In E.A. Carter & M. McGoldrick (eds.), *The family life cycle: A framework for family therapy*. New York: Gardner Press, 1980.
34. Wenner, N.K., Cohen, M.B., Weigert, E.V., Kvarnes, R.G., Ohaneson, E.M., & Fearing, J.M. Emotional problems in pregnancy. *Psychiatry* 32: 389-410, 1969.
35. Wynne, L.C. The epigenesis of relational systems: A model for understanding family development. *Family Process* 23: 297-318, 1984.

Manuscript received May 18, 1987; accepted October 28, 1987.



25TH GEORGETOWN UNIVERSITY SYMPOSIUM ON FAMILY THEORY AND FAMILY PSYCHOTHERAPY

November 12 and 13, 1988 - Washington, D.C.

John Tyler Bonner, Ph.D., Distinguished Guest Lecturer

The first Georgetown Family Symposium was held in May 1965 in a small conference room on Georgetown's campus. Participants were mostly former Georgetown psychiatric residents who had trained under Murray Bowen. There were two symposia in 1966 and one every year since then. Space limitations on campus necessitated holding all symposia after 1970 at off-campus locations. However, the recent opening of a superb hotel and meeting facility on campus, the Leavey Center, has made it possible to mark this Twenty-Fifth Symposium by a return to Georgetown University.

While the size, place, and format of the meeting has changed over the years, the purpose of presenting the best level of systems thinking possible and attracting people interested in the development of family systems theory and therapy has remained. A feature of each symposium is the Distinguished Guest lecturer, who in recent years has been chosen from one of the natural scientific disciplines.

JOHN TYLER BONNER, Ph.D., is Professor of Biology at Princeton University. He has had a long and distinguished scientific career which has included important contributions to the understanding of cell differentiation, fungi, and the cellular slime mold. Dr. Bonner was selected not only because of his scientific contributions, but also because of his ability to communicate clearly about the nature of science, the interrelationship of the scientific disciplines, and the relationship between science and other fields of knowledge. Professor Bonner has the unusual ability of being able to study the parts of an organism in minute detail without losing sight of the need to understand the functioning of the organism as a whole. His thinking is not constrained by artificially created compartments of knowledge. Professor Bonner's presentation will focus on specialized aspects of the evolutionary process.

Banquet and Professional Program Saturday Night

For further information about this and other Georgetown Family Center programs for 1988-89, call (202) 965-0730 or write The Family Center, 4380 MacArthur Blvd., NW, Washington, DC 20007.