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Family Therapy, Family Practice, and Child and Family Poverty: Historical Perspectives and Recent Developments

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ABSTRACT. This paper assesses the engagement of family therapy and family practice with families with children, who are living in poverty. It analyzes four promising models from two perspectives. The first perspective relates to critiques, which have been made of the practice of family therapy with families living in poverty; and the second relates to the implications of the theoretical and empirical literature on the impact of poverty on children. To place this discussion in context, the history of family therapy's involvement with families living in poverty is described and the relevance of the cause versus function debate is highlighted. doi:10.1300/J039v10n04_03 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Family therapy, family practice, child poverty

Throughout its history, the field of family therapy has had an ambivalent relationship with the issue of child and family poverty (Rivett & Street, 2003). On the one hand, at least one major school of family therapy was developed for families living in impoverished urban neighborhoods

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(Minuchin et al., 1967), and the significant effects of the social and economic environment on family functioning have long been acknowledged (Geismar & La Sorte, 1964). On the other hand, the main focus of intervention has generally been on intra-familial issues, processes, and organization.

Over the last three decades there has been a virtual explosion of research documenting the effects of poverty upon the experiences of families and developmental outcomes for their children (Ripke & Huston, 2006; Gershoff, Aber, & Raver, 2005; Duncan & Brooks-Gunn, 1997; Mayer, 1997). Despite these findings, only recently have approaches been developed that simultaneously target change in families living in poverty, in how they interact with various aspects of an impoverished and impoverishing environment, and sometimes, in ameliorating the sources of these negative environmental impacts.

FAMILY THERAPY AND FAMILY SOCIAL WORK PRACTICE

Almost since the inception of family therapy, social work has embraced family therapy per se as well as family therapy-informed practice models, and indeed social workers were well represented among the pioneers of family therapy (Nichols & Schwartz, 2007). Family therapy has long been an important component of family social work and social work education (Collins, Jordan, & Coleman, 2007; Hartman & Laird, 1983). The ambivalent relationship between family therapy and poverty can be seen to intersect with the historic debate about whether the profession of social work can combine both cause and function. In a classical statement, Lee (1930), a leading social work educator, argued that service, or what he called the function of social work, could not coexist with social reform, or what he called a cause orientation. Lee felt that cause naturally transformed into function once the former helped to secure the material and moral resources required to create a direct service response. He acknowledged no possibility of social work involvement in further structural change, and certainly did not recognize the possibility of a service response inclusive of social change activities.

After many years of debate, Schwartz (1969) argued that Lee's dichotomy between cause and function was false because "a private trouble is only a specific example of a public issue" (p. 25). Therefore, he reasoned that there could be no option as to whether to serve individual needs or deal with social problems. Schwartz favored the combination

of these two activities, arguing that a division of professional labor between them was inappropriate.

From a somewhat different perspective, Specht and Courtney (1994) argued that many social workers had become "unfaithful angels" as "the popular psychotherapies have diverted social work from its original mission and vision of the perfectability of society" (p. 27). Although they favored the group as the medium of choice in social work practice, Specht and Courtney regarded family therapy theorists as "at the forefront of efforts to place individual human behavior in an individual and social context" (p. 46). However, they saw family therapy as limited in that it identified the family as the main source of individual psychopathology.

This paper examines the interface between family therapy and child and family poverty, with special emphasis on the tension between psychological adjustments to poverty through largely intra-family change versus a simultaneous focus on helping families living in poverty to change the environments in which they live. It begins by describing the impact of poverty on children and how the family has been implicated in transmitting this impact, as a lens through which to view the appropriateness of how family therapy has been adapted for families with children living in poverty. It then goes on to briefly describe the history of family therapy's engagement with child and family poverty. Finally, four recent specialized approaches to working with families living in poverty are described and analyzed.

POVERTY: ITS DEFINITION AND MEASUREMENT

Despite the significant body of research on child and family poverty, its definition continues to be contested. In general, poverty refers to a particular standard of living located toward the bottom of a multi-dimensional socioeconomic status hierarchy. This construct suggests that income, educational level, occupational type, and residential location influence a family's social position, and through this, its life experience (Oakes & Rossi, 2003; Miller & Salkind, 2002). However, poverty is almost always constructed and measured only in terms of income (the flow of resources into a family), with little consideration for variations in financial demands (e.g., debt servicing) or available assets (the stock of resources accumulated by a family; Glennerster, 2002; Ross et al., 2000).

There is a great deal of controversy about how and exactly where to establish the level of income, which indicates a poverty standard of living, the poverty line (Mendelson, 2005). Often a distinction is made between absolute (Sen, 1983) and relative measures (Townsend, 1985). Absolute measures focus on the goal of physical subsistence, generally based upon expert norms, and without reference to social and cultural needs (Gordon, 2000; Gordon & Spicker, 1999). Relative measures focus on the goals of social role performance, participation in socially sanctioned relationships and activities and adherence to culturally sanctioned behavioral norms (Townsend, 1993). Both absolute and relative poverty can be measured subjectively, based upon public perception, allowing for societal rather than expert definition of poverty status (Gordon, 2000). Similarly, a deprivation index can be developed based on socially perceived necessities determined from either an absolute or relative approach, and average income levels of households lacking these necessities can be determined (Mack & Lansley, 1985). In more objective terms, absolute poverty is often operationalized by costing the purchase of an essential basket of goods and services for physical subsistence in a relevant market (Ross et al., 2000). Relative poverty is operationalized either as a percentage of median income or as a higher than average proportion of expenditure on basic necessities (Mendelson, 2005; Bradshaw, 2000). Clearly, there is significant controversy and complexity related to the concept and measurement of poverty. Yet, this does not obviate the fact that living in poverty involves serious consequences for the development and well-being of children.

THE IMPACT OF POVERTY ON CHILDREN

The family experience of poverty can vary along a number of dimensions. These include the duration and episodic pattern of poverty, the depth of poverty, the source of income (government transfer payments, work or the combination of the two), the age of children during periods of poverty, the presence of downward mobility, and the density of the concentrations of households in poverty surrounding the family residence. Nevertheless, all children in families living in poverty experience an elevated risk for deleterious physical, emotional, cognitive, social, educational, and other developmental outcomes (Brooks-Gunn & Duncan, 1997). In fact, Maluccio et al. (2002), based on a review of relevant research, argue that poverty is the greatest of all threats to the well-being of families and their members. Similarly, Waldegrave (2005) states that the

accumulated research over the last two decades consistently shows a strong relationship between poverty and physical and mental ill health.

These deleterious effects of poverty on children flow from several sources. One important source is discrimination and stigmatization of those living in poverty, which is pervasive throughout most of the social structure (Gans, 1995). Another relates to risk and protective factors in community and neighborhood formal institutions and informal groups. For example, proximate social support has been found to be an important protective factor and the amount of economic inequality an important risk factor (Brooks-Gunn et al., 1997).

Families, in themselves, play a significant role in the expression of much of the impact of poverty on children and several theoretical approaches have been used to explain this role. In this context, family stress theory has been applied to suggest how a family can mediate societal, community, neighborhood, institutional, and informal group stressors through the way family members appraise them and apply internal and external coping resources (Boss, 2002). Beyond this, the family has been seen as the origin of some of the effects of poverty on its members, especially by those who see the family as presenting risk and limitations. For example, family investment theory is a version of human capital theory, which explains the effect of families living in poverty on their children as a function of a combination of inferior genetic endowment and a lower capacity than upper income families to invest in their children (Becker & Tomes, 1986; Becker, 1981). Role model theory, based on a culture of poverty approach, suggests that many parents living in poverty socialize children into values and sanctioned behaviors that are inconsistent with well-being because of their immersion in a cultural adaptation to living in poverty (Mayer, 1997; Deglau, 1985). Mayer (1997) has also hypothesized that parental factors, at least partially explain both an increased risk of unemployment, which leads to family poverty, and limitations in parenting, which contribute to poor developmental outcomes.

From an empirical point of view, the effects of poverty upon children are transmitted through material, psychosocial, and behavioral pathways. One important materialist path flows through poor nutrition, home environments with limited opportunities for stimulation, deleterious pregnancy outcomes, and poor health related to disease agents in the physical environments to which poor children are exposed (Aber et al., 1997). Behavioral paths are exhibited by the high rates of smoking in response to poverty environmental factors among adolescents living in poverty and among single mothers, who are over-represented among the poor (Jarvis &

Wardle, 2006; Flint & Novotny, 1997). Psychosocial paths, which may be more malleable to family intervention, result from the broad effects of income poverty on the multiple ecologies effecting children in families living in poverty. These include the interaction between parents and other adults, which can improve parenting through social support (Jack, 2000), interactions between parents and children, and management of the risk and protective factors presented by neighborhoods. For example, Gutman et al. (2005) have demonstrated that income poverty predisposes parents to financial strain and perception of a stressful neighborhood environment characterized by disorder and neglect, which can lead to increased parental psychological distress (anxiety, depression, anger), increased negative parenting behavior, decreased positive parenting behavior, and poor adolescent adjustment. Attree (2004) has reviewed qualitative research from the perspectives of children growing up in poverty, especially in relation to what they perceive as resources and protective factors. In all of the studies reviewed, functional family relationships were found to be a central resource for children both in meeting daily needs and in enhancing emotional security. The friendliness of neighbors was also important in children's perceptions of their own well-being, and parents may have a role in improving relationships between their children and neighbors.

Family therapy may not be able to directly effect structural factors. Yet, is clear from the empirical and theoretical literature that when family therapy engages with families with children living in poverty, it should take into account at least four factors in addition to the conventional focus on internal family relationships. The first is the material circumstances of the family because some of the effects of poverty on children flow through the materialist path. The second relates to a focus on enhancing the family's coping and stress management capacities in order to assist it to cope with the significant stress related to poverty without resorting to health damaging behaviors. The third factor involves the need to assist the family to develop and maintain good relationships with neighbors and community members who can provide useful social support both to parents and children. Finally, family therapists must focus on the mental health of parents and the resulting effects on their relationships with children.

Evidence from Canada

Ross and Roberts (1999) provide a comprehensive picture of the impact of poverty on the well-being of Canada's children and their families. Based on data from the National Longitudinal Survey of Children and

Youth (Human Resource Development Canada/Statistics Canada, 2006) and the National Population Health Survey (Statistics Canada, 1999) the authors examine the relationships between low income and multiple dimensions of child development and experience. The rationale for family therapy is clear as Canadian families with children living in poverty report higher rates of family dysfunction than higher income families. Also, an examination of some of the behavioral attributes of children living in poverty reveals a number of issues for which family therapy is typically indicated. Ross and Roberts (1999) found that low-income parents were much more likely to report that their children tended to instigate conflict among peers or family members than were parents at middle and high-income levels. When combined with the findings that parents living in poverty report increased rates of depression and chronic stress, this perception of their children may be indicative of a pathway linking poverty to negative relationships with children as described by Gutman and her colleagues (2004).

Families with poverty-level incomes clearly experience stress generated both from the environments in which they live and from the histories of their members. For example, in addition to the finding that these parents are more likely to experience chronic stress, Ross and Roberts (1999) found that they are more likely to have experienced childhood trauma. Thirty percent of children living in poverty have changed schools at least three times before the age of 11. Not surprisingly, frequent school changes put these children at risk for more academic problems and higher levels of behavioral difficulties. While frequent school changes may be precipitated by already stressful conditions such as unemployment, family dissolution, and poor housing, its sequella have the potential for adding new challenges, including involvement with interventions that may implicitly or explicitly deem children and parents as inadequate or problematic (Madsen, 2001; Molnar & Lindquist, 1989).

The importance of safe and supportive communities and neighborhoods for positive child development, provision of proximate social support to parents living in poverty and their children, and improving the quality of family life has been well established (Brisson & Usher, 2005; Garbarino et al., 2005; Farrell et al., 2004; Pinderhughes et al., 2001; Bowen et al., 2000; Chaskin, 1997; Furstenberg & Hughes, 1997). Canadian children living in poverty are more likely to be residing in neighborhoods where substance misuse, crime, vandalism, and social tensions exist than are their more affluent counterparts (Ross & Roberts, 1999). Children are at risk of becoming involved in these activities and are also vulnerable to becoming victims. As described above, the nega-

tive impact of problematic neighborhoods can sometimes be mediated through the availability of informal social supports. Data from parents in low-income neighborhoods, however, indicates that help from neighbors is less likely to be available than in higher-income neighborhoods (Ross & Roberts, 1999).

Ross and Roberts (1999) also found that children living in poverty were more likely to experience the mental health impacts of poverty. These include the display of behaviors that are typically associated with emotional disorders at rates that are higher than those reported for children living in more affluent families. Similar patterns were found for hyperactivity and delinquent behaviors. Overall, the behavioral picture of children living in poverty suggests the potential for difficulty in social relationships and learning environments. These children are much more likely to come to the attention of teachers, social workers, and other helping professionals, and their parents are likely to be directly or indirectly involved in a variety of attempts to make their behavior more manageable. Unfortunately, such interventions often imply that the problem resides within the child, within the parents, or within the family (Madsen, 2001).

FAMILY THERAPY: ITS HISTORY AND ENGAGEMENT WITH POVERTY

The dominant story of the development of family therapy portrays a mental health revolution that offered an alternative to what was considered to be the repressive and oppressive practices of mainstream mental health services, with the poor often experiencing the worst of these practices (Riessman, Cohen, & Pearl, 1964; Hollingshead & Redlich, 1958). It depicted systems theory as a scientifically based new way of viewing the world that would free mental health practitioners from focusing exclusively on individuals, their intra-psychic processes, and pathologies. The reasoning was that this new formulation would allow mental health professionals to devote more attention to families' social worlds, although there was little specific focus on economic circumstances (Nichols & Schwartz, 2007; Kaslow, 1980; Haley, 1962). Given this discourse, it is no surprise that many social workers and other professionals embraced family therapy as a more contextually coherent, human, and humane way of helping. Another less popular and less romantic view of the development of family therapy suggests that the shift to a focus on the family was a conservative reaction to a perception that

the nuclear family, and therefore, the foundation of modern Western society, was under siege (Totton, 2000; Brodtkin, 1980). This ideological perspective may go some way toward explaining the relative lack of attention to families' economic circumstances.

Although somehow maintaining the cache of a radical, counter-culture approach, family therapy grew rapidly into the mainstream (Sprenkle et al., 1999). Different schools and associated training centers emerged and family therapy became central to the curricula of many academic programs in the helping professions, and especially in Canadian and American social work programs. Large conferences were held, where the leaders in the field demonstrated their approaches. Many of the new and emerging family therapists who attended these programs were, primarily white, middle-class, young, and liberal-minded (Rivett & Street, 2003). The notions of family health promoted by the field likely fit with their own experiences, and techniques for repairing unhealthy families based on middle-class norms were embraced. Fueled by this enthusiasm and with support from influential bodies such as the U.S. National Institutes for Mental Health, family therapy was applied to an ever-widening range of populations and problems.

Family therapy can, therefore, be understood as both a conformist and a radical force in the helping professions (Rivett & Street, 2003). While it challenged the individually oriented, intra-psychic and deficit-focused base of traditional psychotherapy, it also promoted a mainstream view of the family that was not consistent with the experiences of many of its consumers. This unitary view of the family, along with an adherence to systems theory, led to assessment activities that were designed to locate the dysfunction, generally within the boundaries of the nuclear family, so that reparative interventions aimed at family functioning could be applied (Walsh, 2003). Social, structural, and ecological factors were largely ignored. In a sense, this was the medical model, family style.

Given this co-mingling of conformist and radical elements, it is not surprising that critiques of family therapy emerged from within and outside of the field. Feminist writers, including family therapists, argued that family therapy preserved patriarchy. Its leaders were mostly males in positions of authority who promoted traditional sex roles and applied interventions that tended to be coercive or manipulative toward women (Luepnitz, 1988; Walters et al., 1988). Writers representing racial and ethnic minorities argued that family therapy did not recognize their historical, familial, or help-seeking realities (Hansen & Falicov, 1983; McGoldrick et al., 1982). Overall, models of family functioning were

