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class 6

15 The Family Life Cycle of the Multiproblem Poor Family

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INTRODUCTION

The multiproblem poor family has attracted the attention of many people. Concerned persons are acutely aware that the multiproblem poor family is not merely a family in one or another kind of trouble; it is a family whose many problems will challenge the capacities of any agent or agencies to help it. Because our methods for working with other populations fail miserably with these families, it is easy to become overwhelmed by the demands they can put upon us. Even so, personal involvement with them convinces us that these families are not in a category apart from us.

The assumption pervading this chapter is that the multiproblem poor family, like all others, is best understood within the context of the three-generational family system structure that reproduces itself across the family life cycle. The three-generational family system structure is defined as all members of the family both living and dead who are biologically related to one another. This definition includes all members of the immediate nuclear family (father, mother, and children), all members of the extended family on both the father's and the mother's side (grandparents, siblings, cousins, nieces and nephews), as well as the membership of stepfamilies, foster families and adoptive families who are in contact with the biological families.

The three-generational family system defined in this way suggests that the family system structure has the potential for becoming a rich reservoir

of human resources for its members. This family system structure is the *ground* from which all forms of the *figure* of the family emerges—whatever the culture, race, social class, ethnic heritage, or time and place in human history. Every family system structure in every class and in every culture has to cope with the succession of its generations and their progression through its repeating family life cycle.

Moreover, when working with poor families we cannot disregard the political, social, and economic ecosystems within which the family lives out its generational and life cycle vicissitudes. The starkness of that *contextual* reality has to be reckoned with, and has to become an integral part of our approach.

In this chapter I have chosen to focus on the multiproblem poor family in particular—on the family with no sense of a stable economic base beneath it. These are nonworking families, members of the *underclass*. For them there is no shred of hope for anything but sporadic, menial work. Thus they are long-standing clients of public agencies such as housing, public health, welfare, and the courts. They are as well a continuous source of concern for the schools and the communities in which they live. Life in these families is often blighted by separation, divorce, child abuse and neglect, drug use, delinquent behavior, and criminal and violent behavior. They often seem to be in a state of disorganization, disintegration, and chaos. Indeed, their life cycle constitutes a virtually endless series of crises.

All members of such families share a profoundly hopeless set of assumptions—that they are not needed, that they have no right to exist, that society is saying there is nothing they can do, and that they are being destroyed by society itself. The self-esteem of the adult members of the multiproblem poor family is especially assaulted by the pervasive absence of adequate jobs.

In earlier eras, many unskilled jobs were available. Higher education was not as critical, fewer technological skills were required, and life was simpler. More recently, life has become more complex. Because the needed skills are more technologically complex, education has become critical. Because they have neither education nor the chance of acquiring it, the members of the multiproblem poor family are locked into poverty with no way out.

The result is that the jobless poor adults have the conviction, not contradicted by reality, that no matter what they do to get or keep a job, they will get nowhere. Often the only options for economic gain are illegal ones. For such reasons the multiproblem poor family develops a pervasive sense of impotence, rage, and despair. The only struggle is for survival; in the rural as well as the urban underclass, rage is directed at society, at members of one's family, at one's self. The work of Robert Coles (1964, 1967, 1970, 1978) has documented the lives of those families who live in rural poverty. The inevitable outcome is personal and familial disintegration.

In this chapter I will proceed as follows. First, I will briefly survey the literature on the sociology of the poor; second, I will review models of the family and methods of assessing and intervening with the multiproblem poor family; third, I will attempt to describe the family life cycle of the multiproblem poor family; fourth, I will discuss some hazards and pitfalls commonly encountered in therapeutic work with the poor family; fifth, I will present three case studies to illustrate therapeutic work with the poor family at its various life cycle stages; and finally, I will make some concluding remarks.

THE SOCIOLOGY OF THE POOR

The most recently published census report (Current Population Reports, 1979) indicates that in 1977 there were 25.8 million poor people in the United States. In this report, a nonfarm family of four is considered poor if its income is less than \$6,191 annually. There are many kinds of poor families, varying as a function of race, color, language, ethnicity, and ability to cope. They also vary enormously as to whether their ongoing familial interconnectedness is active, infrequent, or nonexistent. In these regards they are not different from their middle-class and upper-class counterparts. Gans (1968) concludes from his reading of all available studies that there is as much variety among the poor as there is among the affluent.

Some have been poor for generations, others are poor periodically, some are downwardly mobile, others are upwardly mobile. Many share middle-class values; others embrace working class values; some because of chronic deprivation have difficulty in adapting to new opportunities; and some are subject to physical and emotional illness which makes them unable to adapt to nonpathological situations. The research has not been done to tell us what percent of poor people fit into each of these categories. (1968, pp. 205-206)

Although the actual number of multiproblem poor families is not known, it is generally agreed that the farther one goes down the scale of economic deprivation, the more likely one is to encounter such families. It is important to note, however, that the disorganized and disintegrating family system is *not* unique to the underclass. Any family of any class may be subjected to such chronic, unremitting stress that it, too, will collapse.

Sociologists have tried hard to determine whether or not there is a distinct "culture of the poor." The cultural view emphasizes cross-generational family socialization processes that create and perpetuate the features of the poor. The situational view stresses the structural features of society that create and perpetuate those features of the occupational system that prevent the poor from ever improving their families' economic position.

families that produced more than one acting out child juvenile delinquent" (p. 368). Their sample consisted of twelve delinquent-producing families and twelve comparable control families that were without delinquents. Although their work focused largely on a limited number of nuclear families, they nevertheless were able to map out a beginning description of the disorganized poor ghetto family. They saw each of the delinquent-producing families for thirty ninety-minute sessions over an eight-month period. From this work they were able to delineate the organization of two kinds of families: the "disengaged" and the "enmeshed."

The "disengaged" family is characterized by a sense of anomie. The family appears to be in an atomistic field within which the members move in isolated orbits unrelated to each other. Their responses to each other are delayed and they appear to make no vital contact with each other. The mother is unresponsive, apathetic, overwhelmed, and depressed. She is unable to control the children. A parental child often tries to fill this parental vacuum. There is little interest on the part of one family member toward another. This family's social contact is extremely limited or nonexistent. The mother is often completely isolated, with a history of poor continuity in relationships either with men or with a stable work structure. If this family has any contact with social agencies, it is usually characterized by extreme passivity and dependency on the part of the mother.

The "enmeshed" family is a tightly interlocked system. Attempts of one member to change are quickly and complementarily resisted by other family members. Immediate reactivity is the dominant characteristic of the "enmeshed" family. When the children act up, the mother controls immediately. Mother and children seem caught in a circle of rebellious and counterreactive control responses. In this system, power conflicts are continuous. Escalation and counterescalation are typical. If the mother loses control of the kids, she gets anxious and fears she will become helpless. She has an overwhelming need to have a continual hold on the children.

The "enmeshed" family's tendency toward immediate reactivity and toward power struggles appears to generalize to the mother's interaction with therapists and other agencies. It leads the families to a greater sense of alienation, anonymity, and powerlessness. In spite of this, they do appear to be open to extrafamily resources. However, they tend to view agencies that help as "suckers" and do not hesitate to manipulate and exploit them if it suits their survival needs. They see the courts and the police as tough authorities, to be avoided if at all possible.

Oscar Lewis has described families living in the "culture of poverty" as suffering from feelings of marginality and helplessness. They have a minimum of organization beyond the level of the household and have very little sense of local community structure (Lewis, 1968). Minuchin and Montalvo (1967) were among the first to develop effective ways of working with

such family systems. In their book, *Families of the Slums*, which was a landmark work in this area both theoretically and clinically, they described such families as disorganized, lacking in clear generational boundaries and differentiated communication patterns. They described the disorganized family as follows:

The stereotyped interaction in our families can be expressed as a result of paucity and rigidity of interpersonal transactional patterns and also on a higher level of abstraction, as frozen development of the family as a total system. The system is "at rest" as a relatively simple social "organism" with a concomitant lack of specialization and differentiation in the component functions of its members. (1967, p. 368)

Aponte (1974, 1976), who has devoted himself to working with such families, has noted that while they have often been referred to as "disorganized," he prefers to use the term "underorganized."

to suggest not so much an improper kind of organization as a deficiency in the degree of constancy, differentiation, and flexibility of the structural organization of the family system. This kind of internal underorganization is accompanied by a lack of organizational continuity of the family with the structure of its societal context... its ecology. (1976, p. 433)

Aponte has distinguished three structural underpinnings of operational patterns in social systems: alignment, force, and boundary. He describes underorganized families as lacking in these underpinnings:

Alignment refers to the joining or opposition of one member of a system to another in carrying out an operation. Force defines the relative influence of each member on the outcome of an activity. Boundary tells who is included and excluded from the activity... Individuals or groups who are not effectively integrated within their ecological set lack alignments with other units in their society to help them achieve their social goals. They are short on the force to exert their portion of control over the actions taken in their social context that affect them. They also find themselves outside many of the operations of their society that are meant to enrich the units within the system. These structural conditions are descriptive of the poor in our society. (1976, p. 434)

Although Bowen (1978) has not specifically focused his attention on the multiproblem poor family, he has created a useful model of family functioning that is applicable to such families. In his model he has developed a differentiation of self scale to describe a person's level or differentiation of himself or herself from his or her family of origin. At the lower levels of the scale a person's sense of self is confused, disorganized, and chaotic. Persons at this end of the continuum are either cut off or highly isolated from their

Rossi and Blum (1968) doubt the existence of a "culture of the poor":

The empirical evidence from our review of the literature does not support the idea of a culture of poverty in which the poor are distinctly different from other layers of society. Nor does the evidence from intergenerational mobility studies support the idea of a culture of poverty in the sense of the poor being composed largely of persons themselves coming from families living in poverty. (1968, pp. 43-44)

The underclass, however, do share more unemployment, family instability, high school dropouts, mental disorder, delinquency, mortality, and incidence of physical disorders, and a greater sense of alienation from the predominant middle class than is true of those immediately above them in socioeconomic status. However, these are quantitative, not qualitative, differences.

The dubious note sounded by Rossi and Blum, who question the validity of the concept of a distinct culture of poverty, is sounded as well by Gans. He believes that:

The only proper research perspective is to look at the poor as an economically and politically deprived population whose behavior, values, and pathologies are adaptations to their existential situations, just as the behaviors, values and pathologies of the affluent are adaptations to their existential situation. In both instances, adaptation results in a mixture of moral and immoral, legal and illegal practices, but the nature of the mix is a function of the external situation. (1968, p. 216)

In addition, Gans also points to those "persisting cultural (and behavioral) patterns among the affluent that, deliberately or not, keep their fellow citizens poor" (p. 216).

Gans concludes his review of the status of the poor by stating, "Insofar as poverty research should focus on the poor at all it should deal with behavior patterns, norms and aspirations on an individual basis, relate them to their situational origin, and determine how much the behavioral norms related to poverty would persist under changing conditions" (p. 219). Thus Gans makes a plea for placing less emphasis on the study of the existing conditions of the poor and more emphasis on the field studies of the poor in experimentally improved situational conditions. I would only add that such studies should focus not on individuals, but rather on families and their capacity to change over time in an improved environment.

Sociological data on the working class, such as Komarovsky's (1962), are rich and potentially useful to family therapists who would understand their client families. So too is the literature on ethnicity (Spiegel & Papajohn, 1975; Giordano and Pineiro-Giordano, 1977; which describes the values

and contexts of various groups. On such groups there is a growing body of literature including, for example, material on blacks (Clark, 1962; Billingsley, 1968; Hill, 1972, 1977; Foley, 1975; Stack, 1975; Boyd, 1977, 1980; McAdoo, 1977); Puerto Ricans (Cayo-Sexton, 1966; Montalvo, 1974; Mizio, 1979); Chinese-Americans (Nee and Nee, 1974); Irish (McGoldrick & Pearce, in press); Jews (Zborowshi and Herzog, 1976; Zuk, 1978); Mexican-Americans (Falicov and Karrer, Chapter 16); and Slovak-Americans (Stein, 1978).

For family therapists ethnicity is a major topic in itself, one that merits serious consideration if we would truly understand the variety of family systems that we encounter in our work. Giordano and Pineiro-Giordano (1977) state the case well when they write, "Significant gaps in theory, knowledge and methods of dealing with ethnicity remain. There is an obvious need to develop an overall conceptual and ideological approach that integrates the ethnocultural factor into all aspects of mental health practice" (p. 17).

Without knowledge of this kind, our interventions may be more destructive than constructive. In Spanish Harlem, for example, there is the need to recognize the importance of the role of the "spiritualist." A married woman was caught in infidelity to her husband. They both went to consult with the spiritualist. He and they attributed the wife's behavior to her being possessed by the spirit of a prostitute. He then assigned the couple the task of going on a vacation together. While on the vacation they were to take a chicken leg and nail it on a tree and thereby exorcise the evil spirit. When these instructions were followed, they enabled the husband to forgive his wife and to trust her again. Unfortunately, it is often all too easy for those of us who are unfamiliar with such folkways to dismiss them as primitive and superstitious beliefs when, in fact, they can be viable interventions (Minuchin et al., 1967).

With these necessarily brief comments on the sociology of the poor, let us now turn our attention to the efforts of the mental health community to understand, assess, and help the underclass family.

MODELS, ASSESSMENT, AND INTERVENTIONS

Models

In their classic study, *Families of the Slums* (1967), Minuchin, Montalvo, and their coworkers have attempted to observe, assess, intervene, and document both their successes and their failures in working with the poor ghetto family. They decided to study a sample of "those disadvantaged hard core

families or they are hopelessly enmeshed in conflict laden fusions and symbiotic attachments to their families. Persons higher on the scale of differentiation of self are freer of these problems.

It is a natural step to think of families as also being distributed along such a continuum. Beavers (1976) has developed a schema that describes three basic levels of family functioning: the severely disturbed family, the midrange family, and the healthy family. Within Beaver's schema, it is possible to construct a grid that compares low, middle, and high functioning families on a number of variables. Which family characteristics fall where is highly consistent with Bowen's schema of different levels of differentiation and with Minuchin's description of the poor ghetto family. In Table 15.1, I have attempted to pull these ideas together so that the reader can get a sense of some of the differences between families that might be placed at different points of the continuum. Entries 1 through 8 reflect Lewis's, Bowen's and Minuchin's work, while entries 9 through 11 reflect my additions.

Lewis et al. (1976) studied twenty-three high-income and middle- to upper-middle-class white Protestant families. Twelve of the families had a member who was one of a series of consecutive admissions to an inpatient adolescent service. Eleven families who were demographically comparable were obtained on a volunteer basis from a large local Protestant church. For these families to qualify for the study, no member of the family could be in psychiatric treatment or in difficulty with the legal authorities. Based on the schema described above, Lewis was able to differentiate these high-income families across the three different levels of the family functioning continuum.

The striking feature of the work of Minuchin, Bowen, Lewis, and their colleagues is that their work appears to converge around a model of family functioning that is consistent with the notion that families can be described on the basis of a rough typology. This seems to be the case even though Minuchin studied families at the low end of the economic scale and Lewis studied families at the high end of the scale.

However, two caveats are in order. First, these models did not systematically take into account the powerful effect of the context on the functioning of the family. It is for this reason that I have added the ninth through eleventh entries to the table. Contextual factors and their impact upon the family need to be researched so that a full field description of the family in different contexts will become possible. As yet, we have hardly begun to do this. The other caveat is that all the models described above do have a middle-class conception of family roles built into them. For example, other cultures do not stress competition and individual achievement but rather cooperation and a primary concern for what is best for the family and for the community.

TABLE 15.1

CHARACTERISTICS OF FAMILIES AS A FUNCTION OF LEVEL OF FAMILY ORGANIZATION

Level of Family Organization	LOW Severely Disturbed	MIDDLE Moderately Disturbed	HIGH No Disturbance
(1) View of Reality	sameness no differentiation	black/white good/bad	shades of grey differentiated
(2) Nuclear and Extended Family Organization	fusions cut offs fluidity overt incestuous overt cross-generational collusions	limited extended family contact not enough to absorb stress rigidity overt cross-generational collusions	active extended family contact enough to absorb N.F. stress spouse unit dominant sib sub-unit different from spouse unit
(3) Sense of Time	sense of timelessness time does not seem to pass things don't change	distorted passage of time not fully accepted	passage of time is accepted time changes are celebrated
(4) Vulnerability to Stress	very high multi-problems	are subject to stress there are unresolved problem areas	less subject to stress can resolve problems
(5) Parental Control	intrusive tell kids what to think and feel pervasive denial of responsibility	criticism is frequent attempt to control what kids think and feel rigid rules	accept kids thoughts and feelings try to shape kids behavior clear, flexible rules
(6) Communication	unable to complete communication sequences reactive response to one another unable to resolve conflict	able to complete some communication sequence able to achieve partial resolutions rules more rigid	able to complete communication sequences able to achieve full resolutions all are to be listened to and responded to
(7) Affect	negative chaotic without variety	negative some variety competitive	O.K. to express both positive and negative cooperative
(8) Reaction to Separation, Loss, Death	very disorganized refuse to accept or to mourn denial of death	frozen reaction limited acceptance partial mourning	do accept loss do let go do mourn
(9) Physical Context	impoverished sub-standard housing inadequate food and clothing	more options adequate food, clothing and housing	many options abundance of food, clothing and housing
(10) Employment Context	none or very limited no sense of the future being better	usually employed on regular basis jobs tend to be routine limited opportunity to advance	regularly employed interesting jobs opportunities to advance
(11) Social Context	isolated alienated fragmented	less alienation some connection and cohesiveness	not alienated active, viable social contact many options

Assessment

Adequate assessment of the multiproblem poor family, as of all families, requires the gathering of information for a genogram (Bowen, 1978; Guerin, 1976). This is a three-generational assessment of the family system over the course of the family life cycle. As suggested by the work of Glick (1964), a complete genogram will include family demographic data. This would include such life events as births, entry into school, entry into work, marriages, separations, divorces, household formation and dissolution, moves to a different home, illnesses, handicaps, and deaths. These demographic data and their accompanying details nicely parallel and factually describe the family as it moves through its life cycle stages.

As Hoffman (1969, 1974), Aponte (1974, 1976), and Montalvo (1974) have emphasized, the therapist also needs to pay particular attention to the social network and ecosystem of the family. This can include neighbors, friends, grocery store owners, police, the schools, the fire department, and the church. The interface between the family and its ecosystem may be strong or weak. For the multiproblem poor family the problem is not only whether it can viably connect with the sources of support and continuity that lie outside the family, but also whether such supports external to the family do in fact exist.

Interventions

Interventions with poor families appear to fall into four general categories. First, there are those therapies that take place in the clinic described by Minuchin (1967, 1974), Haley (1976), and Boszormenyi-Nagy and Spark (1973). Second, there are those that involve therapy in the family's home. Of this category Klein (1964) describes an excellent example. Third is the approach of Speck (1973) who, although he works in the home, directly involves the social network of the family as well as the family itself. His work is very promising if, in fact, one can identify a viable social network for the family.

Finally, there are the rehabilitative approaches designed to help the family connect with and revitalize their participation in their social milieu. Bush (1977) describes this kind of approach as one taken by the Lower East Side Family Union of New York City. The Family Union coordinates the efforts of agencies such as the school, the court, the health department, and the social services department by arranging specific service contracts between the agencies and the family. Moreover, the Union puts much effort into building and reestablishing the informal neighborhood social networks that can also provide for self-help. In these ways they are able to help high-

risk families to reconnect in viable ways with their social environments, thus reducing the chronic stress experienced by these families.

When we attempt to intervene with the multiproblem poor family, we need to begin by rebuilding the family's social network. Interventions that fail to take into account the social context of the family are not likely to succeed. After the family's basic structure within the social-economic milieu has been stabilized (Aponte, 1974, 1976), the structural-therapeutic approaches developed by Minuchin (1967, 1974) and Haley (1976) can then be applied. The structural approach will enable the family to begin to reestablish itself as a functioning unit in the interface between itself and its social context.

Minuchin and his colleagues have provided the most useful model of short-term family therapy with multiproblem poor families (the structural model). Aponte, a prominent exponent of this model, has made work with this population his specialty; through workshops and articles (1974, 1976), he has promulgated techniques directly applicable to the poor family in crisis. With concrete and other social services as backup, the practitioners of the structural method move in rapidly to shore up the family's sagging hierarchy (usually reliant on only mother or grandmother) and define the generational boundaries. Their method of "joining" the family in style and language permits them rapid access to a position of influence in the system, and it requires minimal adaptation on the family's part to the arcane rituals of middle-class professional practice. While working on crisis issues, it is necessary for the therapist to move with the ebb and flow of broken and missed appointments, to reach out through check-up or reminder phone calls, and in other ways accommodate to the family's different sense and use of time—to a poor family time does not mean money or opportunity.

However, useful this short-term crisis model of family therapy is in the majority of cases, it is also worthwhile to be on the alert for the occasional family, or individual family member, who is willing or able to respond to more than crisis intervention. For this reason it is useful to routinely construct a three-generational genogram, and, in addition to focusing on the current crisis in the household, to probe the family's involvement with distant or absent family members. When it happens that a person or persons from an underclass family shows a willingness to work in therapy beyond the crisis, this base line data can be very useful.

One of the most innovative approaches for working with poor families was the project developed by Minuchin, Haley, Weiner, Walters, Ford, and Montalvo at the Philadelphia Child Guidance Clinic (Haley, 1972). They instituted a special training program to train poor people to work with poor black families. The idea was to determine whether such persons, without prior therapeutic experience or academic credentials, who were competently managing their own lives and who were judged to be helpful per-

the poor family exists in a context that presents formidable barriers to the unfolding of normative developmental processes.

Although this chapter focuses on the family structure of the multiproblem poor family, and what follows is a description of a truncated family system that turns out to be dysfunctional, certainly not all families with female heads are dysfunctional. Of those that are functional, most have access to adequate contextual resources and retain rich, viable ties with their extended families and with their communities (Hill, 1977; Klausner, 1978). In the material that follows it must be kept in mind that I am describing a family system response and adaptation to a *pernicious* negative context.

Bowen's (1978) work on the differentiation of the self is highly useful when this concept is applied to the evolution and differentiation of a family system. However, it is easy to make the mistake of assuming that the highly differentiated person or family is an autonomous individual or unit. In fact, no person or family system functions in the absence of supportive ecosystems. Not taking this reality into account is like forgetting that a fish needs water. In this sense, lack of differentiation and fusion is seen as the beginning phase of a developmental process. At high levels of differentiation there is rich emotional, intellectual, and social intercourse, both within the family structure and within the family's social-community context.

Terkelsen, in Chapter 2 of this book, has given us an excellent beginning framework for a theory of the family life cycle. However, he, too, makes an assumption about an autonomous family that belies the reality of every family's need for ongoing mutual interdependence and support. At the end of his chapter he speaks about the goals of enabling families to be sufficient by means of restoration, supplementation, and replacement. In supplementation, the treatment plan includes the creation of a more or less permanent attachment between the family and some external support such as Al-Anon, and the like. But all functional families have permanent external supports. However, for those of the middle class we use different names, such as the country club, the church, the Lion's Club, and so forth.

When Terkelsen speaks of replacement, he refers to families with such limited resources that without extensive supplementation they can't provide the elements needed for growth. This leads to the use of foster care, group living situations, halfway houses, and so on. Again, I would caution against the use of the notion of "replacement" because even the most limited family structures are *not* replaceable. Continued connection to the family structure is a vital human resource. Alternate living situations, such as foster care, can be seen as links in a process of continued connection between the family and the person in foster care or other placement settings. These ideas, fully detailed in my previous papers (Colón; 1973; 1978), point to the sense that whatever a person's family of origin situation, it always remains a vital part of the person's context and a very central aspect of his or her existence.

Stage 1—The Unattached Young Adult

The developmental tasks for the young adult are to fashion an identity and to commit himself or herself to work and marriage. Adolescents from multiproblem poor families are often either thrown out of the home to fend for themselves, or clung to desperately by the one-parent family because they represent a potential source of income in a context with very limited resources. Inevitably, most adolescents find the pressure of staying home unbearable. The pull of their peers is powerful, and they draw away from the burden of the family, hoping to make their own way.

Because they tear away and do not grow away from their families, they are ill-equipped with the skills that it takes to do well in society. Typically, they are high school dropouts and they have no job options except menial ones. Occasionally, they may be so lucky as to obtain a civil service job. What is open to them is illegal activity and because it promises to put a quick end to the pain of poverty, its appeal is powerful.

Most critical of all stages is that of the unattached young adult. There is an all-or-nothing, do-or-die, make-it-or-break-it quality to the adolescent experience. What is truly frightening is that adolescents among the poor are confronted with this stark reality at increasingly younger ages. What used to occur at sixteen to seventeen years of age is now occurring at ten to eleven years of age. The impact of the adolescent peer group is critical in determining which way the young adult will go. The press for a self-destructive solution is enormous. It is not difficult to see why these young people, with no hope for adequate employment, so often resort to such criminal activity as prostitution and drug traffic, and thus come to addiction and alcoholism.

Many adolescents simply go under at this point. Others, far too few, are lucky. They happen to meet the right people at the right time, are able to get a glimpse of other possibilities, and with the support of concerned people within committed relationships, they are able to move up and out. If adolescents can garner enough time and avoid the minefields that are all around them, they might have a chance. The odds are not good that they will. Although a few adolescents make it, they are usually exceptional people in terms of brains, genes, and luck. They make it out of underclass poverty only by dint of extraordinary energy, fortitude, and courage. They also have to cope with deep feelings of guilt for leaving their families and their peers behind. In light of these obstacles, it is very difficult indeed for poor young adults to develop a keen sense of themselves and to commit themselves to the world of work and marriage. Without viable work options, commitment to anything other than survival is not possible.

For the adolescent female, the situation is equally bleak. However, being female makes her less likely to wind up in jail and more likely to be on the streets, securing income via prostitution and living a harsh, brutal, violent,

this child can become the object of his or her siblings' rage. They may be jealous of his or her special favor with the mother and/or enraged at the mother for failing to be an adequate parent (Minuchin et al., 1967).

For the school-age children of multiproblem poor families, life is grim. The mother, who is chronically overburdened and often depressed, may be unable to respond to her children on an individual basis. She responds to their needs collectively, and the children, without individual attention from their mother or absent father, fail to develop the cognitive, affective, and communicational skills that will enable them to benefit from a middle-class oriented school system. When the child enters school, the teacher often expects him or her to fail, and given both the reality from which the child comes and the teacher's negative expectation, he or she does fail. If the child goes to a ghetto school, the prospects are even worse, as Kozol (1972) so passionately describes in his book about a ghetto school in which he taught. Aponte (1976) addresses this issue in his paper that describes working at the interface of the school and the family system. In an excellent paper, Hoffman (1974) has given a poignant description of the negative labelling process that occurred to a child in a school system, along with some thoughts about how one might counteract the school's "amplification of deviance" process.

The childrearing stage of the multiproblem poor family tends to be protracted as more children are born over an extended period of time. In time, the mother is unable to control the older children and releases them to their peer group. Thus she loses any effective capacity to influence them, even if she had the motivation to do so. In the latency age, children look to their older siblings for guidance, control, and direction, but they too are soon absorbed by the peer culture.

Stage 3—The Family in Later Life

When the parental child described in Stage 2 is a daughter, the press to escape from her impossible role is a powerful factor in pushing her into the role of unwed mother. However, when the baby is born, the daughter may be unable to make the shift from being a "parental" daughter to being a mother; and her own mother may be unable either to allow her daughter to become a mother or to shift into the role of being a grandmother. Both shifts are necessary in order for the generational process to maintain its forward momentum, which would further differentiate the family system.

The forward thrust of the generational process becomes stalled, if not derailed. Instead, the daughter's mother makes the grandchild another one of her children; daughter remains a daughter; and the new child experiences its mother as an older sister. This leads to a family system that is devoted to

survival and homeostasis, not change and growth. Roles are not clearly delineated, except for that of the mother/grandmother whose role is strenuous indeed, but who has much greater power and importance than her middle-class counterpart.

The extended family of the multiproblem poor family can become totally fragmented, or it can live together with very few resources in a single, distressingly crowded, inadequate dwelling. As such, the extended family is unable to provide any tangible supports for the mother. If the extended family is living together, it often is a further drain upon the mother's already very meager resources.

The next major event in the family life cycle of these families is the death of the mother/grandmother. This can have a devastating effect upon the family. At this point the system can go into total collapse and disintegrate. However, the oldest daughter, who was unable to become a mother, now may be able to step into the role played by her mother and thereby begin to repeat the life cycle of the family.

If the nonevolved grandmother does not die at a relatively early age, which is in itself quite remarkable because her problems have been so immense every step of the way, she may have the misfortune to find herself in a nursing home. Often these women are great sources of strength and human wisdom because they did, indeed, survive and that fact makes them extraordinary people.

HAZARDS COMMONLY ENCOUNTERED IN THERAPEUTIC WORK WITH THE MULTIPROBLEM POOR FAMILY

There are many pitfalls for those of us who would work with the multiproblem poor family. There are problems with public agencies, with the allocation of scarce resources, with politics, with graft, and with the delivery of services. Descriptions by Hoffman (1969, 1974) aptly review the frustrating complexity of these problems and how they can work against therapeutic efforts to encourage family and individual functioning. The multiproblem poor family relies upon societal support systems, and a therapist cannot help the family unless he or she is willing to get involved with social services, the health department, the schools, and the courts.

The poor family's mistrust of the professional is usually based on previous bad experience with various agencies. It is important for the therapist to understand this negative attitude, not to take it personally; to clarify expectations both negative and positive; and to be prepared to state clearly what kind of help the family can realistically expect to receive from him or her. It is important to get an idea of the family's previous experience with the helping professions and to listen sympathetically to their complaints with-

and manipulated life. Her only identity option is to be a mother; it is as a mother that she will probably live out her life. The adolescent male, because of limited job options, is a transient and peripheral figure in his heterosexual relationships. He serves a procreative function but frequently cannot go beyond that. Consequently, his identity often remains fragmentary and incomplete. In his life, he may rarely have seen adult men functioning in the parental capacity with legitimate, stable job roles.

Stage 2—The Family with Children

When a young man and woman do get together in either an unmarried or married state, the relationship is inherently unstable. They have had precious few models for stable married life, except those they see on television, which are difficult to identify with because the resources of the television families are so much more abundant than theirs. The pull of the old, more exciting single life is powerful when compared to their present circumstances of drudgery with no sense of a future that would include a steady job, a home, and children. Because of their limited resources, and because they live in a context where people are concerned for themselves only, it is extremely difficult for a couple to sustain itself as a viable unit in the context of chronic stress and difficulty.

The advent of children, with no jobs, spells trouble for the new family. What then evolves is a family pattern in which the mother obtains Aid to Dependent Children (ADC) and the father becomes the peripheral male. In this situation, another pattern that can develop is that the parents remain juvenile and do not become parental. That is, they remain primarily identified with their adolescent peer groups and avoid the adult parenting roles. Thus the functions of adult mutuality and shared responsibility for the children do not develop, and the children can be left to fend for themselves (Minuchin et al., 1967).

As this system evolves, the male becomes more peripheral and the female more central and dominant. The mother becomes the organizing force within the family. She may continue to receive ADC support by having a series of additional children both within or outside of wedlock. Therapeutic goals aimed at bolstering the self-esteem of the peripheral father miss the mark. In his adult role in society he is treated like a child so that he is hard-pressed to maintain a consistent sense of himself as an adult. The press to procreate may be bolstered by the need to insure some sense of continuity. Procreation is about the only source of continuity available to the underclass couple.

Marital instability marked by infidelity, desertion, illegitimacy, and divorce is very common and widespread among the poor. Meyer, in Chapter

4 of this book, rightly asks whether repeated marriages, postponement of marriages, living alone, or being divorced are signs of serious family and social problems or rather signs of progress and greater flexibility. Within the underclass these signs are often defined by the dominant middle class as symptoms of family dysfunction and disintegration.

When a family evolves without a husband and father consistently in the picture, the members of the family can lose rich sources of identification with the marital subsystem and the role of the father. There are data that suggest that the father may be the most important parent in the psychosexual development of the children of either sex (Hetherington, 1973). However, even if the husband/father does stay in the picture, the spouse subsystem may remain vaguely delineated or undefined (Minuchin, 1967). This is because in a context of scarcity the father's role as breadwinner will supercede any other role he might have, including that of spouse.

Husband/wife transactions are typically unfinished, vague, and unresolved. Conflictual issues that involve use of time, and money are so fluid that the couples are unable to explore, negotiate, and modify those areas of their lives. Only their parenting role seems to offer stable channels for them to focus upon. Spouse conflict appears to arise from a host of unfinished role definitions. Unfinished role definitions are roles that have not fully evolved, so that the person has *not* had the opportunity to be a child or be an adolescent prior to entering adulthood. There are gaps, inconsistencies, confusion, and uncertainty as to how these roles are carried out. This is a function of their own parents' impoverished interpersonal, social, and emotional histories. The failure to adequately define themselves in their previous roles can lead them to have an intense need to overemploy the role of the parent. The parental role becomes the role for experiencing some kind of reflected identity. Their organization around the role of being parents does offer some justification for their existence. But, in time, the children accept the idea of the male's role as useless, if not unknown. Male children are handicapped by this derogated concept of maleness and the related inability to visualize their future role in the family. The pimp, the numbers man, the dope pusher become their sources of identification and further confuse male children by equating irresponsibility and violence with masculinity. Because of the ADC economic setup, the mother soon runs the show and the father inevitably becomes highly peripheral to the family or completely disengaged.

So the mother is left with the children and soon she is overburdened. Within the context of scarcity, survival is the name of the game. Conflict, tension, and anxiety are high; cooperation is low or nonexistent. In time, the "parental child" may emerge who attempts to fill the parental vacuum that the overburdened mother has understandably abdicated. But the parental child is in an impossible situation. With inadequate skills or power,

out defending the agencies or promising what cannot be delivered. Patronizing poor families or treating them like children who cannot be expected to assume any responsibility is the most glaring pitfall of all.

Another common error with the poor is to get so quickly caught up in their presenting crisis that we neglect to take the same careful three-generational information that we routinely get on middle- and upper-class families. For most families there is an extended family (Klausner, 1978; Hill, 1977), whether in Puerto Rico, the South, Appalachia, Mexico, or even further away. No matter how remote, their existence and state of relatedness to the family is important, and no complete assessment can be made without such information. The attempt to restore these intergenerational connections and continuities when possible is vital. Krasner (1979) states that "the poor are disconnected from the past and future and so... reconstructing the familial context is the major task of therapy."

A middle-class therapist who remains ignorant of the culture and structural adaptations of the poor family and attempts to push them toward middle-class family structure and values will not help the family. This means retaining a flexible view of family (and therapy) membership; transient members of the household should be included, even if unrelated; absent fathers (there may be several) should be inquired about and possibly invited. The family should not be urged to separate physically, but rather be helped to define generational boundaries within their common household. This would be especially true of the process of role shifts for the mother, oldest daughter, and daughter's child, with the goal of effecting delineation and differentiation of role function, so that the forward thrust of the generational process can be reinstated.

The personal experience of therapists with multiproblem poor families, and their emotional reactions to such cases, also bear scrutiny. Negative stereotypes of the poor as being lazy, inadequate, and pathological tend to obscure the existence of many strengths. The clinician's own personal experience or lack of experience with poor families can lead to feelings of anxiety, avoidance, and/or guilt, or to overresponsible reactions. Therapists at times experience stagnation because they cannot justify their own affluence in the face of their client's poverty. Or poorly paid community workers may overidentify with their poor clients, thereby rendering themselves equally ineffective. Attempts to operate on the basis of guilt or "bleeding heart" will inevitably fail. A useful goal is to stay personally connected with the poor, but also to stay connected with one's own viable contextual base, which can make it possible for therapists to bridge the distance between themselves and the poor family. This means staying regular, active contact with one's own extended family, which provides continuing base for the therapist's own hope and vitality.

Perhaps the place where we are most vulnerable in our work with poor families is in our reactions to abuse and neglect of children. When we encounter a situation where the life of a child is at stake, it is not unusual to find therapists taking over, threatening and coercing the family to change its ways. This is understandable, and at times it may even be necessary. But perhaps we tend to do this more than it is really necessary for due to the high anxiety engendered in most of us when we encounter violence. If we cannot control our own anxiety, we tend to override, if not crush, the family's capacity to be responsible for, and to help, itself. We thus keep the family in a state of powerlessness. This is a critical issue and calls for a continuous effort to work *with* and not *on* the poor family.

Kapelle, Scott, and Western (1976) report that it is possible to effectively help families who abuse their children through the use of volunteer parent aids: "The aide plays the role of loving friend to the parents, visiting and being available by telephone on a twenty-four-hour basis. The aide becomes the resource always available when the loneliness, the stress, and the crisis is about to overwhelm" (p. 21). These families are invariably demanding, exhausting and difficult. It is impressive to see how these parents are enabled to change their behavior within the context of a deeply committed human relationship. Few professionals can engage in this kind of effort, and yet this kind of effort is precisely what is needed.

Finally, it is not uncommon for the therapist who deals with poor families to "burn out." One would do well to heed the advice of Beels (1976), who comments on the phenomenon of "burn out" when dealing with families who have a schizophrenic member.

The intensity of this work, the constant facing of defeat without becoming personally defeated, the finding of some way to redefine a situation to include the possibility of hope and constructive action is an exhausting personal encounter. One must be able to retreat sometimes. No one can do this work all week long or every year of his life. The working life of the staff must include times of retreat and reflection. Otherwise they get burned out—permanently turned off from too much coping." (1976, p. 281)

His remarks can be readily applied to the family therapist working with the multiproblem poor family. Staff doing this kind of work need greater flexibility and administrative support in order to function effectively.

CASE ILLUSTRATIONS

The case illustrations that follow reflect attempts to work with the multiproblem poor family. I have selected three cases to represent the three

stages of the family life cycle of the multiproblem poor family discussed in this chapter. Neither definitive nor complete, these presentations are not meant to be sterling examples of how to do effective work with poor families, but rather to illustrate the present state of the art. Each case is actually a composite in order to protect the confidentiality of the persons involved and in order to more fully illustrate some of the ideas suggested in this chapter.

Case 1. The Unattached Young Adult: Susan (See Figure 15.1)

Presenting Problems. Susan, a single twenty-eight-year-old Asian-American graduate student, was born and raised within the context of a multiproblem poor family. At the time Susan began therapy, she had been cut off from her family for over two years because all contact with them had been consistently negative and painful. The forward motion of her life had reached a standstill. The central therapeutic consideration was to see whether or not Susan could be helped to come to terms with her life experience by reconnecting herself to her family in spite of their prevailing rejecting attitude towards her. It was clear that

her continual lack of connection to them was further deepening her sense of despair, hopelessness, and futility.

Sue's initial concern was that she felt she could no longer compete academically. The pressures of competition and lack of support were getting to her. She became emotionally immobilized in class and no longer felt that she belonged in graduate school. When she had left the area where her family lived to go to school, they had been very upset with her. They labelled her as useless, self-indulgent, living the easy life, and going to school to avoid working. Thus, she attended graduate school with no emotional, social, or material support from her family. In fact, she was breaking the family's Asian tradition by not enhancing her value to the family through marriage. She was, indeed, seeking something different for her own life. After she left for school, her family did not communicate with her.

After we had established a good working relationship, I encouraged Susan to make a visit home. She was not warmly received. Her family still did not understand her academic aspirations and believed that she wanted nothing to do with them and thought of her as trying to be "different" from them. During this trip she learned that her oldest brother, Bob, whom she had not seen for five years, had moved to within 200 miles of her but had not contacted her. This increased her sense of alienation and isolation from her family. Indeed, she felt, "If I go on and get more education, I'll lose my family and my identity." But she nevertheless felt powerfully driven to continue with her education. One month after this trip home, she learned belatedly that her father was critically ill. She was upset, hurt, and furious that her family had put forth no effort to inform her. This incident reaffirmed her feeling that her family's attitude toward her had not changed in spite of her visit home.

Family Background. Sue's family lived in the poor section of town. When she was a child she lived in substandard, inadequately heated housing. Fights, stabbings, and drunks in the streets were not unusual where she lived. Her father, Mr. L., had immigrated from Asia to the United States to escape starvation in the 1920s. Sue knew nothing about his extended family except that he came from a rural farming village. He was approximately twenty years older than her mother.

Susan's mother, Mrs. L., came from a large extended family. Mrs. L.'s parents had married in the 1890s in Asia before immigrating to the United States. Mrs. L. was the fifth child of eleven siblings, all of whom were born in the United States. Only Mrs. L. had a traditionally arranged marriage. Although Susan's aunts all married Oriental men, they took an active part in selecting their mates. Eight of Mrs. L.'s sibs married, two did not. Five of them had children; as a result, Susan had fifteen first cousins. Susan's parents had nine children: two girls and seven boys. Four of the sons died in infancy. Another son, Floyd, died at age twenty-five. This left four survivors: an oldest daughter, Mary; two older sons, Bob and John; and Sue, the youngest.

When Mr. and Mrs. L. married in 1927, the United States was in the Depression and times for them were very hard. Mere survival became the overriding issue. Susan's mother never developed her own sense of what she wanted out of life. Unlike her sibs, who did quite well in school, she was a slow learner, dis-

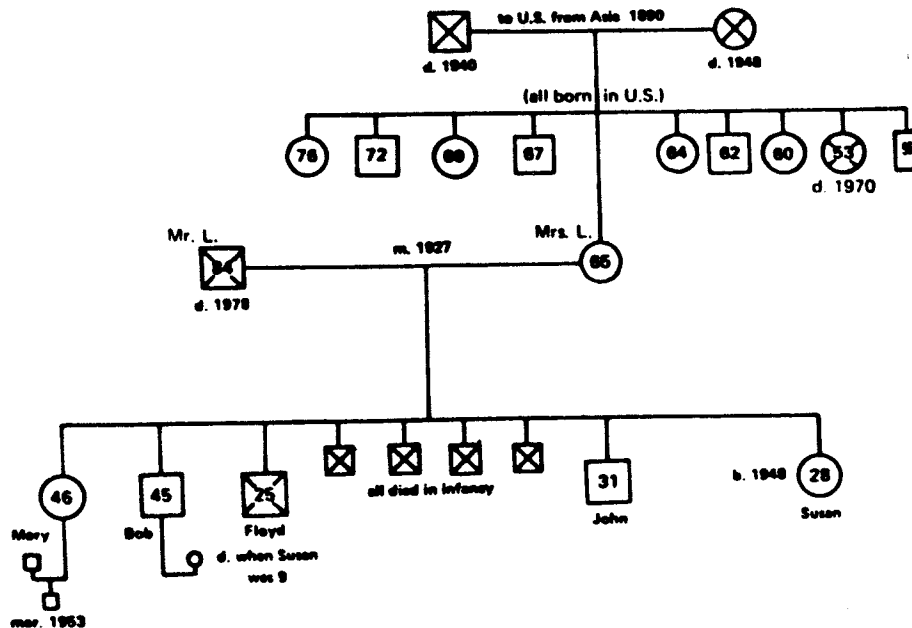


Figure 15.1.
The Unattached Young Adult: Susan

liked school, and was only able to complete the sixth grade by the time she was sixteen. When she was seventeen she married Mr. L. and apparently accepted her arranged marriage as her lot in life.

Mrs. L. was unprepared for motherhood. Floyd, her third child, was unwell at birth. He became quite ill at the time he completed first grade, and Mr. and Mrs. L. failed to secure adequate medical help for him even though Mrs. L.'s sisters urged them to do so. This led Mr. L. to cut off contact between himself and his wife's extended family. The family then went through a very difficult period, from 1933 to 1937, during which the next four sons all died in infancy.

As this period came to an end, Mrs. L.'s sisters, responding to Mrs. L.'s dire circumstances, often had her children Mary and Bob over for weekends and summers. This helped to offset their experience of deprivation and helped the family to get going again. Mary subsequently married in 1955 and left the state. Bob left home and joined the Air Force where he stayed until he retired. In 1945 John was born. Both he and Bob were valued by Mr. L. because they were male and he hoped, as is the Asian tradition, that someday they would support him. However, this never happened, probably because of the great gulf between them due to age and clash of cultural values. Floyd, who was sick with TB most of his life, was viewed as a burden to the family. Mary and Susan, as daughters, were expected to marry in the traditional way and bring a compensating dowry into the family.

Born in 1945, after the family had lost four sons, John became the recipient of overwhelming expectations to make up to his depressed parents for the loss of his four older brothers. Susan was born in 1948. Because her mother was overwhelmed, Susan's older sister Mary often cared for her. Mary was Susan's primary caretaker until Susan was six years old; at that time Mary left home. As a child Sue experienced a lot of abuse and neglect. Her barely functioning mother often witnessed John's physical and psychological abuse of Susan, but she did nothing to intervene. John often threatened to kill Susan and was often physically abusive to his father as well.

As long as Floyd was in the picture, Susan had some degree of protections. Floyd had attended first grade after a very bleak childhood. School opened a whole new, exciting world for him. He was extremely intelligent. After first grade he became ill, but the school sent teaching tutors to the home, thereby adding a critical outside resource to the family. His teachers liked him, and Floyd felt teaching was one of the most important professions one could have. Learning made his life worth living. Floyd earned his General Educational Development Certificate and although chronically ill, succeeded in getting through two years of college.

Floyd took a vital interest in Susan and taught her to read and write before she entered the first grade. Without ever verbalizing it, he taught her that education was her salvation. He held a vision for her of a different life if she made the right choices and got an education. When Susan started first grade, she was with a teacher who discriminated against her. However, another teacher, who had been Floyd's first grade teacher, had Susan placed in her class. This was a marker event, because thereafter through the eighth grade Susan was almost always at the top 10% of her class.

When Susan was nine years old, Floyd finally died of TB. Without Floyd to protect her, Sue was at the mercy of her disintegrating family. The tension escalated continuously from the time she was nine until she was fourteen. She experienced some relief when she spent weekends and some time during the summers at her maternal aunts. However, since there were several aunts involved, she could never meet their demands, and some thought her inadequate like her mother. When she was at home, her life was in a constant state of threat so that she became convinced that her family did not want her to live. On occasion, she would go to her room and totally destroy it, giving vent to her rage. Then she was told by her family that she was crazy. She had to learn to display no emotion to the family, because if she did, she was abused until she stopped crying.

At age fourteen, the family problems culminated in Susan's bringing her parents to court for abuse and neglect. They all appeared in court and testified against one another. The mother's extended family regarded Susan's family with disdain because of their poverty, fighting, violence, and general instability. The outcome of the court hearing was that her parents were declared unfit, and Susan was placed in foster care. From then until she was eighteen she lived in three foster homes, none of which was a positive experience. During this period she still managed to maintain a B average in high school. She graduated from high school and went to work as a receptionist-secretary. Her boss was supportive, advising her against an early marriage, and encouraging her to attend college. She followed his advice and worked her way through undergraduate school, where she excelled academically. During this period she had occasional contact with her family, but it was never a positive, supportive experience.

Interventions. During the initial phase of treatment, Susan began to face her past, which she had suppressed for so long. This confrontation with her history was frightening because she felt "disjointed" from it. Indeed, she felt that she had been fleeing from her past by pursuing her education. As she reexperienced it, she felt out of place, disrupted, and lost. She recollected many painful events and realized that the only point of stability that she could fall back upon was her relationship to her brother Floyd. She felt nothing else of value existed for her in her nuclear family. Within her family it appeared to be everyone for himself or herself, that individual survival was central even at the expense of other family members' lives via neglect and abuse. Along with these feelings was the dread that if she failed academically there would be no place for her to go, and yet she was finding it increasingly difficult to function in that area.

As we continued, Susan began to more fully recover her one positive family tie: Floyd. After his death, the family acted as if he had never existed, especially when Susan spoke about him. When she did, they would attack her for it. She experienced much despair, had deep feelings that she had no foundation to stand on, that she was sinking, and that suicide might be the best way out. As we continued to focus on Floyd, it became clear that his investment in her gave her the right to live and no one could take that away from her. This tie was indeed her base.

Then Susan became close friends with two other graduate students and found this to be very supportive. She was also involved with a student group and received some support there as well. But she felt intimidated in her graduate studies because she felt that she did not have the verbal fluency of her peers, which was not true.

During the next phase of therapy, we continued to work through her past. I encouraged her to write a chronology to reconstruct her history. This was useful, and over time it enabled her to recover aspects of herself by validating that these things had happened to her and that she was perceiving reality accurately. This led to a greater sense of continuity and wholeness. However, it was also a very difficult time because she often felt overwhelmed, overextended, and in danger of losing her grip. At times she would cry for hours, thus releasing the tears that until then had been blocked. She would sleep for twelve to fourteen hours many days. For several months, she went through this period of "recovery." She worked through her terror again and again. She recollected her attempts to kill herself by lying in the street when she was eight and her brother Floyd was dying.

After this period of intense work, she began to socialize again. She dressed attractively and actively took care of herself. She then decided to take a leave of absence from school for emotional and financial reasons. During the next period of "recuperation," Susan was on unemployment for eight months. We focused on completing her mourning process for Floyd. Not having done this made it difficult for her to attach herself to a love relationship. The funeral of an Asian-American male friend was the trigger event that enabled those unresolved feelings to emerge.

I suggested that Sue visit home again, even though we knew it would be a negative experience. She did visit, and it was negative; but it helped her to recover still more old unresolved feelings. She also had the support of an excellent, mature woman friend and colleague during this period who remained loyal to her through the difficult times. While home, she visited Floyd's grave and realized that it was unrealistic to expect her brother, Bob, to replace him. She saw her father, mother, brother, a cousin, and two aunts. This event represented a major shift from her previous status of being cut off from them for the previous two years. After this trip, she began to sleep better. She realized that her memories and perceptions were accurate. She knew that her family was disturbed; but her sense of the context of this previously inexplicable behavior was getting much clearer, and she was experiencing a sense of connection with her family, even though it was still negative.

She then took a job where she worked for one and a half years. During this time she discontinued therapy and reestablished her financial base. During this period her father died and again she found out about it belatedly. However, she did find out in time to prevent her father from being buried by the state. She took time off from work and made arrangements for a funeral, which was attended by several members of her mother's extended family. This experience, although unsettling, had a powerfully positive impact upon her. She discovered, acknowledged, and could accept some of these people into her life.

Currently Susan is back as a full-time student in graduate school to complete her work for an advanced degree. She has regained a positive sense of herself and is receiving emotional support from one of her uncles. In short, she is reconnected in a viable way to her extended family.

This case represents a situation in which a young woman from a multiproblem poor family was able to commit herself to long-term therapeutic work on the many problems she faced regarding her family background. Her life was not able to move forward until this work had been done. Susan had unusual strength and motivation to resist the destructive forces in her family and to come to terms with many painful experiences. Her story is illustrative of the many issues that emerge as one works within a family life cycle perspective with the unattached young adult from a multiproblem poor family. It shows the kind of effort that is called for to reclaim a life that otherwise might have been lost.

Case 2. The Family with Young Children; the Jones Family (See Figure 15.2)

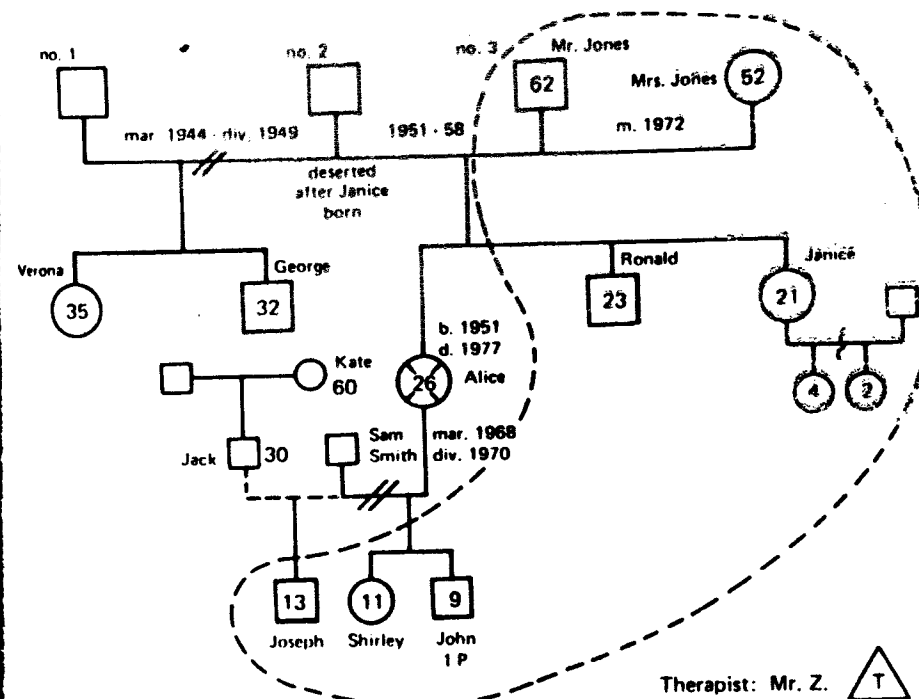


Figure 15.2.
The Family with Young Children: The Jones-Smith Family

did not seem to see much need to take more responsibility for herself and her children, but the discussion did lead to the topic of Alice's death.

The family reviewed the period before and after Alice's death. The children talked a little about memories they had of her. The last part of the session was spent with Mrs. Jones, alone, to continue to build an alliance with her. In this segment of the interview she was much more openly expressive about her conflicting feelings toward her deceased daughter. She stated that she did not like to talk about Alice in front of the children. It upset her to think about what Alice had put her children through, because she was always drinking or taking drugs. Mrs. Jones feared that their experiences with Alice might have given the children emotional problems. She was especially concerned about John, who found his mother after she died and apparently had never been able to cry about his mother's death.

In the next session, all the children seemed somewhat brighter, although the family could find no explanation for this. Mrs. Jones noted that John for the first time had asked a question about his mother. This session was followed by additional family sessions over many months, interrupted by missed appointments. John's behavior improved in school; and Shirley, who had been stealing from Mrs. Jones, and lying, stopped both activities. Attempts to deal with Janice's responsibilities for her life and for her children were unsuccessful.

A followup contact one year later revealed that Janice had moved out of Mrs. Jones's home to live with a new boyfriend. Mrs. Jones had several additional sessions for herself. In them she talked about her various problems and her ambivalence about staying married. She decided to stay in the marriage and appeared to have come to terms with it although it was not satisfying. Her son Ronald was in jail again for breaking and entering, but the three grandchildren were doing relatively well.

This case illustrates that when a family therapist works with a multiproblem poor family, he or she must seek to activate both external and internal sources of familial support. When there are not enough resources within the family to enable them to deal with all their developmental needs, mobilizing outside support is important. In this case the school, Joseph's paternal grandmother, and, finally, Joseph's therapist, provided the extra supports the family really needed. As John and Shirley continue to develop, it would be useful to make attempts to enable them to reconnect with their father, Sam, and his extended family. This would give them additional familial connections and hopefully additional permanent sources of emotional support.

It is also important to note that when the family has limited resources, they cannot make the changes that are available to their middle-class counterparts. For example, it turned out that a major reason Mrs. Jones decided to stay with her husband even though she was dissatisfied was because he was able to provide some financial assistance by means of his disability income. Again, because of Janice's limited resources, Mrs. Jones did not feel she could ask Janice and her children to leave after they moved into her home. It was also apparent that the negative life course Ronald was on was something Mrs. Jones felt powerless to influence. Dealing fully with both Janice's and Ronald's situations would have required commitment by the family as well as a substantial additional ef-

fort on the part of the therapist and the clinic's staff. Nevertheless, the flexible contract that Mr. Z. worked out with the family, along with the time he spent in negotiating other outside supports for the family, was probably crucial to the successes that were achieved in this case.

Three of Mrs. Jones's children (Alice, Ronald, and Janice) were unable to work out ways to function adequately by the time they had reached their twenties. This fact only compounded Mrs. Jones's difficulties as she attempted to cope not only with them but with her grandchildren as well. The three generations were unable to separate themselves from each other adequately enough so that each generation could assume its proper role and role responsibilities. Hopefully, as time goes on other interventions with this family may become possible. Stress lies ahead as the grandchildren are now approaching adolescence and the separating and launching stage of their own lives. When this occurs, further linkages for Joseph with his father's family of origin and further linkages for Shirley and John with their father's family of origin could provide them with critical ongoing support and help them to make the transition more successfully than their mother, aunt, and uncle.

Case 3. The Family in Later Life: The Arnold Family (See Figure 15.3)

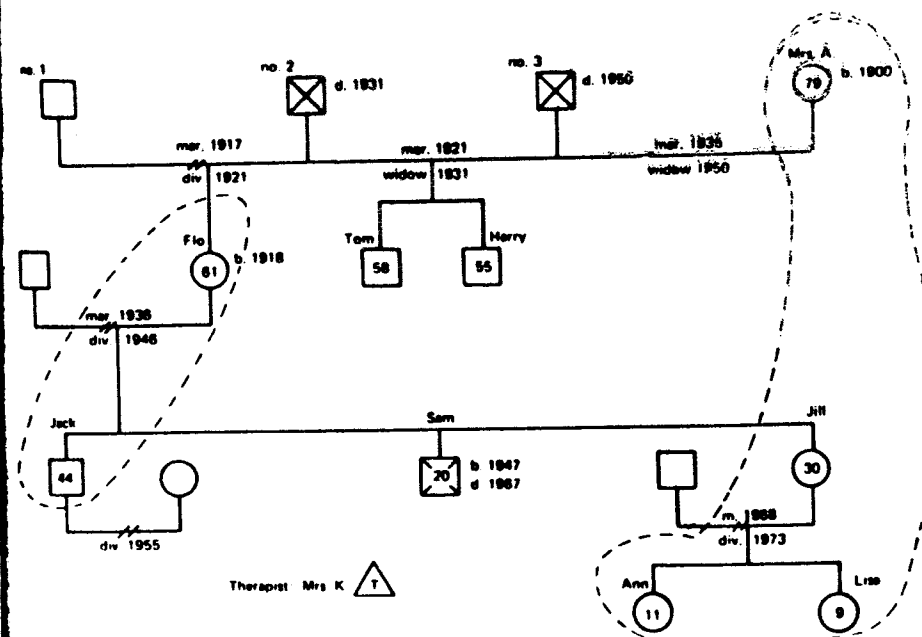


Figure 15.3.
The Family in Older Age: The Arnold Family

Presenting Problems. Mrs. Jones was referred to the clinic by the school because John, her nine-year-old grandson, was a behavior problem. He was hyperactive, did not do his school work, and disrupted his classmates. Mrs. Jones was asked to bring everyone living in the home to the first interview. However, only she and her three grandchildren, Joseph, thirteen, Shirley, eleven, and John, nine, appeared. During the initial interview the children appeared quiet and rather depressed. Joseph played the role of the typical parental child, answering for his brother and sister and reprimanding them if they moved. They seemed to turn to him for permission or cues about the situation.

Mrs. Jones appeared depressed and overburdened. She stated that Joseph, Shirley, and John were the children of her daughter Alice, who had died two years ago of a drug overdose. Since then the children had been living with her and her husband. Mr. Jones did not come to the interview because his health was poor and he didn't believe in going to clinics. Mrs. Jones handled most of the family's responsibilities. She worked in a factory and also had her two youngest children living with her. Ronald, aged twenty-three, was unemployed and had recently been released from jail after being convicted for breaking and entering. Her youngest child, Janice, twenty-one, had just left her boyfriend because he was drinking and abusing her. Janice moved home with her two daughters. She did not attend the session because she had gone to visit Mrs. Jones's oldest daughter Verona, thirty-five, who lived nearby.

Mrs. Jones felt that the school referral with regard to John's behavior was yet another burden for her to bear. This only added more stress to the trouble she was having with Ronald, who was not yet supporting himself, and the return of Janice with her two children. Mrs. Jones did not see her husband as a resource. When pushed, she stated that she was not sure she wanted him included even if he would come, because the marriage was not going well and she was thinking about separating.

She went on to say that she was tired of raising children. While she felt sorry for her grandchildren, she also had much unresolved anger toward her deceased daughter, Alice. The therapist, Mr. Z., felt that these feelings merited attention but as yet had not been dealt with. Mrs. Jones tended to rely upon her oldest grandson, Joseph, who acted in a pseudomature manner. The burden this placed upon him was reflected by the fact that he had no friends or activities of his own.

Family Background. Mrs. Jones, who is fifty-two, was first married in 1944. She had two children from this marriage: Verona and George. She and her first husband were divorced in 1949 after five years of marriage. She remarried in 1954 and had three more children: Alice, Ronald, and Janice. Her second husband deserted after Janice was born. Mrs. Jones remarried fourteen years later, in 1972, when Janice was entering adolescence. Mrs. Jones's grandson Joseph was Alice's firstborn by her boyfriend, Jack. After Joseph was born, his father left the area but Joseph's paternal grandmother, Kate, maintained occasional contact with him.

Alice married Sam in 1968, and from this union Shirley, eleven, and John, nine, were born. Sam and Alice were divorced in 1970, shortly after John's birth. Since the divorce the children have had only occasional contact with their fa-

ther. Alice died of a drug overdose in 1977; and it was quite apparent that this issue had not been dealt with by the children at all.

Given this configuration it was not surprising that John, who was essentially cut off from his father and his father's family, who had lost his mother and whose grandmother was overburdened by her many responsibilities, showed the family's stress in his poor school behavior.

Interventions. The first goal in treatment was to ally with Mrs. Jones and to help her to cope with her overwhelming situation. It was very clear that it would be very difficult to mobilize any family resources immediately on John's behalf. The initial plan focused upon trying to form an alliance with the school to get special help for John. The therapist, Mr. Z., explained that he was very interested in helping Mrs. Jones and did not want to add to her burden.

Negotiating for the needed inputs from the other systems was no easy matter. Mr. Z. learned that John's school was located in a poor urban setting. It was full of frustrated teachers, an overwhelmed administration, and children who were not learning. Initially, the administration felt the clinic was trying to "dump" the problem back onto the school. Strong efforts had to be made to get the opportunity to work directly with John's teacher. Mr. Z. hoped that if he could support John's teacher, she might be able to help John. Once the administrative anxieties were dealt with, the teacher turned out to be quite willing to accept help in dealing with John. This was especially true after Mr. Z. explained to her how concerned he was to help her with John, since the family situation just did not seem capable of giving John the special help he needed. A special evaluation was made of John's learning problems, which resulted in his being assigned a teacher's aide for attention on a regular basis. This attention was directly related to an improvement in his school performance.

Mr. Z. then turned his attention to Joseph, who in his role as the parental child was unable to develop his own friendships. Mr. Z. expressed concern about Joseph's social isolation and suggested a "big brother" for him. Mrs. Jones liked the idea. These efforts failed to materialize. However, six months later a young male staff member was hired by the clinic to work with adolescents, so that Joseph was then seen by him for individual therapy, and later he participated in a group. In addition, a session was held with Joseph's grandmother, his father's mother, Kate. She was quite interested in Joseph and his education. Subsequently, her contacts with Joseph were encouraged and supported by Mrs. Jones.

After the initial session, Mr. Z. asked Mrs. Jones to bring in her other children in order to secure a fuller evaluation of the family. The second session included Mrs. Jones, her son Ronald, her daughter Janice, and Janice's two children, as well as the three grandchildren. Ronald seemed quite interested in his deceased sister's three children. However, he kept missing subsequent sessions; so the work with him did not continue.

Janice seemed unconcerned about managing her children during the interview. Instead, Mrs. Jones took over and did not seem to expect Janice to handle them. Mr. Z. addressed Janice directly about her plans for herself and her two children, connecting this topic to his concern about Mrs. Jones's health. Janice

Presenting Problems. Mrs. Arnold, seventy-nine, once divorced and twice widowed great-grandmother, was referred to the family service agency by her public health nurse. Since she was confined to a wheelchair after having had a stroke, it was necessary for the therapist to work with her at home. During her convalescence, Mrs. Arnold was visited by the public health nurse and a nurse's aide. They helped her to recover from the stroke, and also to quit drinking. However, it was apparent that she was having family problems with her great-granddaughters, Ann and Lisa, both of whom lived in her household.

Mrs. Arnold owns her own one-bedroom home, which is constantly crowded. The house requires a lot of fuel to keep it warm in the winter. Mrs. Arnold marginally supports herself by means of social security and some disability income. Although she manages quite well, any unexpected expense can put the family in financial stress. By arrangement with Jill, her granddaughter, Mrs. Arnold takes care of Ann and Lisa while Jill works. Jill works full-time for the minimum wage, and is supposed to contribute financially but usually doesn't. This leads to conflict between Mrs. Arnold and Jill, with Mrs. Arnold threatening to stop caring for the children and Jill spending most of her free time drinking with her friends at the bar. This leaves Mrs. Arnold feeling overburdened and enraged because Jill won't assume more responsibility.

Family Background. During the initial interviews with Mrs. Arnold, the family therapist, Mrs. Kaye, learned that Mrs. Arnold had been married three times. She was first married in 1917 when she was seventeen years old. Her only child, Flo, was born in 1918. In 1921, she divorced her first husband after four years of marriage, stating that they were just too immature. The next year she married her second husband. This union lasted nine years, until he died in 1931. Her second husband was a stable figure who worked on a regular basis. During the time when Flo was between the ages of four and nine she was raised with her two stepbrothers, Tom and Harry, who were three and six years younger than she. In 1935 when Flo was seventeen years old, Mrs. Arnold married her third and last husband.

About one year later Flo married Don. They had three children, Jack, Sam, and Jill, who now live with their grandmother, Mrs. Arnold. Flo and Don divorced after ten years of marriage, in 1946. Sam died of heart failure when he was twenty. Jack divorced after ten years of marriage, and now lives with his mother, who has a drinking problem. Jill married when she was nineteen, had the two great granddaughters, Ann and Lisa, and then divorced in 1971 after six years of marriage. For awhile, she lived on ADC as a single parent, but was unable to manage the children and a job. For a while, the children were placed in foster care until they were subsequently placed with Mrs. Arnold, where they have remained for the past four and a half years.

Mrs. Arnold and Flo, her only child, have never gotten along well together. The same is true of Flo's relationship to Jill, her daughter. This pattern has carried into the fourth generation in that Jill has relatively little to do with her own girls, Ann and Lisa. As Mrs. Kaye reviewed the family history, it became apparent that because of Mrs. Arnold's three marriages, Flo had been intermittently close to Mrs. Arnold when Mrs. Arnold was divorced or widowed, only to be ex-

cluded each time she remarried. It seemed that Flo attempted to cope with this by marrying at about the same age her mother did, shortly after her mother's third marriage. Flo's marriage finally did not work, but she developed an intense attachment to her son, Jack, which appeared to have been a central factor in his own marriage ending in divorce. Since Jack was his mother's favorite, Jill always felt that she got a "raw deal" from her mother because her mother always "did" for Jack but not for her.

Interventions. As Mrs. Kaye reviewed this material it was apparent that this family was having difficulty in being able to effect adequate parent-child relationships and adult-to-adult relationships across the generations. Since Mrs. Arnold would soon be eighty years old and was confined to a wheelchair, she was less and less able to cope adequately with her granddaughter Jill and her children. The almost total absence of any active male in this family was striking. In this sense, the family was shrinking, and the women were unable to differentiate their respective generational roles with each other. The central parenting figure had always been Mrs. Arnold while Flo, aged sixty-one, and Jill, aged thirty, had assumed relatively little of the parental responsibility. Since Mrs. Arnold's ability to cope was decreasing, it seemed strategic to try to activate the involvement of both Flo and Jill to do more and to help Mrs. Arnold do less.

The initial step in this process was to form a strong alliance with Mrs. Arnold, who was clearly the dominant force in the family. Mrs. Kaye accomplished this by getting a ramp built for Mrs. Arnold at her home. The next step was to involve Flo in the meetings with Mrs. Arnold so as to try to redefine that primary relationship. This step, forty years late, was very difficult to achieve. Initially, all efforts on the part of Mrs. Arnold and Mrs. Kaye to reach Flo failed. After repeated efforts, however, they succeeded in meeting with Flo at Mrs. Arnold's home on a fairly regular basis. These initial meetings were rather tense, as Mrs. Arnold and Flo began to relate to each other very hesitantly after such a long absence of any contact between them. They spent a great deal of time reviewing their history, focusing on the three men who had been husbands and fathers, the loss of these men through divorce or death, and its effect upon them both.

After this process was under way and it became apparent that Mrs. Arnold and Flo were having a positive experience with each other, Mrs. Kaye encouraged Flo to move toward her daughter, Jill. This, too, was a difficult long-term project. However, this effort was aided by the success of Flo's work with her mother, Mrs. Arnold. It gave her a sense of the possibilities that could exist in a relationship for her and Jill. Understandably, Jill was guarded and suspicious and initially unresponsive. But in time she responded and began to address her relationship to her mother in sessions that included Jill, Flo, and Mrs. Kaye at Mrs. Arnold's house.

The last step was for Mrs. Kaye to bring all three women together to help Mrs. Arnold, Flo, and Jill to further differentiate their respective roles with respect to each other and to further solidify and integrate the gains they had made. These sessions were not without difficulty. Again, it was a slow process but a very worthwhile process: as Flo and Jill worked out their issues with their mothers, they were more able to be effective mothers to their daughters. When this

happened, Mrs. Arnold began to let go of some of her responsibility for Ann and Lisa. Flo, who was not working, picked up more responsibilities for grandparenting Jill's children. Meanwhile, Jill began to take a more active interest in her children. As these intergenerational changes began to affect the family system, growth in all the relationships was seen.

Currently, Mrs. Kaye meets on a monthly basis with Mrs. Arnold, Flo, and Jill. These meetings continue to be useful and productive. On occasion, Ann and Lisa are included in this process. All of them are now functioning at an adequate level. Mrs. Kaye plans to taper off her involvement with the family, but plans to be available when needed.

This case illustrates the problems, challenges, and dilemmas of the family therapist facing a family crisis brought about by the disability of a nonevolved grandmother. The issues of blurred generational boundaries and the need to address them before the mothers and daughters can assume effective responsibility for their own children is apparent. If this can be done, the momentum of the crossgenerational process can be reactivated as the parenting role is once again handed on from one generation to another.

CONCLUDING REMARKS

My goals in this chapter were to briefly survey the literature on the sociology of the poor; to review models of the family and methods of assessing and intervening with the multiproblem poor family; to describe the family life cycle of the underclass poor family; to discuss the hazards commonly encountered in therapeutic work with these families; and to present case studies that illustrated therapeutic work at each stage of the poor family's life cycle.

Three stages of the multiproblem poor family's life were described: the unattached young adult, the family with children, and the family in later life. In the development of these ideas and their applications, four factors emerged repeatedly which bear on this work: the three generational family system structure as a resource model; the process of reconnecting with that resource; the universality of the unresolved family relationship issues that play themselves out in all families whether they are affluent or poor; and the critical need to consider the contextual factors of the poor family.

Margaret Mead (1978) states that "It is true that the continuity of all cultures depends upon the living presence of at least three generations" (p. 14). Minuchin and his coworkers (1967) also noted that those families who arrive in a new context with an intact three-generational family system function well, whereas those that do not arrive with an intact three-generational family system often function poorly. These findings suggest that where there is an absence of an intact three-generational family system structure, that family's organization and function are at risk. For the multiproblem poor family described in this chapter, that risk is fully realized.

The fundamental importance of enabling families to reestablish and to reactivate their family ties to each other cannot be overemphasized. This process is vital in helping a family restore its growth and use its own resources. We are beginning to learn how to do this, but there is yet much to be developed in this area. Although this process of reconnection and revitalization of family ties may be most clear in the case of Susan, the other two cases illustrate that reconnection is a constant issue that has to be addressed diligently. Persistent focus upon reconnection does yield handsome returns in actualizing latent and untapped family resources.

This chapter and the case studies suggest that multiproblem poor families have to contend with unresolved family relationship issues as well as with many external reality problems. The relationship issues include legacies of crossgenerational injury, hurt, destruction of mutual trust, and split family loyalties. These issues must be addressed within a context of fairness and multilateral relational dialogues between family members.

The importance of considering the nature of the particular context in which the poor family lives has, I hope, been adequately documented and illustrated. It is in this area that we need to learn much more in order to fully understand and effectively help the multiproblem poor family. The powerful impact of the context made an indelible impression upon me when I was a foster child. I shall never forget the incredible transformation that occurred in one of my foster brothers after he lived with us for several months. He was about eight years old when he came to our house. In his previous foster home setting, he had been kept locked in the basement and given only food on a regular basis. He had been severely neglected. When the foster care agency discovered his status, he was sent to a summer camp. When he arrived at our foster home he was still quite retarded socially, intellectually, and emotionally. But as the weeks went by, he responded to our efforts to reach, teach, and train him. At the end of three months, he had learned to laugh, to eat with utensils, to ride a bike, to box, and to talk much more effectively. He was by no means fully caught up developmentally, but the changed context of our foster home certainly had a tremendously positive impact upon him.

If this can be the case for persons, it can also be true for families. This is not to say that the problems of the multiproblem poor family can be solved by uprooting them and putting them in better housing. If such moves are made, particular attention must be paid to the specificities of the families' social community network. Here the work of Speck (1973) with familial and social community networks is especially relevant and helpful. In an earlier book, Speck (1972) emphasizes the fact that we are in an increasingly pluralistic society and rather than attempting to get all families to conform to the middle-class form of the family, we have to be able to accept and tolerate a range of family structures, rather than label differences as deviant. His point is well taken.

Ramirez (1978) in his review of the factors that affect the utilization of mental health services, notes that:

Knowledge of how people actually deal with personal and family crises and collective problems outside the purview of professional agencies is vital. There is the probability that our present strategies of professionalizing and institutionalizing every problem may cause damage to those natural systems and in the long run exacerbate rather than better our situation. The professionalization and institutionalization of problems which remove people from the natural setting may provide for temporary relief, but it also depletes a community of experience and resources for dealing with this and similar problems in the future. My argument is that in bypassing existing helping structures (or failing to create them with the people) we may systematically lower the adaptive capacity of many human populations and weaken those indigenous resources which in times of crisis may be the only ones available and operative. (1978, pp. 58-59)

Cayo-Sexton (1966) points to the need for large numbers of volunteers who are willing to personally involve themselves in the lives of the poor. She calls for individual initiative, group initiative, and political initiative. She recognizes that ultimately no basic, enduring contextual changes will occur unless there is major change in federal economic policy that would include planned economic growth, the creation of skilled and unskilled jobs, and the "redistribution of wealth so that the poor may get their just share of the nation's resources" (p. 193). She also asserts that the poor must be given a sense that they "can, through their own initiative (and political action), affect the world around them," and "that they can, through solidarity with others, organize to alter successfully their environment" (p. 195).

Finally, we have to acknowledge that the poor have been unjustly treated historically, and that the affluent have isolated themselves from the lives of the poor. It is clear that for the poor to have the experience of solidarity with others, both they and the affluent must be committed to the values of justice, fairness, and compassion. This would take time to develop because the poor have been so unjustly treated and the affluent have so cut themselves off from the lives of the poor. However, the poor and the affluent need to work with each other in mutually cooperative ways in order to realize their human potential. Their mutual effort must be grounded in a base of mutual trust that can only emerge within the context of long-term commitments. I can think of no greater challenge to those of us who continue to be concerned about the multiproblem poor family.

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