

# CULTURE, DIVERSITY AND DEVELOPMENTS (1): RETHINKING CONTEXTS FOR GROWTH AND CHANGE

## The family and life cycle ideas: a pluralistic approach

When you hear the term 'family life cycle' what image of a family comes to your mind? How many adults live in the household, in what ways are they connected; are they of the same gender or different genders? How many generations are there? What are the arrangements for childcare? How does the family allocate the daily tasks of family life? What rituals does it have for transitions from one state to another (birth, birthdays, rituals of joining and separation, rituals of parting and death).

During a course I taught on 'Changing Families in the UK in the mid 1990s' I was asked how the course staff decide which kinds of family form will be rendered visible and public, what organises these choices and whether the influences organising the choices are visible and discussed. The processes of change required in developing a multicultural approach to families that take account of gay and lesbian families as well as the variations of family form contextualised by world migration, ethnicity and culture were powerfully brought back to mind when I subsequently heard a short debate on BBC Radio 4 on how family life was to be taught as part of the national curriculum.<sup>1</sup> A spokesperson from Relate, speaking about a government mandate to develop a curriculum for teaching schoolchildren the meaning of family life, made it quite clear that the two-parent, heterosexual, European normative family would be privileged in relation to all other forms of family life in

any curriculum that was to be developed. Faced with a national strategy of this kind, family therapists will have to hold at the forefront of their own minds the effects of such decisions on children who attend such courses but live in other family structures, as well as the effects on parents who have chosen other lifestyles or manage the upbringing of children in dramatically different ways. It is likely that well into the new millennium certain constructions of family will continue to be privileged above other forms, with all the attendant disqualifying potential for those who live differently.

In practice the theoretical model of the nuclear family – a heterosexual, biologically intact family headed by a couple where the man brings home the money and the woman keeps the home – is increasingly rare in the UK. The definition of a 'normal' mother as one in a stable heterosexual partnership means that many mothers who are young and single are viewed as a 'problem' in terms of the likelihood that they will require financial support. It is estimated that as many as 85 per cent of lone parent families are dependant on state income support (Bradshaw and Millar, 1991).

Thus single mothers, as Phoenix *et al.* (1991) have pointed out, are often recognised only to be treated as deviant, 'a normal absence/pathologised presence'. Since women-headed households are the predominant family form for many families of African-Caribbean background, this renders black women subject to further stigmatisation and pathologising within some contemporary public discourses. In many ways family therapy in the UK is well established in its recognition that family development is culture-specific, but this recognition has only come about in the last decade. At the end of the 1980s for example, C. J. Falicov, a woman at the top of the field of family therapy theorising in the United States, had to plead for 'sensitivity to the fact that there are many normative family life cycles' and for attention to the idea of cultural relativity (Falicov, 1988).

Multiculturalism offers a focus for the pluralistic ideal of recognising and embracing differences, rather than marginalising anything that differs from a notional, national, 'normative' family. Within a multiculturalist perspective, each of us can look at how culture has been a significant variable for us and how it has powerfully shaped our own realities and development as people and therapists. One of the most important developments in family therapy theorising in recent years has been the recognition of plurality: of family form, of gendered choice in relationships, of cultures within a multicultural society, coupled with an approach to

people's life stories that takes into account ideas about hierarchies in discourse. In listening to the stories people tell, and to the way they carry a number of alternative descriptions of their own circumstances in their heads, the way these discourses about themselves become arranged within hierarchies of importance within their own minds, provides us with clues that guide our own listening. Attention to the way that different aspects of any story have been given prominence in different contexts, provides new recognition for the listener of how context and story interact. Such recognition allows the listener to take her or his own influence into account, and to explore with the family how other contexts or other listeners might bring out different emphases in the same story. Thus the idea of a unitary dominant truth that people are finding unhelpful in relation to the life issues that confront them can be challenged. Burman, in analysing her own interviews as a psychologist with children (1994, pp. 145–7), also shows how a child's use of language is shaped by beliefs about what is legitimised in social exchanges between people of different generations and different cultures, an important point that should be borne in mind by family therapists working with children as well as adults.

Listening carefully also allows us to define with a particular family what is a transitional life cycle crisis for them. What are their expectations, norms and hopes in relation to roles the children will perform, the men will perform, the women will perform? In what ways are family members such as brother, sister, aunt, uncle and grandparent expected to provide or be provided for, and in what ways are the family concerned that this is not happening 'normally'? The variations on such 'normality' are likely to be infinite and only by enquiring about the crisis within the context defined by the family and the community of which it sees itself as part will the idea of violated 'norms' become clearer.

R. J. Green, a gay man who has forced the academic collective of family therapy in the United States to question some of its own homophobic practices, has listed five overlapping areas as important for preparing students in a multicultural society to work within a given cultural group:

- Didactic training: helping students acquire information through lectures and readings that are woven throughout the entire programme.
- Sensitisation: helping students to develop a comfortable awareness of 'not knowing everything', and an enthusiasm for learning

about and forming multiple identifications with different cultural groups.

- personal contact: helping students reduce their phobic and prejudicial responses through cooperative interactions with members of different cultural groups.
- supervised clinical experience: helping students acquire intervention skills that are culturally attuned under the guidance of supervisors and cultural consultants with expertise on specific groups.
- modelling by means of organisational structure: helping students become accustomed to seeking routine case consultation, personal guidance and instruction from minority group professionals holding positions of senior leadership (Green, 1996).

Similar recommendations have been included in the United Kingdom Council for Psychotherapy's (1997) guidelines for psychotherapy training within the NHS. In this chapter I shall address some of the questions that changes in lived family experience raise as questions for counsellors and therapists in relation to the ways families adapt to changes in their lives. Changes in lived family experience challenge unitary models of both the family and family therapy, and are often not represented within the taught curriculum.

A life cycle framework for thinking about how a family is functioning is always constrained by cultural and social norms. As we saw in Chapter 1, the variety of family forms in the UK has increased through the development of new patterning in the population at large: the increase in cohabitation, the move towards childbirth outside marriage, the growth in divorce, lone parent households and second families, and an increase in the proportion of the population who are over sixty five (Kiernan and Wicks, 1990). In addition further variations are offered by multicultural communities and gay and lesbian families. What is and is not accepted and acceptable behaviour in a child's immediate family, the family's kinship structure and social network at any point in their lives, and the immediate social structure through which the life cycle of any child progresses are inevitably affected by differences in cultural expectations. For example cultures differ on the developmental point at which, and the different situations in which, it is appropriate for children to speak in public, which will be linked to their attitudes about children and their beliefs about communicative competence (Burman, 1994). On the one hand these expectations,

which are sometimes rooted in old traditions underpinned by religious beliefs, are constantly on the move as women and children – living in new countries and contexts and finding voices that formerly they may not have been allowed to express – publicly offer new critiques of what were previously privileged male traditional assumptions and structures. On the other hand, newer structures such as gay and lesbian families have not yet developed a 'culture' of traditions, and are constantly inventing them in response to a perceived or felt need. A third group 'in the middle', which includes lone parents, divorced parents and stepfamilies, often orient themselves towards former assumptions of family life and may not take into account their own discreet differences as family forms, when this can impede the development or thinking about the ways in which transitions may affect the social, emotional, behavioural, or educational aspects of children's development.

Biological development can offer a basic framework upon which to build thinking about how parent figures and children are relating, and it provides an additional focus for family assessment and many aspects of thinking about family functioning, that is, an alternative axis to the socio-cultural dimensions (Minuchin, 1988). A systematically oriented curiosity about why a family's dilemma is as it is, which includes cultural and socially constructed perspectives, can be placed alongside a series of questions that may help to reveal whether the family has constructed itself in a way that does in fact promote the well-being of its more vulnerable members in the UK today, and indicate more clearly where new constructions or new supports may need to be developed. Identification of the needs of any children in a family will also need to include the family's ability to access information and resources in an age in which access to resources has become increasingly complex. Minuchin and Minuchin (1974) conceptualised the natural family as developing through a number of stages that require it to restructure its organisation, while at the same time maintaining continuity on behalf of its members. They defined family structures as 'the invisible set of functional demands that organises the ways in which family members interact' (*ibid.*, p. 51).

Families, however constructed, are contextualised by two broad areas of concern. The first of these can be described as universal concerns since all families have to wrestle with them: nurture, the organisation of authority and power, interdependence versus autonomy. The second set of constraints relates to the ways in which these universals are housed within any particular family: the structure,

organisation and daily behaviour within which they are negotiated. Minuchin's particular contribution to the development of life cycle ideas as a way of thinking about family stress, has been the emphasis on the normality of stress, and the inevitability of transitional crises for *all* families. The normative range of crises most families have to deal with include changes such as a marriage, a new baby or the lack of one, a second child or a miscarriage, a serious illness or death in the family, or the onset of Alzheimers in a loved old person. Such changes force the 'pattern as it was' to evolve into a new pattern. A new balance has to be established within the range the family can manage. Families in the 1990s, both of the therapists themselves and of the clients who form part of their working lives, have often had severe disruptions to accommodate, and may also find themselves rearing children in very different circumstances from those in which they themselves were reared. Ideas derived from normative life cycle theorising may require balancing alongside an alternative focus on transitions and their attendant crises or dilemmas, as these are seen and defined by families from widely differing cultures who nonetheless have to deal with the universalities of human experience, as suggested above. This poses new dilemmas for therapists who are supposed to be offering a helpful orientation, but it also may offer them new approaches because of the variety of responses families themselves devise.

Particular difficulties for individual families in terms of their current life experience will need clear understanding, as will the particular variants of why these things are hard to think about. This may include attention to a 'higher organising principle', the weight of expectation, attitudes and taboos from the past. Equally powerful may be the effect of inadequate past experience on the current situation; for example girls who have spent all their lives in care, as young mothers may struggle to find a family form that they themselves have never experienced (Quinton and Rutter, 1984), or men who are trying to parent their children alone following divorce may have never looked after children before (Gorell Barnes and Bratley, 1997). Carter and McGoldrick (1980) have usefully defined two axes of stress as the horizontal and the vertical stressors. The horizontal stressors include predictable developmental stresses and unpredictable events, the hazards that life deals families – disability, long-term illness, mental ill-health, untimely death – as well as socially constructed and environmental stressors outside the family over which the family have no control. Vertical stressors include the

experience of previous generations, as incorporated and transmitted by the parents in the family. Obviously the family will be most vulnerable at the point where a current crisis resurrects some previous anxiety that has left the parents unable to cope in relation to that area of life. Whereas an intact family progressing through the life cycle would be likely to go through transitional stages that can be defined in predictable ways by developmental psychologists, many children and parents have been through a number of losses, transitions and regroupings, which inevitably create differences in developmental pathways.

In the pages that follow I shall consider some of the family factors posed by differences of ethnicity, and by new cultures such as gay and lesbian family living. Constructions for living that are different from the therapist's will create the need for new knowledge as well as new questions relevant to therapy. I then consider how poverty and life stresses such as loss, transition and disruption of different kinds need to be held as areas of enquiry in the therapist's mind so that questions relating to life cycle issues and adaptations within the family take these into account.

### Ethnicity, culture, migration and family change

Ethnicity can be defined in terms of the orientation it provides to individuals by delineating norms, values, interactional modalities, rituals, meanings and collective events. This orientation or world outlook does not operate in a vacuum but is 'dialectically supported by regularities of the environment that generate the experience of consonance' (Sluzki, 1979, p. 382). Each individual subscribes to a certain organisation of reality and hence makes constant predictions of how things are going to be and how people are going to act and react. In life cycle theorising, as therapists we need to ask ourselves about the effects of unpredicted variations on a person's sense of self, created by their context, the structural inequalities of the world in which we live and by nationalist and racist attitudes.

As a family experience, migration may be presented to a therapist as containing both loss and hope for the future. Identifying with a family the ways in which they have coped with migration can be an important aspect of identifying the way they see their own strengths, resilience and vulnerabilities. Two common features of early family adaptation to living in a new country take families in different directions. One adaptation may be to increase their assimilation into the new environment at the expense of reducing a

collective affiliation or a historical perspective. For other groups, cultural and religious allegiances forbid these adaptations and the group retains a strong reference to itself, before all other reference groups. In this self-defined, relatively closed situation it is wise to work with an important senior person or religious leader from the community rather than try to impose an alien way of thinking (Lau, 1994). Migration ranges from the individual who is sent on his own to work or study on behalf of a family who has stayed 'back home', to complete families, where a large part of the meaningful network and frame of reference migrates collectively, reducing the sense of personal difference that an individual has to experience. An important question highlighting the way a family frames its own experience is the story a family tells as part of its collective belief system: did the family migrate in order to make a better living, or to escape from a bad living situation? How does this effect their attitudes to the old country and the new? Who initiated the move, and who were the gainers and losers of the move? (In terms of gendered constructions these questions can take on significant new meanings for the way the family reorganises itself.) An important issue in this regard stems from the frequent assumption that if the move had a positive motivation or has exceeded expectations of what would be achieved, mourning what has been left behind may be unacceptable; sadness or mourning may be labelled as pathological or an act of ill will in the face of family good fortune. The opposite situation can also cause a family to seek help: a family that has fled from persecution while others remain may feel stuck in a state of ongoing mindfulness of and involvement with the dreadful political and social circumstances from which they and not the others in the family have escaped.

Renos Papadopoulos, who has worked with Bosnian refugees in London, has described powerful alternating discourses between him and among the group of men whom he befriended in an ongoing therapeutic capacity. On the one hand these discourses describe attachment to the country that has been left behind, whereby it is seen as important to honour the past and not to forget where one has come from and its traditions. This carries the concomitant belief that the family should not become too integrated into this country. The competing discourse argues for letting go of old habits of attachment and declaring that, 'now we are safely here, let's get on with it'.<sup>2</sup> A paradox for many refugees is that although they are physically safe, they do not in any way feel secure. Lennox Thomas, commenting on Papadopoulos' work, pointed out that for a black

refugee in a racist climate, to be temporarily physically safe is not necessarily ever to be secure.<sup>3</sup> Thus safety and security are important but not synonymous aspects of the settling in process that therapists may encounter.

In a second or subsequent immigrant generation, from which many in our profession are drawn, there may be pressures to develop either way – honour tradition or let it go. For example the father of an Orthodox Jewish family in a London Lubavitch community was clear that there are quite specific societal expectations of what his children will do when they grow up, in particular getting married and having a family, and that these expectations will be met.<sup>4</sup> Such expectations relate to the wider community not just to the nuclear or extended family: 'It's partly because my parents came out of the holocaust and . . . I suppose this is rebuilding the family, rebuilding the Jewish family'. For a young man from the Middle East however, having settled in school and Anglicised his name at 16, the reality of his country's dictatorship and the agonising experiences his parents' had suffered meant that he could make no sense of their loyalty to their country of birth. His eagerness to be assimilated into his peer group at school led to constant, ongoing fights with his mother, who contrasted his current freedom with her own sacrifices at his age for the cause of freedom, and with the bad conditions in which his cousins remained. His lack of regard for the underlying causes of her outrage and the comparative pleasures of life outside his household in Britain, in contrast with the miseries expressed within it, indicated that for him assimilation would indeed be the way he would choose to define his life, in distinction from his parents.

The tension between holding things the same, which is likely to be done within the larger body of the family, and the need to adapt rapidly, which is being done by individuals, can lead to family conflict, in particular when the younger generation is changing more quickly than the older one. However culture clashes between family members may also be between genders, the men and the women taking opposing positions on the degree to which the family should be moving towards assimilation, as well as between the generations, with children keen to make the most of the opportunities that school offers them and the parents fearing that they will leave the old value systems behind. More painfully, the divisions may accentuate losses already felt by the adults, so that a daughter, moving ahead with opportunities that her mother has never experienced, may find herself blamed for failure and neglect in relation to

household duties and her mother's emotional needs; or the healthy growth of a son is feared by a mother who was imprisoned and raped by 'large' young men of the age her son is now reaching. Such fears can result in unbearable tensions and outbursts in families that are already struggling to cope with the privations of a life of endurance and relative inactivity compared with the political and social activity they had engaged in when protesting against conditions in their own country (Woodcock, 1994).

What can a family therapist do that is useful? In my experience families in transition require a safe and welcoming space in which they can be listened to carefully; where in the absence of their own wider kin the decisions they are taking are validated as going in the right direction; where information can be obtained about resources that they may not know exist; where they can be put in touch (sometimes) with networks from their own country; and where they can be helped to sort out the areas of their own experience they feel they are not coping with. As therapists in the context of families in transition, we are working with situations of maximum destabilisation, often involving the loss of all personal identity as it was formerly defined: loss of home, loss of relationships with the wider family, loss of possessions and loss of country. In addition, one of the paradoxes of being a political refugee is that fellow countrymen and women living in this country may not be seen as safe. Many of the features that characterised living in opposition to a particular political regime – adaptive survival features such as secrecy, cliques and a lack of open debate – may have travelled with the groups fleeing to this country. Women may not wish to mix with other women who they see as malicious or gossips, and men may be suspicious of affiliations that could prove dangerous. This can further isolate a family that is already coping with painful or traumatic memories, since the family members may initially believe they have only each other to rely on. In addition, aspects of family patterns developing in the home may carry larger aspects of political or gendered fear from a previously oppressive situation. A therapist therefore needs to be aware when dysfunctional patterns are setting in that can be halted by helping the family identify what is different in the situation in this country, and to draw out resources they have already exhibited. It may also be important to remember that because of the tension of existing in an alien culture, the therapy room may be the one place where the family feels free to 'let go', without it being assumed that this is characteristic of their usual interactions.

One characteristic of those who have had to leave their family in another part of the globe, is that they may find it hard to put together the self that existed in the country from which they came and the self who is in this country now. The reasons for this may include horrendous former experiences such as atrocities committed in their neighbourhood, the rape or murder of relatives or the torture of loved ones or themselves. Sometimes atrocity is not the reason, but deprivation and humiliation, both in the country they have left and in this country, in which they have arrived in search of asylum but where they have not been welcomed. Much of what we can do involves listening – bearing witness, as Smith from the tradition of the black church has put it,<sup>5</sup> which allows people to assimilate their story in the repeated process of telling it. The therapeutic purpose of listening is usually to allow the development of coherence of narrative in the teller, so that past and present may fit together in some way that allows the teller to think about a viable future. However work with people who have themselves been subjected to persistently discrepant stories over time, 'oppositional voices' each making a claim for their loyalty, suggests that aiming at coherence may be an inappropriate framework, and that highlighting unbearable discrepancies may be of greater value to the person trying to make sense of things that may be irreconcilable.

An example of this is the story of Alvira, who had been brought up by her parents to 'honour' the political dictatorship as they believed this was the best way to ensure the family's safety. However when she learned that friends from college who had disappeared had been imprisoned, tortured and some of them killed, she rebelled against her family and joined the political movement of her friends. She too was imprisoned and raped, but not otherwise physically tortured. However for a month she was imprisoned in a room next to where torture was taking place and was told that some of the people being tortured were her friends, and that they would be freed if she gave information. In spite of what she described as almost unbearable psychological pressure she did not do this, and was suddenly released without explanation. Her parents gave her a ticket to leave the country. In Britain she found herself unable to pick up the threads of her life, but after many sessions of recounting the contradictions in her experience she began to be able to place them within the framework of the larger social and political contradictions that existed within her family and within her country; the divided political discourses that ratified her own divided experience. She was encouraged by me to write to her

family and spell out these contradictions, as she now understood them. She came to see me subsequently and told me she had started Latin American dance classes and begun to mix with a group of contemporaries from her own and other Latin American countries, and that their similar stories of dislocation had allowed her to begin to find a way of weaving together the threads of her life in a new way.

### Changing gender roles for men and women

Meanings are constantly changing for men and for women as the different contexts in which they mix challenge former arrangements within families and communities. As women increasingly work outside the home in mixed cultural settings, they meet one another and have the opportunity to compare their images of family life, energising and learning from one another. This is probably one of the greatest subversive forces in the face of the conservatism of those family lives that were formerly organised into more patriarchal structures. Such changes can create complexities. In a number of families of mixed ethnicity seen recently, the women have challenged the men's value systems by (1) refusing to uphold the traditional values expected by the husband, (2) refusing to accept a value system that contains elements such as physical discipline of both wife and children, and (3) making a bid for individual meaning to be worked out within the family, rather than subscribing to the ascribed 'role' upheld by the community. New cultural conditions also lead to new possibilities for women, for example divorce, which may have been forbidden by the community at home. Although women may have been seen as the strong members of the family in their country of origin, it requires a move to a different community of voiced belief before this strength can be expressed and their decision to divorce validated: 'we had this strength inside us but we had to learn how to express it more by seeing other strong women getting what they want'.

The effect of moving from a three-generation to a two-generation household is also important for life cycle definitions of gendered behaviour within many families, in terms of new freedoms experienced and resulting shifts in former patterns:

It was different then. It was once they started living separate, wasn't it. I think my mum had more say in what was happening, rather than when they were living together with my grandparents

... it must have started when they moved to Kenya. They started leading their own life and struggling to survive. . . . I think mum worked with dad . . . but she still had to go along with him, if dad said we've got to go back to India she had to go. It wasn't like 'no, I'm not going to come you can go and I'll stay here.' It wasn't like that.

Changes in childcare practices can also develop in new and unexpected ways in the absence of female relatives in the household, as in an Indian Sikh family from the Punjab where the husband, to his wife's amazement, 'took two weeks off and did all the housework chores and the child care . . . helped with bathing, feeding, putting to bed, all for the first time'. Other women from religious backgrounds as different as Greek Orthodox and Hindu, have begun to speak of contraception with their daughters when the norms of their mothers and grandmothers had previously precluded the explicit discussion of sexual issues in general.

Many families have also described shifts in the gender roles within their families – in ways valued by both men and women – to meet a temporary need in a family that is geographically separated from extended kin. In a household with no sons, a daughter may take on roles that are traditionally assigned to men following the father's death. Where men have traditionally been accorded more respect because of religious tradition, how does this change in terms of how men and women are subsequently respected – is this a real change or a temporary convenience arrangement? Will it change in the terms of a reinterpretation of the original text from which the rules of gendered behaviour were derived? In exploring these issues with families it can be valuable to investigate whether such shifts in arrangement are temporary or in which ways families still believe gender characteristics are immutable. What are the messages about the strengths and weakness of either gender that they would like their children to absorb from these new arrangements?

My own curiosity is always provoked by the reflexivities of social change. For example an attitude voiced by a young woman who had recently arrived from Jamaica – 'I haven't yet met a man who I think is going to be a good enough father for my child' – echoes the voices of many young women in the UK who choose to rear their babies in female-headed households. The idea of an emotional, nurturing relationship with a man 'as a bit of a bonus' is echoed at a number of levels by British-born white women who do not have the strong matrilinear culture of their Jamaican sisters. To what degree is our

society moving in this direction, bearing in mind that one third of all first live births occur outside marriage?

Recent research into normative family arrangements across a range of ethnicities and cultures has highlighted the importance of attention to dyads that a UK-trained therapist might not normally recognise. Part of a Jamaican family's central strengths must be the mother-daughter dyad in a family that is now scattered across the world. In one such family the daughter had received serious advice from a senior woman relative: 'have your own daughter to replace your mother when she is gone'. In an Indian family the importance of a wife's relationship with her mother-in-law is another dyad that may have important implications for the children's development. Within the logic of a system where a woman has to move to her husband's household upon marriage, her own home being a temporary base from which she may come and go in relation to pregnancies and births, the wife chosen has to be a woman whom the 'mother-in-law' will get on with: 'my elder brother says he wants my mum to choose him a wife, because he wants all the women in the household to like each other, so he'll ask her to choose the best one.' Where girls are temporary members of their own family and join their husband's family upon marriage, there can be overwhelming sadness at the loss of their own family as well as difficulties in adapting to life as subordinate women in their husband's household.

The effort of maintaining traditional household and hospitality roles in a family where the wife is also sustaining a 'modernised' working life can create rifts of a different kind, and husbands may be reluctant to join their wives in trying to work out more equitable systems of household management. In two families from different parts of India seen recently, the husbands refused to negotiate about moderating their expectations of their wives, as this could be construed by their own mothers as disloyalty to them. Women can also find that their wish for greater autonomy is hampered by their husband's position as elder brother: 'possibly the single most important organising feature of his life . . . and taking up all the free time he has.'

### Extended family structures and power

In the context of families spread around the globe, it is essential for the therapist to bear in mind the extended family and how they might appropriately be included in family decision making. While

families are not always 'on the spot', they can be included in innovative ways, including the use of telecommunication systems conferencing and consultation. Sometimes 'appointed' elders in this country can be invited to stand in for families in cases of marital dispute. As in all matters, it is important to establish the gender of those to be consulted; in some families it will be affective relationships through the female line and couples may delegate decisions to collectives of elders thousands of miles away. This is in contrast to man from Barbados, who told his interviewer that 'the decision making process is corporate as long as they do what I say', asserting with humour but determination, 'the image of the man [in the West Indies] has always been premium to that of the female.'

### Ritual and custom

Therapists therefore need to bear in mind how customs change, but sometimes changes preserve old traditions in new ways. One example of sharing a family tradition in a new way is Hindu weddings where the video of the wedding is circulated throughout the global family network. Many families also work hard to keep the family connected within this country, with new rituals such as a weekly family meal.

If it wasn't for my dad asking Katya and Sami to visit us every week, we would just have drifted apart . . . they were too busy with themselves and we were too busy with ourselves. We had lived in this country for so many years our minds were also changing, thinking differently. I used to work for an insurance company, it was working in a different culture, not mine any more. I didn't care what was happening in our country so much. It was dad who always tried to get us back.

### Racism

A stressful factor faced in this country by many who are black, of mixed ethnicity or who raise children of mixed parentage is that of racism. While it has often been asked whether it is an inappropriate imposition to mention ethnicity and skin colour in the context of therapy, black therapists themselves have legitimised this as a necessary part of multicultural therapy. The question of how to develop a positive family and individual identity in the context of a



racist society poses a particular challenge to any therapist working with a family. Different perspectives might include their own ethnicity, the nuances of how this is constructed for the way they think and how these nuances are brought into play in the context of the differing ethnicities of clients, the lives their clients lead and the different meanings embedded in their cultural practices (Hardy and Laszloffy, 1994).

Pride in colour and strong connections with a peer group of the same ethnicity are important elements in developing a positive black identity. Barbara Tizard and Ann Phoenix, in their book *Black, White and Mixed Race* (1994), address this question in terms of what protects children from the effects of stigma: 'if the majority stigmatize one's colour then to be proud of it is likely to be a protective factor'. In their study, young people of mixed parentage speak of racism at their primary school as the most painful thing to manage. 'When you get called names when you're younger, that can affect you for quite a long time, because you keep thinking about it and you get hurt easier then.' The most protective thing is having parents who discuss race and racism, but 'do not go on about it' and provide positive active models of dealing with it. Like many other aspects of stressful experience such as aggressiveness or mental illness, children learn the experience by living it and by witnessing it happening to others, including friends and parents. Children describe 'dealing' with it at the level of both heart and head. Strategies that parents have offered but not practiced are not admired as much as those which parents practise themselves and are seen to work. In many families (from one half to two thirds of the samples) racism is discussed and strategies suggested. Two that have worked are telling the children to be proud of their mixed parentage (but this could also have a negative effect if a child lacks confidence or is highly anxious) and telling them about famous black people as role models. However for half of the adolescents questioned, there has been little discussion either at home or at school. Those who are able to discuss racist experiences with their parents seem more confident of their ability to deal with racism, but this may be related to their generally closer and more positive relationship with their parents.<sup>6</sup>

### Deconstructing race in family therapy

Hardy and Laszloffy (1994), in an important article addressing race and racism in family therapy, assert that therapists must begin with

the ethical imperative that change begins with 'self' not 'other', pointing out that it is often assumed that it is 'other' rather than 'self' who must change. They assert the principle, also held by many women thinkers and researchers, that we can only change 'self' not 'other' and have to begin with a 'looking within process'. The 'looking within process' requires therapists to explore their racial identities and beliefs and to challenge the ways in which their role as therapist is affected by these. They outline a number of ways in which colour blindness leads to other kinds of insensitivity and 'therapist generated micro aggressions' in relation to a number of areas of marginalised human experiences, listing ageism, sexism, homophobia, classism, offences of religious belief or custom. They also list a number of ways in which theory has been maintained from a white male perspective, placing a high premium on patriarchal Eurocentric principles such as individualism, competition, autonomy, mastery of and control over the environment and dualistic thinking (while also acknowledging the feminist critique). In contrast many non-white, non-European groups emphasise group identity, cooperation, harmony with the environment, reciprocal obligation and holistic thinking (Lau, 1994; Lau and Tamura, 1992) as aspects of family to be cautiously and individually deconstructed by therapists. Furthermore African American culture is structured around the principles of group unity, cooperation and mutual responsibility. These principles are rooted in an African philosophical heritage, as well as present-day, racially based oppression. These differences in outlook relate to the way concepts widely accepted in family therapy are to be scrutinised. In relation to clinical practice between clients and therapists of different ethnicity Hardy and Laszloffy (ibid.) point out that clients rarely directly communicate the significance that race holds for them, but do so through the use of racial metaphors that therapists, because of lack of attunement to the subject, may fail to spot or know how to respond to: 'when therapists do not validate the ways in which clients communicate racially, they tend to lose points, thereby undermining the establishment of trust in the therapeutic relationship' (ibid., p. 15). Failure to be attuned to race as a key component of identity may also lead to a lack about understanding about its appropriate connection to the presenting problem and an inability to explore this. Miller and Thomas, writing from the positive perspective of valuing differences created by race and ethnicity, remind us of the importance of finding the strengths in families, the beauty in families and families' capacity to find their best *modus vivendi*; of the

value of empowerment through allowing the emergence of subdued narratives, and of the intricacies of change that this can bring about in therapists (Miller and Thomas, 1994).

### Gay and lesbian families: similarities and differences in life cycle issues

Various surveys indicate that most family therapists work with a substantial number of gay and lesbian clients. However very little has been written about the cross-cultural issues for straight therapists working with lesbian and gay couples and families (for an exception, see Siegel and Walker, 1996). As I include myself among those who have not written about these cross-cultural issues, I shall address some of these below and in other chapters of this book.

The American Psychological Association has recently defined heterosexual bias as 'conceptualising human experience in strictly heterosexual terms and consequently ignoring, invalidating or derogating homosexual behaviour and sexual orientation and lesbian, gay, and bisexual relationships and lifestyles (Herek *et al.*, 1991, p. 958). The lens of heterosexuality was recently used by a student on a family therapy training course to ask 'how the experiences of people who didn't actively belong to 'normal' family structures were being rendered partially invisible. . . . I remain aware . . . that real political structures surrounding all our families, determine their visibility and acceptability. . . . I am now clearer about the very large grey areas surrounding definitions of family but also clearer about the political structures who have the power to dismiss ambiguity?' Teaching that marginalises homosexual lifestyles uses heterosexuality to define what is 'normal' and 'healthy' in family life; and might generalise findings derived from heterosexual populations to gays, lesbians or bisexuals and their lifestyles. In therapeutic work there are a number of ways in which bias can be shown, including outright prejudice or discrimination, sometimes under the guise of 'pathologising' a gay or lesbian lifestyle; ignorance of the special issues of lifestyles; and stereotypical assumptions. Discriminatory practices may need to be handled at a number of levels, between clients in partnership, between therapist and client, or between therapist, clients and a supervisory team.

There may also be issues within the wider context of the workplace or training context that are not addressed. For example does

the training material or reading list contain gay and lesbian families, family-related research and relevant clinical material? Does a couple's reading list contain references to same-sex couples? Under stereotypical assumptions, what popular concepts are privileged in ways that may pathologise aspects of psychological development? A recent survey of gay and lesbian couples showed certain things that they would like a therapist to know about being gay or lesbian. Responses included the following: the invisibility of their relationship to the majority of persons with whom they come into contact every day; knowledge about the 'coming out' process, including dealing with family and friends, and 'coming out issues in the work environment'; knowledge of the history of the gay rights movement; awareness of the major social battles facing gays and lesbians and an awareness of the effects of homophobic actions including the fear or being harmed or killed because of sexual orientation (Long *et al.*, 1996).

Since stereotypical thoughts in the absence of broader knowledge hinder therapists' ability to be effective, some of these stereotypes are listed below. A stereotype is seen as dangerous because it is based on normative assumptions derived from heterosexual relationships rather than from research or personally derived awareness of what relational aspects may distinguish heterosexual and homosexual lifestyles. The mind of the therapist may therefore not be open to the particular nuances of concern in a gay or lesbian couple or family.<sup>8</sup>

First, therapists may believe that homosexual relationships are less permanent than heterosexual relationships and therefore pose more dangers to stability in childrearing. Research indicates that up to 80 per cent of lesbians and 45 per cent of gay men are involved in steady relationships and many establish lifelong partnerships (Pepiau and Cochran, 1990).

Second, while therapist may believe that gay and lesbian relationships are less satisfactory than homosexual relationships, research indicates that when compared with heterosexual couples, few if any differences emerge (Kurdek and Schmidt, 1987).

Third, lesbians and gays are considered not to be effective parents, yet various studies have noted that being gay is compatible with effective parenting while lesbian mothers have been found to be more child-centred in their responses than heterosexual mothers (Miller *et al.*, 1981). Other studies have not only found no differences between lesbian and heterosexual mothers in terms of maternal interests, current lifestyles and childbearing practices, but have

found that as stepparents, they have been rated higher by stepchildren than stepfathers (Tasker and Golumbok, 1997).

Fourth, the psychological theorising that suggests children raised by gay or lesbian parents will be psychologically damaged in some way (poor social adjustment, confusion about sexual identity) has been disproved in a number of studies. One recent study found normal social competence among children of lesbian parents and similar levels of behaviour difficulty as children of heterosexual parents (Patterson, 1994).

Finally, the role division in gay men and lesbian couples is seen as divided along traditional male-female lines. However research shows that most lesbians and gay men reject traditional masculine-feminine roles as a model for relationships. They are more likely to be in a 'dual worker' relationship's in which neither partner is the only provider and the division of household tasks is shared according to skills or interests (Peplau, 1991).

Research into the family background of gay and lesbian couples suggests that their families do not differ significantly from families with heterosexual offspring. Laird (1994, p. 126) writes, 'In spite of efforts to blame certain stereotypical family constellations (e.g. the domineering, seductive mother and the passive peripheral father) researchers were not able to link male or female homosexuality to any particular family form.'

### Life cycle rituals: new construction

In family interviews based around life cycle issues, undertaken as part of training at the Institute of Family Therapy, trainees are encouraged to investigate different dimensions of family life, including the marking of significant life cycle events, rituals for significant events and rites of passage, and significant kinship bonds. A gay couple of long standing raised the question of how ceremonies signifying commitment could be constructed that would have a coherent, integral meaning to themselves as gay men, rather than meaning derived from a heterosexual ritual such as marriage. 'I don't go to church all the time but I do believe in the sanctity of marriage... I don't think I'd be very comfortable about marriage... its a very heterosexual ceremony... you can just have a ceremony like a blessing... maybe we should do that on our tenth anniversary'. As with many heterosexual couples, events of declared union are likely to follow a period of committed living

together, and questions of public commitment may focus on the sharing of property in some legally documented way. Coming into mainstream family discourse from minority family discourses, are many issues relating to the public and social signifying of new constructions of family.

One way that such commitment is publicly made is through the decision to have or to share a child. 'The only thing I do regret about being gay is I'd loved to have had a kid' is a separation between two kinds of relationship that many gay men in the United States have moved beyond. Some of the personal and emotional difficulties involved in the everyday process of carrying this idea through has been movingly documented,<sup>9</sup> as have the joys, pleasures and differences of gay and lesbian family life with children in this country. For a family therapist key issues may present around a couple's differential longing to have a child, with one man or one woman wanting it more than their partner; as well as issues to do with ownership, authority in relation to the child and questions of proximity and satisfaction in relation to the child, especially for lesbian couples where the donor father is sharing a parenting relationship with them as the couple who bore and are rearing the child. The 'magic' of assisted fertilisation and surrogacy in child bearing has created the possibility of children being born into all family constructions, but the tensions of couples, threesome or foursomes in relation to negotiating questions of shared parenting with regard to future or present children, require therapists to attune their ears to the particular differences that these new constructions of family involve. While many of the issues are similar to those that arise in second families where children have been born to a former partner, in my experience, the gendered issues amongst gay and lesbian couples carry a particular power and weight that involve heightened therapeutic sensitivity to gay concerns.

Another issue raised in the context of therapy concerns 'openness' about insemination: the question of discussing this with the child in the future and how a model of family that fits the child's understanding will be developed in the family. This further relates to the building in of 'reliable others' as part of the child's ongoing family world. Who will be built in as 'extended family', how open will they be, and what kind of prejudices might anyone who is built in now contribute in the future? While careful planning can never rule out future hazards, it does allow the construction of multi-positional and reflective conversation, in which couples themselves face up to areas of doubt and taboo in their own thinking.

## Poverty and stresses

Too many of the social and family factors that create a stressful context for children growing up are related not to family life itself but to poverty, and the discrimination of various kinds that this creates.<sup>10</sup> The way in which life expectations can be adversely affected by economics, deprived urban surroundings, poor housing and disaffected peer groups is likely to be very familiar to all of us in therapeutic work. A number of authors (mostly women) have drawn attention to the feminisation of poverty, and have emphasised how this dimension of stress should not be ignored when attending to family life that is based on a single income (Millar and Glendinning, 1987). Field (1989) has argued that three groups of people are likely to fall into the category of structured welfare dependency: lone parents, older pensioners and the long-term unemployed. One important aspect of this area of knowledge for counsellors is the increase in the number of households headed by lone females in the UK (while 16 per cent of all UK families are headed by a lone parent, this figure is as high as 32 per cent in some inner city areas). In the last decade it has been shown that unskilled lone parents are unlikely to escape from the poverty trap (Burghes, 1994).

An understanding of some of the effects of structural inequalities created by poverty therefore needs to form an important part of the therapeutic sensitivity of all who work with families. The survival skills that poverty requires may have prompted particular forms of adaptation and resilience in families as a response to this. In my opinion, recognising survival skills rather than focusing on 'failures in management', is vital in fighting the contaminating effects of such stigmatising categorisations as 'underclass'.

The way that environmental factors can seriously affect children's development has been demonstrated in a number of epidemiological research studies. The Newcastle Study of 1000 families demonstrated that the cumulative risk for developing children, changed in response to improvements in their social milieu (Kolvin *et al.*, 1988a, 1988b). When deprivation increased over time, so did social offending; when it decreased, so did the subsequent rate of antisocial acts. This research identified stressful social factors such as dependence on the state for subsistence and overcrowding in the home, together with family factors that may have developed within the context of such structured inequality, as risk factors for children without distinguishing 'cause' and 'effect'. The family factors include mar-

ital instability, parental mental illness, poor physical care of the children and poor domestic care of the home. Rutter (1990) adds paternal criminality as a hazard for development, and makes a distinction between families with only one risk factor and families where risk factors amplify one another. Rutter found that a child with only one of these family risk factors fared almost as well as children with none, but the presence of two risk factors increased the probability of disorder fourfold. Among children with four or more risk factors, 21 per cent manifested psychiatric problems.

While poverty does not actually create the interactional features of family life that are associated with particular risks for children, it is likely to exacerbate them. Such risk factors include repeated conflict between parent and child, and a family climate of conflict and discord, ranging from quarrels to hostile abusive acts and family violence. Another family feature that affects development is neglect: lack of parental supervision and the absence of discipline in the home, and lack of parental response to children's antisocial acts. A third group of dangers includes deviant family values such as drug or alcohol abuse and the modelling of antisocial behaviours by parents for their children.

### Factors that buffer individuals against stress

Certain positive dimensions in family life are shown to be of primary importance for mental health in Eurocentric family schemas. These include a good parenting bond for later self-esteem; the importance of an intimate peer relationship for women with young children; and the value of a good marital relationship in repairing the effects of earlier deprivation and contributing to good parenting. In addition certain qualities of family life contribute to the wellbeing of children: communication that is relatively free from aggression and the capacity to appraise stressful situations (Rutter 1987, 1990; Quinton and Rutter, 1984). Some families lack many of these dimensions, and pose additional questions for therapeutic intervention in relation to length of intervention, the quality of proximity and nurturance that characterises the intervention, and intervention that incorporates both psychoeducation and a committed therapeutic alliance in a way that is experienced positively by the family.

How might these contributions to individual or family resilience differ according to ethnicity and culture? What would other ethnicities or cultures show us we need to add to the dimensions of family life shown to correlate with individual resilience in white

families in Western society? Do any of the features looked for by researchers or therapists need to be changed and described in different ways, or is it primarily a matter of enlarging the lens and including aspects of family life and family arrangements that researchers have not yet examined? As Froma Walsh commented in a recent review of resilience, there is remarkable consistency in the findings across a number of studies that such interactional processes as cohesion, flexibility, open communication and problem-solving skills are essential to basic family functioning and the wellbeing of family members. 'It is not family form, but rather family processes and the quality of relationships that matter most for evolutionary hardness' (Walsh, 1996 p. 277).

When considering family issues using a life cycle or developmental perspective, the complexity and inbuilt inequalities in the lives of many families means that therapists have to position themselves in relation to each family's particular life challenges and family resources. Processes that are effective in one family may not work for another, and therapists therefore need to understand how these operate uniquely within any one family. Very small practical differences such as the provision of a telephone for a young mother in a high-rise block, or an appropriate wheelchair or bath seat for a disabled person, can strengthen a family's ability to withstand crises or prolonged stresses, and may be more vital than talking about the effects of stress on family life. Defining with a family what they see as vital to contributing to a degree of autonomy that will make their lives meaningful is an important therapeutic skill. Many of the studies referred to in this section emphasise the variety and diversity of resilience of families suffering financial hardship, but who nonetheless finding unique ways of getting by and getting on.

### Intimacy and resilience

In considering resilience I am particularly interested in the concept of intimacy in relationships as a protective factor that can moderate many kinds of social adversity. Intimacy in relationships between adult partners has been shown to be both crucial and difficult to define in studies of adult mental health (Brown *et al.*, 1986). Understanding intimacy means understanding diversity in family structures, so that we have a clearer understanding of where intimacy is allowed and fostered. As briefly described in this chapter, people in families derive their strength from different family subsystems,

depending on culture and custom. We need to understand more about shared relational resilience within cultures of different kinds, as resources in different life situations. The involvement of support networks, extended 'families of choice', and larger systems to foster community connections may be important aspects of thinking that a systemic therapist can add to a family's own thoughts and daily resource pool. Resilience is also gained through contact with other individuals or families going through similar life situations, facing similar challenges and learning from one another. Group work can be a valuable adjunct to work with individual families.

An approach to families that searches out the degree of resilience a family has, tries to look beyond problem solving and towards the prevention of future problems by expanding the parents' ability to look at and think about their lives and their children. Learning to anticipate future challenges by using past experience to plan more effective ways of handling things the next time is usually seen by parents as good sense. Whereas some families have the ability to do this, given sufficient time and space, others welcome a more structured approach. Within a context of normalising and contextualising the stresses that have been experienced by a family and by working out with them guidelines for future coping, many families feel more actively in charge of daily processes. They are consequently more likely to feel in charge of, rather than at the mercy of, emotional events in the future. Before ending work with a family I therefore often pose questions that relate to how what has been learnt in the current context might be applied in the future situations. By 'learning' I include what I have learnt myself, and often thank families for what they have taught me.

### Summary

The intimate relationships within which a young person develops and changes, themselves notionally develop and change in response to the different needs and requirements from adults that development brings. Relationships can operate for good or for bad at all ages. Depending on how these sequential and mutually influencing relationships operate, they can amplify or compound things that went wrong early on, or they can operate as moderating factors that compensate for what went wrong. Society places demands for change on children in ways that bring out differences between them in terms of culture, class and race. Parents may need to be alerted to the effects that the expectations and attitudes of a larger culture will

have on their children, and be helped to equip their children to handle these. In addition gender will create widely differing expectations in relation to roles within and outside the family, and potential dissonance between the two domains. Stress and coping need to be considered at all these levels – familial, social and ecostructural. Each level provides a different viewpoint and issues to be addressed. All are likely to be important.