

Power, Recursivity and Social Inequality: Re-Membering the Welfare of Women and Families in Poverty

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Introduction.

Good morning. I will open today's presentation by revisiting some ideas on power within the family therapy world. The main focus of my paper will highlight social inequality, in relation to women and families in poverty. My proposition is that much female inequality emerges through discursive interactions at the macro and micro social levels and that these interactions recursively constitute relationships of power. Finally, I will suggest some strategies for resisting oppressive power practices in therapy.

I am aware of the historical nature of today's plenary and am privileged to share in the discussion of a topic, power, which has been passionately contested in the field, with one of the original advocates - Jay Haley. The other of course, was Gregory Bateson. Since the 1950's both have been revered and criticised for their positions on power. For Jay Haley's part he has kept a version of relational power alive while followers of Gregory Bateson for the most part have eschewed power as a guiding principle.

For Bateson there were two issues one, that power was an epistemological error and the other, that power was toxic. For him the idea of power corrupted. Subsequently whole sections of our field were silent on issues of power, hierarchy and control. A power blindness prevailed. If power was not an objective 'thing in itself' then it was as if power did not exist **even** as a social construction.

Haley, on the other hand has always argued for the existence of power and hierarchy in human relationships and while not using the language of social constructionism specified relationships of power in therapy, in consultations, in organisations and in families. For Haley, as I understand it, power is a relational and social phenomenon.

Today I would like to cite my own position as re-cognising power along the lines of **BOTH** Bateson and Haley. Following Bateson, I do not think of power as a 'thing in itself' (what Emmanuel Kant and later Martin Heidegger called, 'das ding an sich') and following Haley, I see power as relational. I agree with Bateson that power is not lineal but along with other feminist colleagues and those concerned with issues of social justice and abuse I argue that it is more toxic to ignore the workings of power in relational activities.

Since the 1980's feminist writers in family therapy have repositioned power within our vocabularies and thinking. We have pointed both to the negative and to the positive aspects of power - **Power over** (puissance - oppressive practices) and **power to** (pouvoir - practices which enable action, resistance and change). It is my opinion that both kinds of power relations need to be included in any analysis of the work we participate in with clients. It is this reminder of the twin-faced aspects of power that facilitated the field, in part, to admit the work of French post-structuralist, Michel Foucault.

Foucault, like Haley, placed power at the centre of much of his thinking. However, while he saw power as relational he also saw it as being discursively constituted. For him power is enacted/or masked through our conventions of talk. Like Bateson, he saw power as non-linear and like feminists he saw both the negative and positive dimensions of power. His couplet, **power/resistance** stresses that where there are practices of power so too are there resistances to relations and practices of power.

The thesis of this presentation is therefore that power is constituent of (or part of) a relationship and is constituted through (or created within) the relationship. Each participant in the relationship contributes to situations of power albeit at different levels and in different ways. Some are more **power-full** while others are more **power-less**. As participants in a relationship interact by way of language and action. (stories told and stories lived) they have access to different discourses depending on their culture, class, gender, sexual orientation and so on. However, as women and minority groups know from experience, these discourses are not all equal. Some are socially privileged and dominant while others are marginalised and often silenced. These discourses, both dominant and marginal, in turn in-form the narratives which participants inherit and create in their living together in a particular way.

Throughout my presentation I will take as premises, that discourses are socially symbolic acts in the two-fold sense that A) they take on meaning only in a social context through useage and B) that they play a role in the construction and constitution of that social context in which their meanings are embedded and produced and within which social actors are implicated. (Mumby, 1993, p 5)

It is my contention therefore, that the unequal position of women and families in poverty is generated in part through certain discursive practices and interactions at the level of society, families - and for our purposes, family therapy.

I want to turn now and review some of the ways in which poor women and families are being rhetorically and socially disinherited in the construction of relationships of power and inequality. In this review I will explore:-

1. Common Media Discourses on Women in Poverty and
2. The Pauperisation of Women and their Families.

Common Media Discourses on Women in Poverty

Herbert J. Gans, the American sociologist has questioned why the socially fortunate "unjustly stigmatise so many poor people as 'undeserving'?" (Gans, 1995, p xi) In what Gans calls the "war of words", he sees the proliferation of those pejorative terms as stereotyping, homogenising, stigmatising and harassing the poor in the questioning of their morals and values (Gans, 1995, p1). As 'moral inferiors' he says, however, they can be blamed and pathologised with impunity. **They can be marginalised and disadvantaged without any guilt on behalf of the larger community.** In extreme cases this may mean cutting them off from welfare and service provision altogether. In discursively creating an 'underclass', people

are bracketed outside of and excluded from existing class structures thereby increasing the risk of social invisibility.

The discursive process by which labels such as 'underclass' and 'undeserving' are beginning to saturate the media and public discourse are of concern. They are of concern because they serve as justifications for actions AGAINST those already disadvantaged. Let me give an example. Currently, the fastest growing group of welfare recipients are women who are lone parents. (Nolan, 1993; Pateman, 1992, McCarthy, 1995) **It could hardly be imaginable that a community would support measures to financially deprive these mothers and children.** Yet there are constant call for welfare cut-backs. So, what has happened to facilitate the so called acceptance of such measures? A stereotype has been created. Lone parents begin to be re-presented as a homogeneous group and imagined as 'unmarried mothers' who are typically young, 'sexually irresponsible teenagers living in poverty. While I realise that in some countries this is not so, in much of the English speaking world this stereotype has taken hold as a simulacrum. A simulacrum is a deceptive image, **where the term/label 'unmarried mother' not only stands proxy for the term, 'lone parent' but also for the term, 'promiscuity'.** It is this latter substituted term, promiscuity, which switches public attention away from the non-support to mothers and children and justifies the withdrawal 'support' for the supposedly rising promiscuity instead. The fact that no research supports these substituted images and stereotypes is quite beside the point. In fact **most research in the West shows the percentages of very young unmarried mothers to be decreasing.** (Richardson, 1995) However, in capturing public imagination it appears no verification is necessary.

It is this imagined knowledge based on "small kernels of truth and large measures of untruth" (Gans, 1995, p 11) which also further condemns these women as the sole creators of 'the multi-problem family'. Jacques Derrida, the French deconstructionist philosopher, has referred to this process in the production of discursive images and counter-truths as a growing failure in the "rigour of knowledge". (Derrida, 1997) .

Furthermore, under this linguistic sentencing, the mirage of the 'patriarchal nuclear family' serves as an phantom backdrop against which women and families may be vilified, judged and marginalised. What emerges is the dominance of a discourse of female deviance which has little to do with the social facts and overall trends of living throughout most of the Western world. The discursive context in which inequality is generated and legitimated fades from view as a matter of public concern. Instead the 'deviant' woman is marked as individually irresponsible and in need of social correction and containment. Under this subtle twist of tongue/tongue twister public problems become private and privatised issues¹

The Pauperisation of Women and their Families.

"Power is premised on the abilities which are available within the parametres of a specific context." (Mumby, 1993, p 5)

So how do women enter poverty and how do they emerge from it? Internationally, it is women who are becoming more likely than men to be designated poor. (Pateman, 1992) The reason for this "pauperisation" is cited as the increase in lone parenthood

among women. (Jackson & Flanagan, 1993). So how does research see these women emerging from poverty?

It is often suggested the major routes out of poverty, for both men and women, are, employment and changing household composition. (Williams & Whelan, 1994; Berghman, 1993; Millar et al, 1992) However, these routes effect men and women differently and unequally. In employment, women can expect to be paid less than men for most jobs. (Room, 1991, p 108) Men, as a rule, also do better financially than women when their marriages break down. Men are also more likely to exit through (re)employment whereas for women their exit is deemed to be through (re-)marriage. (Williams & Whelan, 1994, p 72)

As such it is a woman's lack of marital status or changes in it which are deemed to greatly effect her chances of entering and exiting from poverty. (Williams & Whelan, 1994). What does it mean that it is marriage and **NOT** equal employment opportunities with equal pay together with good child care services which saves a woman from poverty. Is it not further testimony to a socially constructed reality based on the primacy of the norm of the 'patriarchal family' where male independence and female dependence is expected.

From reviewing literature on woman, poverty and social policy it is clear that inspite of many equalising policies and laws in relation to welfare systems, women's dependency status continues to be socially constructed. Their 'Dependency' is effectively constructed and maintained in the practices of low incomes, high unemployment and poor child care facilities. Ironically however, we return to scenes of rhetorical invalidation when we hear that it is women themselves who are responsible for their positions of 'dependency' and not the policies, government or market trends which constructs their 'dependency'. Once again public problems become privatised and individualised issues.

The Public-Private Dichotomy: The Generation of Social Divisions

"The public and private worlds are inseparably connected; the tyrannies and servilities of the one are the tyrannies and servilities of the other" (Virginia Wolf in *Three Guineas*)

This division of the public and private domains of social life are deemed by many social theorists to intensify gender divisions and to form the basis for much female poverty and inequality. (Millar & Glendining, 1987, p 261; David, 1993; Pateman, 1992, p 226) Tracking the issues of gender inequality, feminist scholarship has been to the fore in resisting the taken for granted discursive dominance of a privatised sphere for the individual and the family. It has also been responsible for drawing attention to the linkages between economic and political inequalities and power relations within the family.

If then, we are to move to resist relations of power where women participate unequally in social and family life then we need some new thinking. In this regard it would appear that if greater equality is to be achieved between men and women, the social division between the public and private domains needs to be collapsed. Instead, the public and

private domains need to be recognised as two halves of an ecological whole. (Palmer, 1981) In this way men and women may become conscious agents in constituting a social reality in which gender equality becomes more than a rhetorical device at the level of family. Similarly, social policies might also begin to reflexively constitute these more equal relationships at the level of welfare and service provision.

In dissolving the public-private dichotomy, a frequently taken for granted reality would be challenged, For example, women who have provided so much 'free' welfare, by caring for their children and their older relatives in health and in sickness within their own homes, would have to be financially acknowledged. When taken for granted realities, such as the provision of free services by women are challenged, new social discourses and practices premised on equality have a chance to emerge in marriage and in social welfare. (Levin, 1993, p 83)

However, because the public-private dichotomy still maintains particular, class, gender, ability and sexual orientation divisions, (Williams, 1994) therapy needs to take account of it. A non-recognition of this dichotomy in therapy fosters a politically blind practice in the service of an unequal, normative and power saturated status quo. When we as therapists fail to see our part in the maintenance of a cult of the norm we are creating situations of professional denial. Because of the frequent presence of professional carers in the lives of the marginalised, any analysis of their situation needs to include the part the professional plays in problem description, problem maintenance and problem dissolution. (McCarthy & Byrne, 1988; Anderson & Goolishian; 1988; Hoffman, 1988; Andersen, 1990; Cecchin et al 199; Salamon et al, 1991; White and Epston, 1990) Otherwise, the professional becomes part of an overall context of dis-welfare. We become part of a larger system which maintains social divisions, inequality, social exclusion and poverty.

'The Family' and Families.

Power is the ability to take one's place in whatever discourse is essential to action and the right to have one's part matter. This is true in the Pentagon, in marriage, in friendship and in politics" (Heilbrun, 1989, p 18)

In Western countries, even though an appreciation of the diversity of family forms, is now widely accepted and a growing literature on the so called 'Postmodern Family' is emerging there continues to exist, at the level of the media and much professional practice, the ghostly image of the 'normal nuclear family'. (Bernades, 1993; Cheal, 1993; Smith, 1993; Kiely, 1995) Despite the best intentions of those who intervene professionally as mental health and social workers, the phantom 'norm' of a single-household, two generational family based on the legal marriage of a heterosexual pair (Elliot, 1986, p 4) is often invoked.

This I believe has ethical and moral implications for all family intervention at which ever social level it occurs. However, in the situations of those women and families who live in conditions of poverty there are particular moral issues. This is so because it is these families who need and endure public services. As such State scrutiny of the minutiae of their lives is ever present. Because women and families who avail of Social Welfare

Services are constantly assessed in terms of socially expected familial roles, levels of child care and health care they often appear to 'fail'.

As professionals working with families living in poverty, we need to ask ourselves **why** and **how** these families are judged to 'fail'. Why, in the light of our knowledge of family diversity in the 1990's do we constantly act as if there is a normal ideal that **they** must live up to? Why do the stories told in professional literature highlight only failure and deviance while ignoring the stories lived of courage and survival of those in poverty? Why are the the stories told within dominant versions of the lives of those in poverty so different from the stories being lived by those on the margins? Whose interests are served through the discursive acts of these professional and dominant stories?

In the closing decades of the 1990's such un-analysed 'normative' invocations, must surely create possibilities for professional blindness and the subsequent abuse of clients. Further, I would propose that it is professional blindness to these discursive processes which constitute the very relations of power we are trying to dissolve.

We may ask, why such blindness? I would suggest that we are captured by taken for granted assumptions about 'The Family' that we forget that the highly enclosed, nuclear family is now just ONE of many diverse family forms. Also, what we take for granted in everyday talk is echoed in much of therapy literature on the family. Thus, in the conjunction of taken for granted assumptions and therapy literature, the nuclear family becomes, as it were, an IDEAL (much like a phantom limb) which begins to operate as a nostalgic referent in professional assessments and clinical interactions. (teaching example: students cite diversity while bringing forth nuclear in role plays) Consequently, we might say that the 'phantom ideal' begins to constitute a dominant professional discourse against which all other family discourses and practices are judged. Therefore, inspite of family diversity, women who do not accept the so called ideal of segregated roles with regard to their economic status and child welfare as the natural order, continue to be labelled 'mad' or 'bad'. A further tragedy is that very often women who are lone-parents also judge themselves and their families against this ideal. The social fact that this family form is so often at variance with the lived local experiences and stories of clients appears to be ignored. Could we dare conclude that women still continue to be cast upon the procrustean couch of male prerogative.

Henriques and colleagues (1984, p 115) have stated that, "Power is invested in discourse; equally discursive practices produce, maintain or play out power relations" Thus we can say that relations of power are enacted in the minute details of our interactions. Therefore, for me, the relationship between the stories told and the stories lived by professionals and clients become crucial for an analysis of power and recursivity. It is time for us as family therapists to begin to incorporate the insights of social theorists on the rapid social movements in family living occurring this century.

The Politicisation of Family Therapy through some possible Resistances to Rhetorical Devices and Non-Equalising Practices

"My experience of the experts is that they don't understand how the poor live. They don't know what we need." (Cathy, 1989, p 20)

You might well ask what are the implications of these rhetorical and discursive processes for service delivery to women who live in poverty? My own position is that public service delivery (or indeed any service delivery) is inescapably political. The public service centre is a meeting place for representatives of the State and Family and/or the State and the Individual. In this context a therapist is thus situated politically in maintaining or resisting potentially oppressive practices. As I have hopefully pointed out so far the potential for, consciously or non-consciously, constituting discourses which negate marginalised women and families in distress is ever present.

In discussing the politics of family therapy and some resistances to negative rhetoric and non-equalising practices the following practices are proposed:-

1. Juxtaposing and Re-Membering Dominant and Local Narratives on Poverty in therapy.
2. Developing a Participatory Ethics wherein the Clients Stories and Issues are Privileged.
3. Including a Resource Person of the Client from the Client's Community.
4. Linking the Private Issues of Clients to the Public Issues of Poverty.

1. Juxtaposing and Re-Membering Dominant and Local Narratives on Poverty in Therapy.

"Power is having your definition of the situation accepted"
(Jones, 14.2.96)

Following the work of my colleagues and I in the fifth province associates, I want to propose that any analysis, we make as family therapists needs to include *both* the dominant narratives/discourses of women in poverty *and* what I term local narratives of their poverty in our societies at a given time. (McCarthy, 1994, p 128) Local narratives of poverty, are the stories of day to day living by women and their families on the margins. They relate to the contextually specific experiences told by women in their own terms.

As we are also part of the therapeutic system the questions, techniques, conversations and solutions which are engendered also have implications for us as therapists and for the kind of therapy we are doing. Thus, we therefore might:-

- Make sense of the problem/dilemma with the client in terms of the social conditions and dominant discourses of poverty.
- Examine and externalise the implications and constraints of dominant discourses in the daily lives of women and families in poverty.

- Re-Member and internalise stories of resourcefulness and resistance from the past together with those of survival, courage and possibilities.
- Imagine present and future opportunities for action which might be taken by both the client and therapist to counter non-equalising and oppressive practices and generate useful options.

Conversations such as these are conducted in a spirit which emphasises for ourselves as therapists as well as for our clients the interweave between dominant and local, political and personal stories. Juxta-posing dominant and local discourses makes possible a social analysis of the social situation in which the client and worker are operating in. In this way clients and workers become conscientised to the overall social context in which the both live and to the local conditions in which the client lives. It has been the experience of my colleagues and I that clients do not continue to denigrate themselves and a context of mutual courtesy and respected is generated in what might be called a de-ghettoisation process. Such a therapeutic encounter can become a marker in countering the myriad invalidating experiences implicit in being a welfare and social service recipient.

However, I want to add a note of caution here. We also need to be aware that the disclosing of stories of life on the margins may come to constitute yet another confessional strategy in securing the colonisation or control of these lives and stories. As I have said before all stories do not carry equal weight in society. However, if listened to in therapy, in the light of the daily effects of dominant stories then it is my experience that, as previously silenced and marginalised groups find their voices and are listened to, a site of protest and resistance (Wade, 1997) becomes possible. At the micro level of therapy, this speaking and listening holds potential to subvert the colonial prescription of dominant norms. Simultaneously the voicing of local narratives about lived experiences can guide us as to what kind of appropriate public action might be taken.

2. Developing a Participatory Ethics wherein the Client's Stories and Issues are Privileged.

In working with marginalised groups my Swedish colleague, Ernst Salamon (1994) and I have defined a participatory ethics as a stance in which we imagine ourselves through the eyes of the client. This means that conversations with clients always include a care-full listening to and incorporation of the client's story, their problem definition and their feedback on whether the encounter with us is useful to them and respectful of them.

We would see that a participatory ethics emerges in the joint endeavour of a therapeutic conversation:

- a) When therapy can be reclaimed, in large part, by those whose interests it is supposed to serve.
- b) When a client's **testimony** of the effects of social exclusion on their lives and their multiple actions of resistance to invalidating practices by dominant social groups **can be witnessed** and acted upon

- c) When there is an acknowledgement on the part of the therapist that they do not listen from a neutral position. I have referred to that elsewhere as the **politics of listening**.
- d) When the speaking of the therapist does not objectify the client through categorising them in a particular way - with a problem label. This I refer to as the **ethics of speaking**.

3. Including a Resource Person of the Client from the Client's Community.

Much in the same way as the Just Therapy Group in New Zealand use what they call a 'Cultural Consultant' to serve as a guide when, for example, White therapists work with Maori and Pacific Islanders, Nollaig Byrne and I in the Fifth Province Associates have been involving a resource person from the client's community. This is usually a person the clients have chosen to come with them. This inclusion helps both us and the client to relate the private issues of the particular experiences of the client to the public issues of poverty in their local community. It is also a means of linking the client to other material and social resources such as groups for women, child care facilities, tenants associations; educational and recreational facilities and anti-poverty groups

4. Linking the Private Issues of Clients to the Public Issues of Poverty.

Echoing the views of the New Zealand group, Sal Minuchin and another Irish colleague, Jo Kennedy I feel that the private issues of clients need to be entered into the public arena if social change is to occur. I am not talking here about the specific details of confidential material but of the themes and trends in relation to women and families in poverty which we know about from our practice. The private and the public cannot be separated when one works with the poor otherwise we are in danger of creating yet another arena for their silencing and further oppression. Confidentiality must not become another strategy of containment implicit in confessional practices.

The key to this dilemma is to **work with** those in poverty. In this respect, Jo Kennedy has emphasised that in addressing social inequalities, action which involves those who experience exclusion is a priority in bringing about social change". (Kennedy, 1994, p 212) This however, does not lessen the necessity for us as therapists to work with the media; to make public statements about policies and practices in relation to those in poverty; to make submissions to relevant government commissions: to lobby members of parliament and so on.

Conclusion

In conclusion, I will reiterate that in our development as family therapists and systemic practitioners we need to understand **HOW** women and their families become vulnerable to and within situations of social inequality. We need to understand **HOW** such inequality may emerge through discursive interactions and **HOW** these interactions recursively constitute relationships of power and inequality at whichever social level they occur.

We need utilise this knowledge in our work in order that we might analyse how **WE**, as therapists have the potential both to re-constitute these discourses or resist them at the

level of therapy. We need to ask ourselves and our clients if their encounters with us could be described as fostering 'power-to' styles of relationship.

It does not matter whether we are employed in the public services or not, as Braulio Montalvo has reminded us in working with the poor, we are inevitably part of the external constraints which organise their lives. The so called private domain of therapy is not immune from the larger public movements in our societies. We cannot forget that therapy today is part of the fabric of our social world.

Furthermore, if we continue to reflect in therapy, the dichotomy of public and private domains we will remain blind to issues of justice and ethics - entitlement and care. In fact we would ensure this if we confine our problem solving **only** to individual and family contexts in isolation. In this non-contextualising of the dilemmas of women in poverty we will surely constitute a practice which recursively maintains and supports relations of power and inequality not only at the level of therapy but also at the level of society.

Finally, I hope that in our deconstruction of negative rhetoric and discourses on women and families in poverty we can begin to bear witness to their stories of inequality and powerlessness in and outside therapy. We need to do this so that we, as family therapists, can play our part in resisting emerging rhetorics, political and economic movements which further burden those who already carry society on their backs. Thank you.

Footnotes

1. The concept of 'private issues, public problems' was taken from Kiwi Tamasese of the Just Therapy Group in New Zealand.

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