

Chapter 1

AN ECOLOGICAL MODEL OF FAMILY HEALTH

Chapter 1 Content Outline

OPERATIONALIZING THE FAMILY HEALTH MODEL

OPERATIONALIZING FAMILY HEALTH

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CHAPTER OBJECTIVES:

At the end of this chapter, readers will be able to:

- Discuss broad perspectives of the Family Health Model.
- Differentiate the contextual, functional, and structural aspects of the Family Health Model.
- Explain what is implied by family-focused care.

Clear operational definitions are needed to describe the complex relationships among the biophysical, holistic, and contextual aspects of family health. Valuing of a conceptual schema or model is enhanced when the terms used are clear. The lexicon, or language, of a model provides the syntax for understanding its concepts, and explicit definitions provide ways to comprehend links between related concepts. A glossary that provides definitions used in this model has been included (Appendix A). However, mastery of the Family Health Model will require time spent reflecting and critically thinking about its implications and possibilities.

In the Family Health Model, *health* is defined as an adaptive state persons experience as they seek opportunities and wrestle with liabilities found within self, family, households, and diverse contexts throughout the life course. Health is experienced when a person can fulfill personal goals and enjoy life. *Family health* suggests the interactions that occur within household and environmental affect members as they seek to obtain, sustain, and regain maximum health. Family health includes the systems, interactions, relationships, and processes with potential to maximize processes of becoming, enhance well-being, and capitalize on the household production of health. The model emphasizes the biophysical, holistic, and environmental factors that impact health. Another way to define family health is the interactions and processes of individuals who identify as family and dwell together in a household niche that is dynamically impacted by complex contextual systems with potentials to affect health. In other words, families use a variety of process to individually and collectively strive to achieve a state where they feel good about themselves and one another.

The household is a pivotal point for coping with bio-physical needs and the world where they live. Family health includes the idea of *person-process-context*. In other words, family health is less a goal and more a process that includes the complex interactions of individuals, family sub-systems, family, and their context over the life course. A game of tug-of-

war is an analogy to understand the balancing-rebalancing that occurs as family systems interact with their embedded contexts. Family health implies a striving to enhance “*processes of becoming*” and strive toward individual and family “*well-being*.”

The “process of becoming” is a dynamic state through which family members seek opportunities to overcome individual liabilities and potentiate possibilities across the life course. Members form relationships and interact with environmental systems from household perspectives to maximize health opportunities. Processes of becoming includes biophysical concerns, but also addresses psychological, emotional, and intellectual functioning; social wholeness; inter-personal integrity; personal need fulfillment; tradition-keeping; spiritual wholeness; and vocational connectedness. The process of becoming is closely aligned with Parse’s (1987) ideas of Man-Living-Health in that developing persons are viewed as “open being(s), more than and different from the sum of his (their) parts in mutual simultaneous interchange with the environment who chooses from options and bears responsibility for choices” (p. 160). While individuals have some responsibility for the process of becoming as a result of choices they make or lifestyles chosen, embedded contexts have positive and negative effects of great consequence.

Family nursing aims to provide holistic care for the individual and family unit. *Holism* is defined as the struggle with complex phenomena and traits that are sometimes dichotomous or ambiguous to attain well-being. Holistic care can be provided in many different realms (e.g., biological, psychological, social, spiritual, vocational, safety). Well-being is defined as an optimum health state where opportunities are realized, liabilities minimized, and contexts maximized. Well-being includes many dimensions (e.g., biophysical, psychological, emotional, social, spiritual, vocational) and goals associated with risk reduction, disease prevention, health maintenance, health care competence, lifestyle, congruence, self-actualization, hardiness, resilience, or other targets. Families or even some

members in the same family may operationalize well-being differently. For some families, the absence of disease and the ability to work may be essential to well-being, but a family with a dying member might view well-being as a pain-free death, family cohesiveness during the terminal stages of their loved one, or consensus about funeral plans. Another family might see well-being in terms of over-coming obstacles that prevent them from resolving stresses related to an alcoholic member. It might be viewed in terms of transportation availability for physician appointments or even in terms of parental coping with an autistic child. Well-being may be an ephemeral or inconstant state, but it may also appear as a state of permanence and constancy. Well-being and the process of becoming are abstract concepts that may be redefined over the life course as problems that seem conflictual with health are encountered.

Person-in-context implies that unique personal characteristics and contextual perspectives both impact health. *Persons-in-context* implies interactions occurring between the household members as a response to the contextual systems that permeate family life and presents ambiguous and contradictory influences integral to health. Thus, a person of Hispanic origin might have much community support if living in a neighborhood where the majority is also Hispanic. However, if this person is Mexican, works as a migrant farmer, travels across the nation, and lives in rural areas for short periods, then community supports might be limited. While residing in his own neighborhood, the migrant worker might have support from extended family, the church, and a local clinic. However, living briefly in rural regions where the people are very different, the migrant worker might not only have far less support available, but also encounter greater risks. A nurse working with migrant workers can use a person-in-context model for assessment, intervention, and evaluation and better understand complex health needs.

The aim of family nursing is to assist persons-in-context achieve well-being and optimize the processes of becoming. *Family-focused care*

disagree. See if your group can develop a consensus definition for each of these three terms. Share your group definitions with the entire class.

OPERATIONALIZING FAMILY HEALTH

While there is strong evidence that health is learned and experienced within a family context (Bomar, 1990; Harkness & Super, 1994; Keltner, 1992; Lasky & Elchelberger, 1985; Lau, Quadrel, & Hartman, 1990; Ross, Mirowsky, & Goldsteen, 1990; Thomas, 1990), few family-focused studies have investigated family health (Backett, 1992; Duffy, 1988; Gillis, 1991; Ransom, 1986; Thomas, 1990), and little substantive evidence describes how healthy lifestyles are promoted (Blecke, 1990; Campbell, 1986; Kelly, Zyzanski, & Alemagno, 1991; Whall & Loveland-Cherry, 1993; Wirenga, Browning, & Mahn, 1990). Although changes are beginning to occur, family research has predominately emphasized pathology and poorly functioning families (Feetham, 1991). Health has been studied less frequently and is often viewed as curing or caring for individuals rather than a family characteristic (Pender, 1987). In a review of health research, Reynolds (1988) noted that investigators infrequently provide operational definitions of health, have minimal agreement about the adequacy of techniques or instruments to measure health, and the health concept needs to be more fully explored by qualitative methods.

Prior to formulating a model that describes, explains, or predicts family health, the dilemma of clearly ascertaining what is implied by the construct of family health remains. Throughout the nursing literature, the term family health is rarely defined. When the term is defined, single authors are often inconsistent in their usage and loosely slip among concepts of family and the health of its members, healthy family, family functioning, family structure, and family health without clearly differentiating what was intended. "Family scientists and family physicians tend to use inconsistent definitions of family health and to

approach the concept primarily from a psychosocial functioning perspective without integrating specific health variables of significance to nursing” (Anderson & Tomlinson, 1992, p. 60). Family descriptions often compare one person’s health status to another’s through reasoning that suggests either the structure or the functions of the family are root causes of the condition.

A large body of literature describes complex family relationships and member roles during procreation and caring for members’ health and illness needs. Less is known about the ways families teach developing members how to care for health, incorporate health knowledge into family living, promote healthy lifestyles, and prevent disease, illness, and injury. Family models can increase understanding about roles and socialization processes related to health and illness, coping factors, and interactions related to family needs. However, models do not always provide clear ways to conceptualize family-focused care or promote family health.

AN OVERVIEW OF THE FAMILY HEALTH MODEL

The Family Health Model draws from the literature about individual and family health and provides a framework that can be applied to nursing and inquiry about family health. The model identifies the many interacting systems related to the holistic needs of developing persons and families. An ecological model is a way to conceptualize the complex interactive relational systems relevant to families and their health. It is important to note that this is a model of family health, not merely a family model. Thus, the context and variables are more inclusive than merely considering family processes. In other words, family health is influenced by its contextual aspects as well as those related to members, family as a whole, and family processes. In order to provide the reader clear understanding of some of the underlying premises of the model, foundational assumptions have been stated as succinctly as possible (Table 1.2). Family health involves all members who reside in the household, but includes ways relationships and environments affect health over time.

Findings from the qualitative research conducted by the author have provided evidence that indicate a need to conceptualize family health from ecological and process perspectives.

<<<<<INSERT TABLE 1.2 HERE>>>>>

Repeated family health studies using similar research methods provided a way to compare and contrast three different family populations. Inductive methods were effective in assisting the investigator move from the abstract to more concrete conclusions and have resulted in some rather explicit statements about the health phenomenon:

- Family health is a complex abstract concept with contextual, functional, and structural domains.
- Family health is an evolving multiple member interactional process used to attain, maintain, or regain health of individual members and the family over time.
- Family health is a positively viewed health state or ideal that members strive toward even when some members face chronic illness, terminal illness, substance abuse, mental health concerns, or unpredictable life events.
- Family health is a collective experience affected by individual and family factors and member processes that are supported and challenged by the values, goals, and resources of the larger embedded society.
- Family health is more greatly influenced by household and member variables, member interactions, and routine behaviors than by occasional medical encounters.
- Family health is positively and negatively influenced by contextually embedded factors that extend beyond individual members and the family household.
- Family health includes the dynamic ways family members holistically care for one another using functional processes to establish individual and family health routines.

- Unique members may view family health differently, but members tend to have greater agreement than disagreement about the defining criteria.
- Mothers play key roles in family health.

Findings from the research implied that educators, practitioners, and researchers should consider the following points when addressing family health:

- Include contextual, functional, and structural domains when proposing variables related to family health.
- Identify family health as more closely related to the household production of health than brief episodic medical and health care provider encounters.
- Determine which contextual factors outside of the control of family members most contribute to and/or threaten the household production of health.
- Increase knowledge about individual and family health routines as primary ways that health behaviors are learned and practiced within household settings.
- Consider mothers interactions with family members as a principal means for promoting and protecting family health.
- Identify specific family interventions for measuring, promoting, and evaluating family health from household perspectives.
- Guard against semantic slippage surrounding the family health construct.
- Encourage use of a shared lexicon by family care providers, legislators, and consumers.

The Family Health Model encourages nurses to consider the daily-lived experiences of multiple members embedded within an ecological context as factors associated with family health. Although the model has its basis in nursing practice, other practitioners might also find it useful. In

order to understand this model, thinking must move beyond the systems perspectives usually used to describe pathology, illness care, and medical needs based in Western thinking. Family health is best understood from a salutogenic or wellness perspective where the household is viewed as the primary location where health is produced or negated. The household is where health is learned, lived, experienced, and the niche where members encounter and respond to disease and illness.

FAMILY HEALTH AS CONTEXT

Family health has contextual, functional, and structural dimensions or realms (Figure 1.1). The proposed Family Health Model also provides a way to consider the contextual, functional, and structural perspectives of family health (Table 1.2). The contextual domain of family health is affected by the internal environment (i.e., member context, family context, household context) and external environment (neighborhood context, community context, greater social context, historical context, political context). The context has to do with the diverse environments with potential to affect individual and family health. Contextual dimensions include all persons identified as family, defining characteristics of the family (e.g., race, culture, age, gender, educational attainment, economic status of the family, extended family), the family household, the neighborhood, the community, and the diverse environments relevant to family health.

The *family context* includes all of the environments where individual members interact or have potential to interact upon them. Context includes family members and household embedded in the larger environment. The *family microsystem* includes: (a) the household niche of the developing person, (b) all developing persons residing in the household, (c) relationships with extended family members, (d) intergenerational relationships even when persons are no longer alive or present in the setting, (e) immediate neighborhood, and the (f) local community. The *family household* is the domicile maintained and resided

in by the developing members; this residence includes: (a) the physical structure, (b) the immediate surroundings, (c) material goods, (d) tangible and intangible family resources, and (e) all of the interactions of developing persons with them. The complexity of family context deepens as one also considers the dynamic interactions occurring over the life course. The family context interacts with diverse external environments that have the potential to potentiate, mediate, and negate individual and family health. The context supports or threatens well-being and processes of becoming. Family members act upon the context that has potential to strengthen, weaken, maintain, sustain, or destroy them. The embedded context includes history, society, policy, law, ethics, traditions, culture, and time pertinent to health. The environment influences the family and tempers behaviors, goals, resources, and experiences. The context is integral to health, pervades all aspects of family life, and influences where persons interact and develop beliefs, gather health information, identify support systems, and establish health routines.

FAMILY HEALTH AS FUNCTION

Most practitioners view family health from functional perspectives with the greatest focus on innate personal characteristics or personality traits or in terms of person-to-person interactions. The Family Health Model suggests that the functional interactions be viewed from bi-directional perspectives. *Family functioning* refers to the individual and cooperative processes used by individuals persons to engage with one another and their embedded contextual systems over the life course. These interactive processes can assist individuals, family sub-systems, and families as a whole to attain, sustain, maintain, and regain health. Individuals act independently, but also interact with one another through dyadic and triadic relationships to potentiate, mediate or negate family health. The core family processes of caregiving, cathexis, celebration, change, communication, connectedness, and coordination especially affect individual and family health over the life course.

These interactions or processes include such things as roles, relationships, power structures, values, beliefs, communication, decision-making, socialization, and coping. The functional dimension includes actions occurring within the family relevant to family health.

The functional domain includes individual factors (e.g., values, perceptions, coping, spirituality, motivation, roles), family process factors (e.g., cohesiveness, resilience, individuation, boundaries), and member processes (e.g., communication, coordination, caregiving, control).

Family interactions or processes are powerful socializing mechanisms through which family identity is constructed, de-constructed, and reconstructed. While *family identity* has ties to the family context, it is primarily the dynamic ways developing members view the microsystem and collectively interpret memories and meanings of unique affiliations and attachments to persons, places, and things. Relationships between family identity and family health may not immediately be clear, but the ways members view themselves and family ultimately affect values, attitudes, and patterned health behaviors. Some things affecting family identity include: (a) new information and experiences with diverse environments, (b) maturation and change, and (c) the character of personal and environmental relationships over the life course. Family identity evolves and affects the well-being, processes of becoming, and health.

Families of origin values influence those of the family of procreation. Individual bonding or failure to bond into dyads and triads influences opportunities to share, refute, modify, and negotiate health beliefs, knowledge, and behaviors. Prior parental learning about health, illness, and disease is shared and influenced by developing family members. Beliefs, knowledge and behaviors are modified as members interact with one another and diverse contexts. These interactions result in fluid evolving family identity from which they socially construct a lived household experience of family health. Social construction can be described as an up-to-date interpretation of all that has gone before. In

other words, values, beliefs, attitudes, knowledge, traditions, and behaviors go through many incarnations as they are interpreted into the present family experience. Things such as effectiveness, potency, type, and length of relationships between family members and contextual systems have potential to affect health. Things such as bio-physical attributes; psychological, emotional, and intellectual functioning; social wholeness; inter-personal integrity; personal need fulfillment; tradition-keeping; spiritual attainment; and vocational direction all have functional and contextual aspects affiliated to health. Families develop unique health paradigms that are aligned with family identity.

Family health paradigm is defined as the ways individuals, family sub-systems, and families interpret the meaningfulness of complex health factors and collectively engage in patterned health behaviors. As individual identify behaviors as meaningful, the likelihood of specific actions being repeated and incorporated into definitions and practices of individual and family health are increased. While diverse family groups have some commonalities in these definitions and practices, discrete differences occur based on family characteristics (e.g., education, culture, ethnicity, race, economics). Family health paradigms are most resilient when (a) beliefs and practices are viewed as meaningful by family members, (b) new knowledge is supported by values and beliefs, (c) the embedded context provides support for values and beliefs, and (d) family processes are congruent with the embedded contexts. The family health paradigm is the sum of beliefs, attitudes, values, knowledge, and behaviors of member interactions with one another and the embedded context.

<<<<<<<INSERT TABLE 1.3 HERE>>>>>>>>

FAMILY HEALTH AS STRUCTURE

Functioning or processes have potential to affect health routines and are the antecedents for the valued behaviors that are constructed into identifiable patterns of behavior relevant to health outcomes. Structural

aspects of family health are the complex habitual patterns used to construct the lived family health experience. This social construction occurs as members interact with one another and the embedded context. *Family health routines* are dynamic patterns of behavior relevant to health to which members rather consistently adhere and are daily life structures that can be recalled, described, and discussed from individual, family, and diverse environmental perspectives. Structured behaviors have unique qualities and involve all family members within a household even if they are not actively engaging in the behavior. Family health routines are not static, but evolving over time. Although health routines are evolving, developing persons strive to maintain the integrity of the routines they view as meaningful. Despite what might initially appear, as random or chaotic patterns of health behaviors to an outsider, persons within a family are cognizant of member routines. The structural dimension provides ways to plan, strategize, and intervene.

The structural domain is comprised of six categories of family health routines (i.e., self-care, safety and precautions, mental health behaviors, family care, illness care, member care-taking). Members interact with one another, extended families, peers, friends, others, and the larger society in ways that potentiate and/or negate individual and family health. These dynamic interactions affect solitary individuals, the family unit as a whole, and the embedded context where they reside. Children initially learn health routines in a family of origin, but these routines can be reinforced or altered as they develop and mature throughout the life course. For example, a mother may teach her child about hand washing after toileting at home and this behavior can be positively reinforced if the child's peers also wash their hands after toileting or if the pre-school teacher monitors this behavior. Family-focused care can target routines for assessment, planning, devising strategies, intervening, and measuring health outcomes.

Health routines tend toward steadfastness, but other persons, information, and availability of support or resources can challenge them. Several needs seem especially applicable to the development and continuance of health routines: (a) avoid illness, disease and injury, (b) overcome illness, disease, and injury events, and (c) make lifestyle changes related to well-being and the process of becoming. Functional factors that strongly impact development of health routines include needs to: (a) participate in expected family roles and life tasks, (b) balance priorities that impact multiple members' needs, and (c) cope with the inconsistencies between stated health beliefs and actual behaviors. Factors such as gender, values, knowledge, and resources also affect health routines.

Routine rigidity, complexity, and frequency, present level of participation in behaviors, and internal motivation to participate in the routine are some ways to consider the meaning and usefulness of a particular routine to a family. Lack of valuing and non-availability of needed resources can be impediments to health routines. As individuals engage in peer and social relationships, establish procreating or partnering relationships, become challenged by new information and skills, and encounter unpredictable life events they often modify beliefs and practices associated with health.

Unnumbered Box 1-2

Cooperative Learning

Form groups with three members each. Group members should choose one of the three dimensions of the family health model: family context, family function or family structure. Take 10-15 minutes to review the section in the chapter where this part of the Family Health Model is explained. Now take turns explaining your section to the other two members of your group. After you all have a turn, each person should write a 1-2 sentence description of the three dimensions. Then members can share descriptions with one another.

SUMMARY

Nursing needs a comprehensive model for discussing family health. The proposed Family Health Model uses an ecological framework to conceptualize this complex construct. Language for describing various aspects of model is provided so that terms can be defined and operationalized for use in practice and research. Nurses can compare and contrast families historically and developmentally over the life course using this model. Conceptualizing family health from contextual, functional and structural viewpoints establishes a frame of reference for understanding multi-member households and how various members interact with one another and the environment to realize health, mediate well-being, and cope with illness and disease. This chapter has introduced some basic understandings about this model.

******* TEST YOUR KNOWLEDGE**

1. In your own words, explain what is meant by family health.
2. Briefly describe what contextual aspects of family health mean.
3. Give two examples of functional aspects of family health.
4. Explain what a structural perspective of family health means.
5. Identify how you might be able to use the Family Health Model in your nursing practice.

Table 1.1**Comparing a medical model with the Family Health Model**

<u>Medical Model</u>	<u>Family Health</u>
<u>Model</u>	
Systems models	Contextually embedded family systems
Focus on illness and disease	Focus on well-being and processes of becoming
Aim is treatment and cure	Aim also includes health promotion and prevention
Health as an outcome	Health as an interactive contextual, functional, structural process
Target is individual	Target is family
Episodic care course	Care over the life
Care viewed from individual perspectives	Care viewed from contextually embedded perspectives
Client as care-seeker	Care-provider as collaborator and partner

Individual and environment	Family in embedded context
Individual as the reservoir of health and illness	Household as the reservoir of health and illness
Individual behavior as threat or initiator of health	Community as threat or initiator of health
Physicians as primary health care provider	Mother as primary health care provider
Medical providers as experts	Family as expert
Expert as decision-maker	Family as decision-maker
Institutional and agency based care	Care targeted at family household and context

Table 1.2

Definition of Family Health from the Three Family Health Studies

Family Health Domains	Contextual Aspects of Family Health	Functional Aspects of Family Health	Structural Aspects of Family Health
Family Health Categories	<p>Internal Environment:</p> <p>Member context</p> <p>Family context</p> <p>Household context</p> <p>External Environment:</p> <p>Neighborhood</p> <p>Community</p> <p>Greater social context</p> <p>Historical context</p> <p>Political context</p>	<p>Individual Factors:</p> <p>Values</p> <p>Perceptions</p> <p>Coping</p> <p>Health knowledge</p> <p>Motivation</p> <p>Education</p> <p>Family Factors:</p> <p>Cohesiveness</p> <p>Resilience</p> <p>Shared values or goals</p> <p>Resources/threats</p> <p>Boundaries</p> <p>Member Processes:</p> <p>Caregiving</p> <p>Cathexis</p> <p>Celebration</p> <p>Change, Communication,</p> <p>Connectedness</p> <p>Coordination</p>	<p>Self - Care Routines</p> <ul style="list-style-type: none"> • Dietary • Hygiene • Sleep-rest • Physical activity and exercise • Gender and sexuality <p>Safety and Prevention</p> <ul style="list-style-type: none"> • Health protection • Disease prevention • Smoking • Abuse/violence • Alcohol and substance abuse <p>Mental Health Behaviors</p> <ul style="list-style-type: none"> • Self esteem • Personal integrity • Work and play • Stress levels <p>Family Care</p> <ul style="list-style-type: none"> • Family fun (e.g., relaxation activities, hobbies, vacations) • Celebrations,

			<p>traditions, special events</p> <ul style="list-style-type: none">• Spiritual and religious practices• Pets• Sense of humor <p>Illness Care</p> <ul style="list-style-type: none">• Decisions making related to medical consultation• Use of health care services• Follow-up with prescribed medical regimens <p>Member Care-taking</p> <ul style="list-style-type: none">• Health teaching (i.e., health, prevention, illness, disease)• Member roles and responsibilities• Supportive member actions
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Table 1.3**Assumptions of the Family Health Model**

1. Developing persons experience individual and family health in relationship to the contextual, functional and structural realms over the life course.
2. Individual and family health are inextricably tied to the household production of health.
3. Individual and family health is affected by the nested contexts of microsystems, mesosystems, exosystems, macrosystems, and chronosystem interactions that create intra-personal, inter-personal, intra-familial, and inter-generational interactions.
4. The microsystem includes persons residing in the household niche named as family and the interactions occurring between the family subsystems and diverse external contexts that have potential to influence individual and family health.
5. Mesosystems are the multiple external environments (e.g., home, work, school, peer groups) that have potential to affect individual and family health.
6. Exosystems are diverse contextual settings that possess potential to affect individual and family health even when members do not actively participate, (e.g., administrative decisions made by parent's employer, boards governing school policies).
7. Macrosystems represent the ideologies of the evolving world (e.g., legislation, social policy, culture, media, history) that have potential to affect individual and family health.
8. Chronosystems affect microsystems, mesosystems, exosystems, and macrosystems.

and create dynamics that affect developing persons, member relationships, household niches, and contextual systems.

9. The context has an inherent potential to delineate, circumscribe, delimit, potentiate, and negate individual and family health.
10. Family health comprises the complex interactions of the microsystem and diverse contextual systems that have potential to maximize or minimize the well-being and the “process of becoming” for individuals and the family as a whole.
11. Family health can be understood through a person-process-context model at specific time points and over the life course.
12. Individuals within the household niche form dyads and triads, internal and external to the household niche; those have potential to affect individual and family health.
13. Processes, relationships, and interactions alone are not effective predictors of individual or family health.
14. Family health routines provide a way to discuss, describe, assess, intervene, and evaluate interventions and outcomes pertinent to individual and family health.

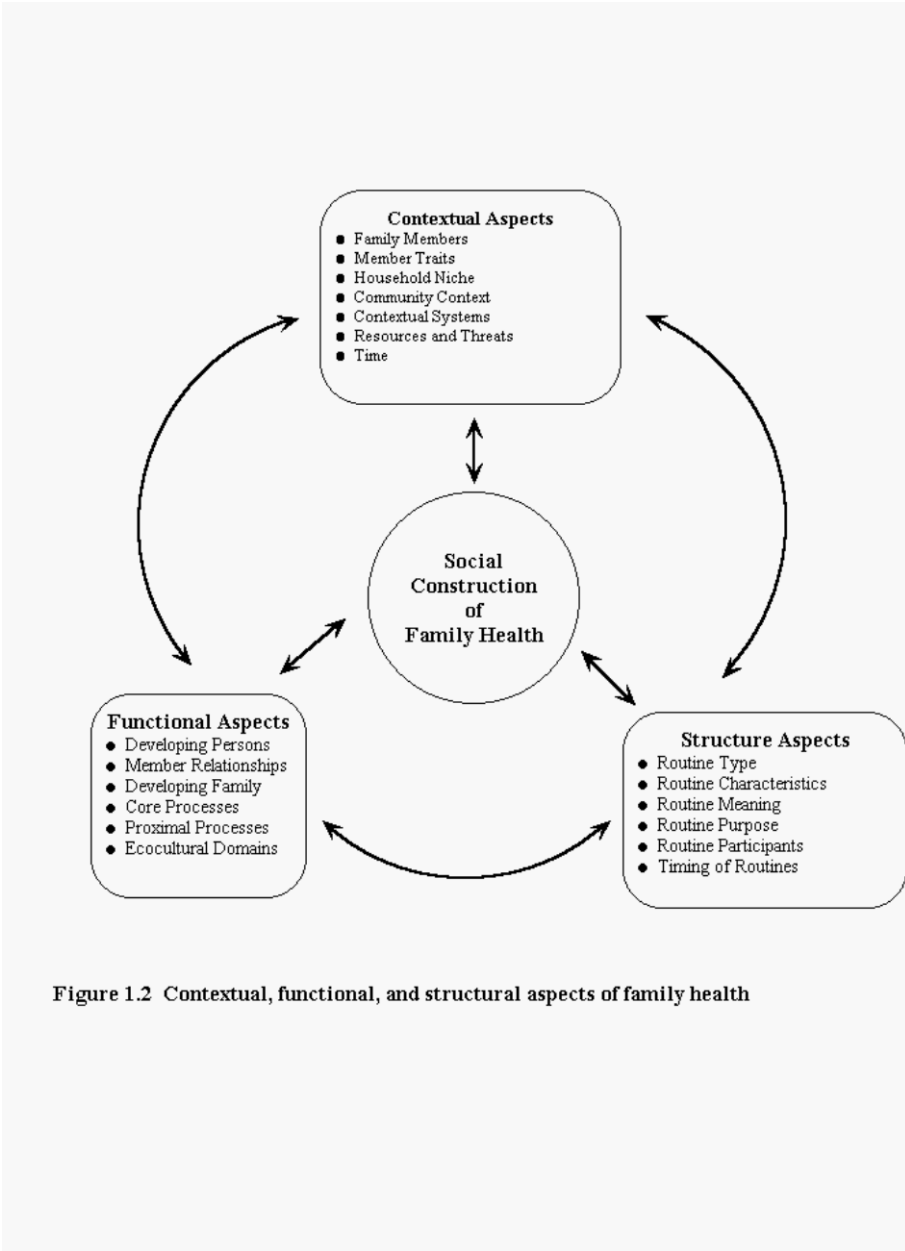


Figure 1.2 Contextual, functional, and structural aspects of family health

LEGENDS

Figure 1.1 (please note figure itself says 1.2; but it is now 1.1)

Basis for Nursing Practice Using Family-Focused Care*

Dimensions of care

- Clarifying family meanings related to past, present, and future health orientations
- Synchronizing patterns of nurse-individual, nurse-family, nurse-context interaction
- Transcending past obstacles, validating present potentials, and anticipating future opportunities

Processes of nursing

- Collaborating, partnering, advocating, explaining, guiding, counseling, and teaching
- Moving developing persons toward well-being, maturity, hardiness, individuation, transcendence, and empowerment
- Facilitating family processes, family identity, family resilience, and family development over the life course
- Assisting individuals and families with processes of becoming, illness occasions, and unpredictable experiences
- Enabling developing persons-families through living-dying and generational processes
- Acting upon and in conjunction with the contextual systems affecting family health
- **Some ideas originally derived from Parse (1987) Man-Living**

Health Model

