1. The Life Course as an Organizing Framework

Whoever your clients are, one thing we can be sure of is that they will be somewhere on the path from cradle to grave, and that where they are in this journey is going to affect their needs. To have an understanding of this journey through the life course, and to be able to use the theories that describe and explain it in order to organize and enhance your interventions, can only be helpful. This chapter introduces the idea of the life course as an organizing framework for thinking about clients’ lives. It presents a number of theoretical ideas and practical tools.

By ‘the life course’ (Cohler & Hostetler, 2003; Elder et al., 2003), we mean the rhythmic and fluctuating pattern of human life over time, marked out by expected and unexpected life events and interactions between the self and the environment. It covers the journey through life from start to finish, including all the stages, roles and key events that the person experiences, along with the reactions of the person to these experiences and the meanings which they attach to them. To adopt a life course framework is not to adhere to a particular, well-defined theory. Instead, it is to take on a world view or perspective that posits an active and agentic individual interacting with and moving through an influential and modifiable physical and interpersonal environment (McAdams, 1993). The specifics of what this means are spelt out in less abstract terms in Box 1.1, and can be thought of as a manifesto for the life course (or lifespan) perspective. You should look at these statements before reading on, and reflect on the questions posed.

For each and every one of us, the life course is a fascinating and complex personal journey, and for those of us who work therapeutically with others it provides a robust framework that helps divide complicated concepts into smaller, logically related and
Box 1.1 A manifesto of the life course perspective

To take a life course perspective towards your work involves adhering to a set of propositions that includes the following assumptions (Baltes, 1987; Rutter, 1989, 1996; Elder, 1996; Elder et al., 2003; Shanahan et al., 2003):

1. People experience both change and continuity throughout their life course.
2. Every person has some unique, some shared and some universal characteristics.
3. Many different factors and dimensions contribute to a person’s make-up, and these can change in different ways, at different rates and with different outcomes.
4. All change involves both gains and losses.
5. All change involves the potential, which may or may not be realized, for personal growth.
6. The timing of life events within a person’s life course is a significant factor in how those events are perceived and handled.
7. Development and growth arise out of an interaction between the person and his or her environment.
8. The needs of clients are best seen in the context of their physical, interpersonal, cultural and historical situation.

Think about the statements above. They are the viewpoints to which we adhere, but remember that this is what they are: viewpoints, not unambiguous facts or truths.

- Which of the above statements do you agree with most strongly? Why?
- Are there any that you do not agree with? Why?
- Are there any that you do not understand?

We hope that you will understand these tenets better and more fully once you have worked through this text, but for the moment you may like to discuss any uncertainties or confusions with your tutors and/or colleagues.

more manageable chunks (Pickin & St Leger, 1993). It can be used as an aide-memoire for health and social care professionals’ assessment of client needs, and as a tool for the planning and evaluation of interventions.
Roles across the life course

Client-centred intervention includes the belief that meaningful activity both contributes to and is a source of personal well-being; and occupational therapy is specifically grounded in this belief. A life course perspective locates this and, indeed, all activity in the context of one or more social roles, for example the role of worker, parent, student or, possibly for many of your clients, patient. Turn now to Learning Task 1.1, which will help you begin to build up a picture of the lives of the participants in our case study (pp. 6–11).

Learning Task 1.1 Identifying roles

In Learning Task 0.1, you will have completed a genogram that summarizes the ages of the different characters in our case study and the relationships between them. The present activity invites you to begin thinking about these characters in terms of the major roles that they occupy.

By a ‘role’, we mean those sets of behaviours and attitudes that are associated with particular social positions and that serve a specific function for both individuals and the society of which they are a part.

Below is a list of some of the characters that appear in the case study. Identify their ages and the roles that you know them to occupy. How many of these roles could you have predicted from knowing their age alone?

- Helen
- Richard
- Mary
- Brian
- Sarah
- Chris

Learning Task 1.1 introduces the idea of a person’s roles varying across the life course, at least in part dependent on his or her life stage. This can be represented diagrammatically as a life-career rainbow. Donald Super (1980; Herr, 1997), the psychologist who introduced this idea, identified nine roles that together are able to account for most of the roles occupied by most people most of the time: child, student, leisure user, citizen, worker, partner/spouse, homemaker, parent and retiree. Of course, for any particular individual some of these roles may be absent (not everyone is a spouse, for example) or insignificant (there are those for whom studentship
comes to an end early in life, has never had much meaning and is never resumed later in life). Similarly, for some people, roles that do not figure in Super’s list (for example sibling, client or patient) may be of prime importance. Super identifies four key arenas in which these roles are acted out: home, work, school (or other educational establishment) and community. These are all important parts of the environment or context in which most, although of course not all, individuals live out their lives.

Key issues for occupational therapists and other health and social care practitioners relate to the number, size, nature and personal significance of the constellation of roles that comprise a client’s life-career rainbow. Do they represent a good role balance? Are there any significant gaps? Are any roles too demanding for the client? What changes may be indicated in order to further a client’s well-being or progress?

The life-career rainbow can indicate more than mere role occupancy. Thus, the width of each band can be varied in line with the time demands of a particular role. Immediately after the birth of a first child, parents may find that the ‘parent’ role occupies almost all hours of the day (and night), with other roles being compressed into small windows of time, or else dropped altogether. After a while, however, the time demands of the role lessen somewhat, and a more balanced and varied role repertoire can be attained. Illness and disability can likewise disrupt a person’s role balance, with hitherto important roles being squeezed out of a person’s life. As an occupational therapist, you are uniquely placed to address these issues and to work with your clients using the concept of the life-career rainbow to help them to address their needs. It may, in fact, be helpful to spend some time constructing and talking through your client’s life-career rainbow quite formally, using the technique of drawing one out as a basis for mutual planning and agreement about goals, aims and interventions. Box 1.2 uses the idea of a life-career rainbow to depict the life course to date of Katie, one of the case study characters.

In thinking about a person’s life-career rainbow, it is vital to note that of possibly even greater significance than the time demands of a particular role is its importance or meaning (or salience, to use Super’s term). In terms of the life-career rainbow, this could be conveyed by varying the density of the colouring in each band. The colour density of any one role can then vary as the role waxes and wanes in significance. This, even more than the occupancy or not
Katie’s life-career rainbow is grounded in the information provided in Chapter 0, but it is hypothetical in that it makes assumptions about aspects of her role constellation over time. Nonetheless, it can effectively illustrate how the life-career rainbow can be used to analyse and reflect on issues such as change and stability over time, role balance, role deprivation and role overload. If you look at the list of roles, you will see that the first seven come from Super’s list of nine common roles; the roles of citizen and retiree (or pensioner, to use Super’s term) have not been included. The remaining two roles, sister and niece, are not included in Super’s list, but are nonetheless identified as significant in Katie’s case. The rationale (some aspects more hypothetical than others) for Katie’s role occupancy assessments are given below. Note that these comments refer to the time spent in various roles rather than their emotional saliency – that would be something for Katie herself to decide:

- **Child:** This, as for all babies, was the role in which Katie spent most of her infancy and early childhood. In terms of the roles listed above, the only other roles she has occupied since birth are also
related to the family, that is the roles of sister and niece. As her world expanded – first into school and work, then into her relationship with Simon and into motherhood – Katie has spent less time in the role of child. It is possible that, in the future, if her parents were to become ill or frail, the child role might again take up a larger part of her life space. She still socializes quite extensively with her mother, Alison, and stepfather, Paul, and so the role remains a significant one for her.

- **Student:** The student role has been a relatively straightforward one for Katie. She started school at the age of five years, and left at the age of 16. Whilst not anti-school, education did not engage her enthusiasm. She left at the earliest opportunity with minimal qualifications, and has no plans to return.

- **Leisure user:** Katie became a leisure user as a child when she joined in pre-school play groups. It continued with her use throughout childhood of the local swimming pool, and took a sudden leap when, as a young teenager, she met Simon and started going ‘out on the town’. Since the birth of her sons, Katie’s leisure time has been substantially curtailed, although it may be on the rise as her children get older. This might, of course, change if she and Simon have their planned additional children.

- **Worker:** From the age of 12 years, Katie took on a paper round and babysitting jobs, and then worked full-time until the birth of her first son, Ben. For the last couple of years, she has held a part-time job as a care assistant in a local nursing home, working nights to fit in with Simon’s work commitments and her childcare responsibilities.

- **Homemaker:** When Katie became pregnant with Ben, she and Simon lived with his parents for a while until they found their own place. This meant that Katie took on some homemaking responsibilities at this time, although these increased significantly, and have remained high, since the family moved into their own house.

- **Partner:** Katie and Simon have been together for ten years, since Katie was 13 years old. The time committed to this relationship increased when Katie became pregnant and she and Simon moved in together.

- **Parent:** The role of mother has been a significant part of Katie’s life space ever since the birth of her first son, although, whilst it remains high, the time given to this role has fallen slightly as first Ben and then Dan entered nursery and, in Ben’s case, primary school. It is, of course, likely to increase again if she and Simon add to their family.

- **Sister:** Katie has occupied the role of sister since she was born. As a young child, this was a major element in her life space, becoming less central once her elder sister, Sarah, started school. For a few
years in her early teens Katie spent more time socializing with her sister, but this decreased when Sarah began her nursing training, and has remained fairly low ever since.

- **Niece:** Katie has also been a niece for the whole of her life. Since her Aunt Helen’s CVA, Katie has voluntarily and markedly increased the time and energy devoted to this role.

of particular roles, can be highly individual and idiosyncratic, making it risky for health and social care workers to make assumptions about the relative significance of a client’s various roles. Hence, role saliency is not depicted in the life-career rainbow for Katie. Whilst we may be able to hazard a guess at the saliency for her of some of her roles, at least at some points in her life course, this is really for her to decide. Rather than being assumed, role saliency is something that should be explored with clients as part of the assessment process. The ideal scenario, of course, is when those roles represented by a wide band (that is time-consuming ones) have a good degree of colour density (thereby indicating significant salience to the individual). It may be salutary for us to realize how large a part of a person’s life the client role may at times occupy. We need to consider how we can ensure that clients experience our interactions as meaningful as well as time-consuming. Clients, like everyone else, are vulnerable to stress and depression as a consequence of performing roles that occupy a great deal of time but have little salience for them. This is particularly true when those roles last for long periods, and even more so when there appears to be no prospect of things changing.

Now that we have made the case for the value of the life-career rainbow as a way of thinking about the life course, it is time for you to try using it yourself. Learning Task 1.2 asks you to construct your own life-career rainbow. Whilst the main focus of this book, with the exception of the final two chapters, is the client rather than the therapist, it is important to remember that the concepts discussed are applicable to all of us. Furthermore, we are each better placed than anyone else to construct our own life-career rainbow, which is another good reason for asking clients to complete their own with you there rather than you attempting to do it for them.
Learning Task 1.2 Constructing a life-career rainbow

Think of the various roles you have occupied in your life so far, and represent them on a life-career rainbow. Draw the rainbow as a series of horizontal lines, as in Box 1.2, indicating when roles were taken up and when they were dropped. If necessary, include roles not mentioned by Super. Indicate the importance of the roles by variations in the density of shading (the deeper the colour, the more meaningful the role). When you have completed it, ask yourself the following questions about your life-career rainbow and, if possible, discuss your answers with one or more fellow students or colleagues.

- How typical is your life-career rainbow of someone of your age and life stage?
- How is your current situation affecting your constellation of roles?
- How do you imagine your life-career rainbow will change in the future?

Current roles: a snapshot of the ‘now’

Whilst the life-career rainbow is a particularly effective tool for monitoring changes in role occupancy and significance, a snapshot of a client’s current role repertoire – in effect, a cross-sectional slice through the life-career rainbow – can more easily be represented in the form of a pie chart. The larger the slice of the ‘pie’, the greater the time spent in that role. Learning Task 1.3 asks you to complete a pie chart for a client you are, or have been, working with. This can be useful when planning interventions, especially where decisions need to be made about how best your client can spend limited resources of time and energy. As a pre-worked example, we have also included a pie chart of one of the people (Mary) in our case study’s current role occupancy. How well balanced do you think her roles seem to be? Are there any that are too great or too small? Which roles does it suggest as being most in need of development or maintenance? How could you, as someone who works with a client-centred approach, try to alter the balance?

During a person’s life course, roles exist in an equilibrium that can be affected by illness or disability, and may lead to role imbalance and role underload or deprivation (Creek, 2002), something
Learning Task 1.3  Pie charts to show role occupancy and importance

Here is a pie chart of Mary’s current roles. The size of each segment indicates the relative amount of time Mary devotes to each role. Its importance (or emotional salience) is indicated by its shading: black means the role is very important, grey that it is moderately important and white that it is relatively unimportant. In considering Mary’s pie chart, do not forget that this is our interpretation of her life, not Mary’s. She might divide up the ‘pie’ somewhat differently, very probably including roles that we know nothing about.

Mary’s current key roles

![Pie chart showing Mary's key roles]

We can see that in this moment-in-time slice through Mary’s life-career rainbow our interpretation is that ‘Self care’ takes up much of her time (being the largest segment) and is reasonably salient to her (being coloured grey). ‘Church and community membership’ is not currently very meaningful to her, nor does it take up much time. In these examples, time commitment and emotional salience vary in step with each other: self-care is currently both more time-consuming and more important to Mary than is church and community membership. The black colouring of the ‘Mother’ and ‘Family member’ sectors indicates that these are what really matter to Mary. The white colouring of the ‘Leisure user’ sector indicates that it is not an emotionally important occupation for Mary at the moment, although it actually occupies a relatively large amount of her time.

- How would you explain Mary’s slice through her life-career rainbow?
- How might you try to modify either her perception of the areas or their size?
that can lead to considerable distress. For nearly all clients, this area needs assessment, and possibly intervention. It may be that roles can be rebalanced, or even at least partially restored, by skilful work on the part of therapist and client. Alternatively, new occupations, roles or relationships may be developed. Changing the previous balance and pattern of roles may be very important to your clients. In terms of their perception of their own life, such reconfiguration may allow them to perceive both meaning and purpose in daily life, and to find social acceptance. Social acceptance, in turn, means that social support of the role and activity is much more likely to be forthcoming. The holding of socially normative and acceptable roles is likely to enhance self-esteem and foster relationships, giving energy, opportunity and a positive sense of self to your client. The importance of balanced, fulfilling roles in determining quality of life and self-esteem cannot be underestimated.

Recognition of how the client’s place in the life course affects role balance is an essential ingredient in planning intervention. As we grow up, we all develop an awareness (although we may not put it into words) of the nature of different life stages. We develop expectations about what we will and/or think we ought to be doing at different points in the life cycle: ‘I ought to be financially independent by the time I’m 25’, ‘I want to be married before I’m 30’, ‘I expect to be retired at 65’, ‘I’ll need a bungalow or ground-floor flat when I’m 80’ are all commonplace examples. The following section provides some theories and concepts for expressing and debating these assumptions.

**Stages and developmental tasks across the life course**

All societies divide the life course into stages, and these are reflected in the organization of many health and social care services. Some-
times this is explicit, for example paediatric services, adolescent mental health provision, Sure Start programmes for the under-fours or services for older people. Sometimes it is implicit. Thus, services around maternity care, stroke rehabilitation or occupational training will tend to involve clients within a particular life stage because of the association between life stage and a wide range of significant life events. Occupational training, for example, is unlikely to occur with the under-15s or the over-60s. In the past, maternity care was relatively rare in the over-40s, but this has changed latterly and reminds us that what society considers to be the appropriate age for any given role or activity can vary considerably from community to community, society to society and also across different generations. This is, indeed, one of the tenets of the life course perspective’s manifesto. Learning Task 1.4 asks you to think about the typical characteristics of different life stages. Give this activity some attention now, before you read on. You may be surprised both by how much you already know about change and development across the life course and by the way in which some life stages are far easier than others to characterize in this way.

Learning Task 1.4 Developmental tasks across the life course

For each of the following age bands, think about what, typically, are the key:

- major life events
- occupational priorities with regard to self-care, productivity and leisure
- personal aspirations and concerns
- social and relationship issues.

<table>
<thead>
<tr>
<th>Age band</th>
<th>Key Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 5 years</td>
<td>0–5 years</td>
</tr>
<tr>
<td>5–12 years</td>
<td>5–12 years</td>
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<tr>
<td>12–18 years</td>
<td>12–18 years</td>
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<tr>
<td>18–25 years</td>
<td>18–25 years</td>
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<tr>
<td>25–40 years</td>
<td>25–40 years</td>
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<tr>
<td>40–60 years</td>
<td>40–60 years</td>
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<tr>
<td>60–75 years</td>
<td>60–75 years</td>
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<tr>
<td>75+ years</td>
<td>75+ years</td>
</tr>
</tbody>
</table>

The term ‘developmental task’ was coined in the 1940s by Robert Havighurst, an American educationalist, who described it as a task that:
arises at or about a certain period in the life of the individual, successful achievement of which leads to . . . happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks. (Havighurst, 1972, p. 2)

In other words, developmental tasks represent personal developmental milestones and achievements that allow us to progress in society, by easing our way into future tasks and receiving the accolade and approval of those around us. It may be that many of the clients you meet in your professional life are not in a position to conform to these social norms and expectations. They might have been denied many of the day-to-day plaudits that come the way of the majority of the population, and thus may feel that their position in society is tenuous and lacking in value. Arising from this, there may be a sense of powerlessness which will need to be addressed if the person is to make some gains in the quality of their life. It may be necessary to challenge some of the taken-for-granted, normative hallmarks of successful growth and development.

The way in which life events and developmental tasks cluster (or not) around particular points in the life course provides a framework for thinking about life stages that is especially attuned to the goals of most client-centred interventions. Havighurst was interested in the idea of the ‘teachable moment’: the point or sensitive period in the life course when the person (notably the child) is most receptive to learning a particular skill or type of concept. It is very often the task of the educationalist to identify and exploit this moment. It is not by chance that in many societies formal education begins at the age of five or six years, or that transfer to secondary school occurs between the ages of 11 and 13. These social transitions are timed to coincide with the pattern and nature of most people’s cognitive and social development. This can confront the health and social care practitioner with a challenging task. On the one hand, the practitioner wants to facilitate clients’ engagement with the tasks with which they would have been engaging, and the attainment as soon and as far as is possible of skills towards which they would have been striving, had they not experienced the life events or circumstances that brought them to the attention of the health and social care professional. On the other hand, this same professional, to a degree that surpasses even that of teachers, is concerned with the uniqueness and individuality of the client. This requires
managing the tension between developmental norms and milestones, on the one hand, and the unique competencies and needs of a particular client, on the other. Havighurst’s description of developmental tasks as the combined outcome of biological maturation, cultural pressures and individual desires, aspirations and values provides a basis on which occupational therapists and other health and social care practitioners can plan their work with clients.

Because of the involvement of biological and psychological processes that are universal across people, time and place, there will be some commonality of developmental tasks for widely different individuals, families and communities. Because of the involvement of individual differences, varying aspirations, and cultural and social norms in the establishment of developmental tasks, the tasks associated with different life stages will, at the same time, also vary across individuals, cultures and epochs. Thus, whilst Havighurst identified six to nine developmental tasks for each of six age periods, ranging from ‘Infancy and early childhood’ to ‘Later maturity’, his recognition of the impact of social, cultural and historical change and difference led him to change and ‘update’ his list several times during his career. It will, of course, need constant updating and revision long after Havighurst ceases to be in a position to undertake the work, and it will be helpful for those working with it to review it in light of current circumstances and the particular client in question.

Despite variations in the nature and significance of particular developmental tasks, even for people of similar age and background, it is possible to identify some developmental tasks that tend, at least to some extent, to be associated with particular ages and/or life stages. Erikson (1994) identifies a sequence of psychosocial crises or preoccupations that characterize different stages of the life course and which potentially lead to the development of a significant new personal strength. The crises centre on:

- **Trust** (aged 0–1 years): becoming confident that one’s basic needs will be met
- **Autonomy** (1–6 years): establishing self-control without loss of self-esteem
- **Purpose** (6–10 years): developing the initiative to strive for goals that will fulfil personal potential
- **Competence** (10–14 years): acquiring the skills needed for full and productive involvement in society
• **Identity** (14–20 years): developing an integrated self-concept and a coherent set of values and beliefs

• **Intimacy** (20–35 years): establishing close, committed relationships with others

• **Generativity** (35–65 years): creating a lasting contribution that will extend beyond one’s own lifetime

• **Integrity** (65+ years): becoming acceptant of and satisfied with one’s life, and understanding its place as part of a wider humanity.

It is interesting to note that in his own late adulthood Erikson questioned whether the crisis of integrity was in fact the final stage of development. In a posthumously published extension of an earlier work (Erikson, 1997), Erikson’s widow and collaborator, Joan, added a new, ninth, developmental stage to the human life course in which, as in the adolescent identity crises, previously resolved crisis points are again confronted. Joan Erikson suggests that, if the daily difficulties which are faced by individuals in their eighties and nineties can be accepted, a path is cleared towards a further developmental stage. This stage is *gerotranscendence* (Tornstam, 1989, 2005): a shift in personal perspective from a materialistic and rational view towards a cosmic and transcendent one.

Whilst it is important to recognize that particular ages and life stages tend to bring with them particular concerns and preoccupations, it is crucial that frameworks such as Erikson’s are not seen as a rigid set of inevitable stages. It is best to think of them as a broad backdrop against which a person’s specific concerns and preoccupations are played out. Whilst they provide pointers as to the concerns of clients at different life stages (Thomas, 1990), the issues Erikson identifies do not occur only at what he describes as their ‘time of special ascendancy’. Issues of trust, identity, intimacy etc. are not resolved once and for all: experience and circumstance may trigger and rekindle them at any time (Jacobs, 1998).

The psychosocial stages identified by Erikson are included in the age-based developmental tasks that are summarized in the left-hand column of Table 1.1, which, despite its length, is illustrative rather than exhaustive. Examine this list and think about how the entries relate to your responses to Learning Task 1.4. Was there a great deal of overlap? What were the differences? Is there anything you would now like to add to your answers? Is there anything you think should be added to the list in Table 1.1?
Table 1.1 Developmental tasks and health issues by life stage (adapted from Havighurst, 1972; Pickin & St Leger, 1993; Rice, 2000; Sugarman, 2001, 2004).

<table>
<thead>
<tr>
<th>Life stage</th>
<th>Developmental tasks</th>
<th>Some key health issues</th>
</tr>
</thead>
</table>
| **Infancy (birth to 2 years)** | Social attachment  
Motor development, leading to walking  
Learning through sensory and motor interactions with the environment  
Understanding the nature of objects and the creation of categories  
Emotional development | Mother’s health  
Quality of pregnancy, delivery and perinatal life  
Quality of home and immediate external environment  
Immunization  
Developmental surveillance  
Family influences  
Home accidents |
| **Early childhood:** Toddlerhood (2–4 years) | Developing mobility and other physical skills  
Fantasy play  
Language development  
Development of self-control | Family influences  
Immunization  
Home accidents  
Immediate external environment  
Special needs groups |
| **Early childhood:** Early school age (4–6 years) | Sex-role identification  
Early moral development  
Sense of self  
Conceptual skills  
Group play | Accidents outside the home  
Formal education and preparation for a healthy lifestyle  
Peer group influences  
Special needs groups |
| **Middle childhood:** (6–12 years) | Friendship  
Development of concrete thinking  
Skill learning  
Self-evaluation  
Team play | Accidents outside the home  
Formal education and preparation for a healthy lifestyle  
Peer group influences  
Special needs groups  
Malignancies |
<table>
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<tr>
<th>Life stage</th>
<th>Developmental tasks</th>
<th>Some key health issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adolescence</strong> (12–18 years)</td>
<td>Physical maturation</td>
<td>Preparation for healthy, independent adult life</td>
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<td></td>
<td>Development of abstract reasoning</td>
<td>Accidents outside the home</td>
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<td></td>
<td>Personal ideology</td>
<td>Self-inflicted injury</td>
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<td></td>
<td>Emotional development</td>
<td>Peer group pressures</td>
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<td></td>
<td>Membership in the peer group</td>
<td>Risky behaviour (e.g. alcohol and drug use)</td>
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<td></td>
<td>Sexual relationships</td>
<td>Sexual activity and contraception</td>
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<tr>
<td></td>
<td></td>
<td>Special needs groups</td>
</tr>
<tr>
<td><strong>Early adulthood:</strong></td>
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<tr>
<td>Emerging adulthood (18–25 years)</td>
<td>Autonomy from parents</td>
<td>Unhealthy lifestyles</td>
</tr>
<tr>
<td></td>
<td>Gender identity</td>
<td>Accidents, especially road traffic accidents</td>
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<td></td>
<td>Internalized morality</td>
<td>Violence</td>
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<td></td>
<td>Career choice</td>
<td>Self-inflicted injury</td>
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<td></td>
<td></td>
<td>Peer group influences</td>
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<td></td>
<td></td>
<td>Development of autonomy</td>
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<tr>
<td></td>
<td></td>
<td>Risky behaviour (e.g. alcohol and drug use)</td>
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<td>Homelessness</td>
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<td>Sexually transmitted diseases, including HIV</td>
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<td>Contraception and family planning</td>
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<td>Childbearing</td>
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<td>Stress</td>
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<td>Special needs groups</td>
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<td><strong>Early adulthood:</strong></td>
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<tr>
<td>Young adulthood (25–40 years)</td>
<td>Exploring intimate relationships</td>
<td>Unhealthy lifestyles</td>
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<td></td>
<td>Childbearing and rearing</td>
<td>Childbearing and rearing</td>
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<td>Work</td>
<td>Work-related illness</td>
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<tr>
<td></td>
<td>Lifestyle</td>
<td>Stress</td>
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<td>Mental health</td>
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<td>Malignancies</td>
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<td>Special needs</td>
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</table>
### Table 1.1  Continued

<table>
<thead>
<tr>
<th>Life stage</th>
<th>Developmental tasks</th>
<th>Some key health issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Middle adulthood</strong>&lt;br&gt;(40–65 years)</td>
<td>Management of career&lt;br&gt;Renegotiating the couple relationship&lt;br&gt;Expanding caring relationships&lt;br&gt;Management of the household&lt;br&gt;Adjusting to ageing parents&lt;br&gt;Coping with physical changes of ageing</td>
<td>Coronary heart disease&lt;br&gt;Stroke&lt;br&gt;Malignancies&lt;br&gt;Chronic illness&lt;br&gt;Work-related illness&lt;br&gt;Respiratory disease&lt;br&gt;Screening (e.g. for breast cancer and CHD risk factors)&lt;br&gt;Mental health&lt;br&gt;Preparation for later life</td>
</tr>
<tr>
<td><strong>Late adulthood:</strong>&lt;br&gt;Early-late adulthood&lt;br&gt;(65–75 years)</td>
<td>Promotion of intellectual vigour&lt;br&gt;Redirection of energy toward new roles and activities&lt;br&gt;Acceptance of one’s life&lt;br&gt;Development of a point of view about death</td>
<td>Maintenance of function and independence&lt;br&gt;Social isolation&lt;br&gt;Mental health&lt;br&gt;Depression&lt;br&gt;Preparation for later life&lt;br&gt;Acute and chronic illness&lt;br&gt;Disability (particularly impairment of mobility and sensation)</td>
</tr>
<tr>
<td><strong>Late adulthood:</strong>&lt;br&gt;Later-late adulthood&lt;br&gt;(75+ years)</td>
<td>Coping with physical changes of ageing&lt;br&gt;Development of a psycho-historical perspective&lt;br&gt;Facing the unknown</td>
<td>Maintenance of function&lt;br&gt;Social isolation&lt;br&gt;Quality of housing&lt;br&gt;Acute and chronic illness&lt;br&gt;Multiple morbidity&lt;br&gt;Depression and dementia</td>
</tr>
</tbody>
</table>

You will see that Table 1.1 also includes, in the right-hand column, some health issues and risks that may typically be associated with different life stages. Did the distinguishing features of different life stages that you identified in Learning Task 1.4 include any of these factors?

The developmental tasks associated with different life stages provide us with a ready-made set of personal goals (Reinert, 1980), and normative developmental tasks can help us make decisions about how to order and manage our lives. By the same token, however, such norms can constrain a person’s freedom of choice.
and inhibit people’s ability to develop alternative, non-normative lifestyles. This may present particular difficulties for those who are living with illnesses or disability, and those who are socially disaffected. A significant number of the clients you encounter in your professional practice may be unable to achieve some normative developmental tasks. Different stages in the human life course present us with particular opportunities and risks, and many of the clients you meet will have to confront the fact that they are not in step with developmental and age norms. This may cause stress, distress and a sense of not truly belonging to society, even of being cast out or rejected. The effect of this on the client’s sense of self-worth may be significant, and much work may need to be done to give the client confidence in the process to be embarked upon. The client may be confronted with a number of unwanted and ‘off time’ events, and this will almost certainly reduce a person’s sense of life satisfaction (Bee & Boyd, 2003). This is the case for several of the people in our case study, and you should turn now to Learning Task 1.5 to consider this further.

Learning Task 1.5 ‘On time’ and ‘off time’ life events

**Part one**

This task asks you to consider the interplay between age, gender and developmental tasks.

- Turn back to our case study and the genogram that you completed.
- First of all, make sure that you have included ages in your diagram.
- Now pick out three or four people of different life stages and gender (e.g. Mary, Brian, Katie and Richard).
- From the information you have, what developmental tasks do you think they are currently dealing with?
- What other factors influence their developmental tasks?

If at all possible, compare notes with one or more colleagues or fellow students.

**Part two**

Now think about other characters in the case study and any ‘off time’ life events they are experiencing. You would probably include in your list:
A quick recap

Already in this chapter we have introduced a number of key concepts that are useful for understanding clients from a life course, or lifespan, perspective. You should, by now, have some understanding of:

- what is meant by the term ‘life course’, and what it means to adopt a life course perspective
- life roles, and the associated ideas of role overload, role underload and role balance
- the life-career rainbow and pie charts as ways of representing and exploring life roles
- life stages, and their associated developmental tasks
- the tension between shared or normative experiences across the life course and individual uniqueness.

If you are unclear about any of these concepts, have another look through this chapter. You could also consult the section *Key Terms and Concepts*, which you will find towards the end of the book (p. 177). This aims to provide definitions for most of the terms and ideas used in this text. It is important that you have a clear sense of the ideas put forward so far: without them, the remainder of the text is likely to be more than a little confusing.

There are two other general concepts that will help you to make sense of the remainder of this text, to use the ideas it contains in your day-to-day work as a health and social care professional and to enhance your theoretical understanding of the enterprise in which you are engaged. The first concept is the idea of the individ-
ual as occupying a particular contextual, or ecological, niche, and the second is the notion of generic developmental tasks that are implicated at all stages of the life course.

Ecological niche

A major element of life course theory as it applies to therapeutic practice is the need to consider and understand clients in their personal, social, cultural and generational context. The theoretically best of plans will come to nothing if no consideration is given to the feasibility of a client translating good intentions into actions. It is necessary to look beyond individual clients to the context and circumstances in which they live their lives; and a way of doing this is to focus not merely on the self, or the person, of the client but on a broader concept that can be variably described as their ‘life space’ (Peavy, 2004), their ‘personal niche’ (Willi, 1999) or their ‘life structure’ (Levinson, 1990). This includes their family and wider social and cultural circumstances. The life space, or life structure, as the core focus of attention for the occupational therapist is discussed in Chapter 2. For the present, we want you to think of the client as occupying a particular ecological niche (Bronfenbrenner, 1994) at the centre of a concentric circle of influences and environments. It is as if the person is the pip at the centre of an apple, or the softest, innermost heart of an onion – in sum, the centre of a series of nested environments that exert a range of close to distant influences. The ecological view of the person can be captured diagrammatically, as shown in Box 1.3. It is a model that describes the environmental influences on a client, ranging from very specific, concrete factors that impinge directly and immediately on the person to very broad cultural influences.

At the most immediate level, the settings, or Microsystems, are the everyday environments or arenas in which the person operates. These arenas can encompass home, school, work, neighbourhood and, for clients such as Helen in our case study, hospital. They include relationships with, for example, spouse, children, friends, employers, colleagues and, again for clients such as Helen, many different health and social care professionals and voluntary agencies. Questions relating to parenthood (for example ‘How does Helen’s illness affect the lives of Andrew and Richard?’) or the volunteer role (‘How may Helen feel about losing contact with the
Box 1.3  An ecological view of the person (adapted from Bronfenbrenner, 1994)

Bronfenbrenner embeds the person in a series of environmental forces that range from being very close and immediate to being very broad and general. These can be represented visually as a series of concentric circles, as shown below:

If you turn back to Chapter 0 and the paragraph about nine-year-old Chris (p. 10), you will see that some of the contextual influences that impinge on him include:

- **Personal settings**
  - home and immediate family (Alison and Paul)
  - extended family (Sarah and Ranjiv, Katie and Simon, Ben, Dan, grandparents, Wicket the dog)
  - school and school friends
  - family friends
  - football team
  - athletics club
  - leisure club
  - neighbours and neighbourhood

- **Settings in interactions**
  - friends from school who also play football or go running
  - friends from school who are neighbours
housebound parishioners that she has visited regularly for several years?’) clearly relate to the concepts included in the idea of ecological niche and are the sort of thing that the practitioner may need to explore with Helen.

*Interactions* between settings occur when different microsystems overlap: home and hospital, work and home, or work and community, for example. Here, questions for Helen may include how to fit in social contacts around hospital appointments (community and home) or how to access practical resources that will enable her to continue her keen interest in gardening (home and leisure).

The next level is that of *institutions and systems* rather than individual organizations: prevalent economic policy, health authorities, education authorities, for example, rather than particular hospitals, schools, voluntary services etc. The type of issue to be explored here includes the indirect impact of those institutions on the person. How, for example, will the local bus and train timetables (a reflection of national and local transport policy) affect Helen’s social opportunities or the accessibility of various community services? Similarly, the relationship between the various services
The Life Course as an Organizing Framework

which Helen may need will have an impact on how her recovery and quality of life are managed. Such issues are embedded in the local and national institutions and systems surrounding Helen’s life.

At the broadest level of influence are cultural norms and values. These consist of general cultural expectations, such as predominant beliefs and ideologies and notions of the normal, expectable life course. How, for example, will Helen feel about not being able to work, at least for the time being, at an age when work is often an important part of life? Will she be concerned about being ‘non-productive’ in a society where independence, achievement and autonomy are all highly valued?

Chapter 2 explores in detail the use of a self-in-context perspective for planning and implementing work with clients.

Generic developmental tasks

Thinking about age and/or life stage focuses attention on the ways in which developmental tasks change across the life course, bringing into the spotlight the distinguishing features of each phase of life. It is important for anyone working in a client-centred framework to take these into account in order to ensure that clients’ treatment programmes are appropriate for their age, life stage and lifestyle, and are focused specifically on that individual client.

In addition, the life course perspective normalizes the experience of change across the whole of the life span. It identifies a number of broad developmental tasks that are common to all life stages, highlighting the fact that we face many similar challenges at various points in the life course, and that we have developed, and can continue to develop, strategies for managing these challenges that are transferable across both tasks and stages. These generic developmental tasks provide the structure for Chapters 3–6. They include coping with life events (Chapter 3), dealing with transitions and loss (Chapter 4), managing stress (Chapter 5) and decision-making and problem-solving (Chapter 6). When clients talk about their lives, they do not generally structure their accounts neatly around theoretical concepts such as life events, transitions and stress. Rather, clients weave their accounts into a narrative and present themselves to therapists through the stories they tell. That their story is in some way problematic or awry is what brings clients into
Occupational Therapy and Life Course Development

the care of occupational therapists and other health and social care professionals (Howard, 1991). Healing and treatment can then be seen as a process of story repair and (re)construction. This narrative perspective is considered in Chapter 7.

The person of the therapist

After this consideration of ecological niche, generic developmental tasks and personal narrative, it is, in our final two chapters, the experience of the health and social care professional, specifically the experience of being an occupational therapist, that takes centre stage. Chapter 8 is based on a study of the life-career experiences of occupational therapists who move from practice into occupational therapy education (Wright, 2007) and focuses on the process of being and belonging as a member of the occupational therapy professional community. Chapter 9 strives to bring all the threads of our arguments together and consider their significance for both your initial training and your continuing professional development.

Armed with a secure understanding of the concepts introduced in this chapter, you are well placed to work with your clients from a life course perspective and take a client-centred view of your intervention plan within a holistic framework. We believe this will equip you to work creatively with clients of various ages and at different life stages, who present with various challenges and difficulties, and to work with those involved with them, be they family, friends, colleagues, informal carers or other health and social care professionals. The remaining chapters in this text will provide you with a more detailed understanding of these issues. Like the life course itself, we hope you will find this text a journey of discovery.