FAMILY PROCESS

Cultural, Gender, and Socioeconomic Contexts in Therapeutic and Social Policy Work

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The contention of this paper is that the context of social and therapeutic problems is critical to their resolution, and that many of them stem from historical and structural injustice. It focuses on the contextual issues of cultural, gender, and socioeconomic equity as providing important insights into authentic notions of social inclusion and well-being, and encourages therapists, service providers, researchers, and policy makers to take responsibility to ensure that these injustices are addressed, and become part of the public discourse about the sources and solutions of endemic social problems. Critique and deconstruction of institutional power in our public, private, and voluntary services is encouraged in a manner that honors diversity and enables sensitive therapy, other forms of service delivery and policy making that genuinely reflect the range of cultural, gender, and socioeconomic experiences of citizens.

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CRITICAL CONTEXTS

''Context'' in this instance refers to the impact and ongoing influence of the lived experience of people from their earliest, given relationships to their mature choices and expressions of culture, gender, and to a lesser extent socioeconomic positioning.

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We learn to value certain ways of acting in the world over others through the primary expressions of care that impart culture, socioeconomic status, and gendered cues. Words take on specific meaning, and words with associated emotions and body cues amplify that meaning. In our homes we learn the behaviors that are accepted and welcomed and those that we soon consider to be shameful. We learn to interact and communicate through explanations and modeling from the intimate group we are born into or placed in. Our sense of security, predictability, and order stems from our cultured and gendered experience of belonging, and is also influenced by the socioeconomic position through which we express it. Socioeconomic status in modern democracies is more fluid than it used to be, and changes for some people during the course of their lifetime.

Think for a moment of the notion of family, and recall what families pass on directly through their guidance and instruction, and indirectly through their demeanor and interactions with others. Families provide a structure for intimacy, a safe place to be nurtured, grow, and learn. It has to be said, unfortunately, that although safety is the norm in all our cultures, it is not always guaranteed. Families can vary from two people living in the same house to large extended families living in different households. From families we learn the basis of gender identification and role expectations. We are taught the finer points of social interaction that involve values and expectations such as reciprocity, mutuality, sensitivity, boundaries, and the plethora of unwritten rules of communication (Love, 2000; Sue & Sue, 1990; Tamasese, Peteru, Waldegrave, & Bush, 2005). Families are the foundational purveyors of cultural mores, gendered expectations, and broad socioeconomic standing. They provide a critical entry point to society and a preparation for broader social interaction with other families who have similar underlying values. The collectivity of these in a region inherit and pass on what we refer to as culture.

Within cultures particular meanings are accorded to certain events and physical entities. We may wear certain clothing, acknowledge certain types of people, and express particular rituals. Each of these actions has ordinary or sacred meaning in a particular culture. A monetary gift or a formal acknowledgement in front of peers, a glass of wine or a tea ceremony, a diamond in Europe or a fine mat in the Pacific, a cross in Christendom or a crescent in Islam, gatherings of women or activities with children, each take on special significance.

BELONGING

Our sense of belonging is very closely tied to our participation in all these processes, most of which we have had very little choice over until late adolescence and adulthood. Whatever our sense of self-determination may be, much of it was shaped by the generations before us and our interactions in the culture or cultures in which we were brought up. Our heritage creates meaning and accords status. It creates a space among others, where we are recognized and where certain expectations are justified by those around us.

This sense of belonging runs very deep for human beings. It provides the basis for primary loyalties, social networks, and social behavior. This is not static, of course; each generation is influenced by developments and change. Nevertheless, it is the persistence of the significance of this identity through generations, and its power to explain and create meaning for people, that suggests it would be very wise to respect

and honor it (Bush, Collings, Tamasese, & Waldegrave, 2005; Waldegrave, Tamasese, Tuhaka, & Campbell, 2003).

This persistence of multigenerational identity raises serious questions about modern notions of subordinating particular cultural and gendered ways of doing things to a more commodified, globalized, and universalized approach. This is not to suggest that there is no place for globalization or common practices and laws across cultures. There is much to be gained, for example, from common laws and practices, the free flow of people and ideas and international trade. It is rather to suggest that the ''melting pot'' idea of universalizing policy and institutions has taken an excessively one-dimensional approach, within and between countries, that has seriously marginalized large groups of people in inequitable ways.

DISTINCT CULTURAL MORES AND UNIVERSAL STEREOTYPES

Despite our knowledge of the complexities of biological and social inheritance, policy development and services for families are frequently based on universal stereotypes. Western cultures, for example, tend to favor notions of individual self-determination over extended family or collective notions of self-determination. They primarily focus, for example, on individuals within disadvantaged ethnic communities succeeding rather than the community as a group succeeding. As a consequence most theories of counseling, psychotherapy, and clinical psychology posit individual self-worth, in one form or another, as the primary goal of therapy (Owusu-Bempah & Howitt, 2000; Sampson, 1993; Sue & Sue, 1990). That is because destiny, responsibility, legitimacy, and even human rights are essentially individual concepts in most Western cultures. It follows that concepts of self, individual assertiveness, and fulfillment are central to most of these therapies.

However, for many of the cultural communities within Western countries, and for most cultures internationally, collective notions of family and groups of families' well-being are favored over individual ones. If, for example, you come from a communal or extended family culture to some form of therapy because of traumatic experiences you may have endured, questions that encourage individual family members to expose their personal feelings with no regard to the family's cultural sense of order, may be inappropriate and even alienating. Likewise notions of self-assertion, common in many Western therapies, may be experienced as confusing and unhelpful. They can crudely crash through the sensitivities in communal-based and extended family cultures. Among individually based cultures, such questions can be quite appropriate. Outside these cultures, however, the questions are often experienced as intrusive and rude. They can rupture cooperative sensitivities among people, and destroy the essential framework for meaning that should be drawn upon for healing.

It is important not to exaggerate notions of individualism as being dichotomous with collective concepts. The welfare state in most English-speaking democracies expresses strong notions of collective responsibility, but not as strong as those of most Continental European countries (Esping-Andersen, 1996). Most Western cultures also have collective notions of family, but shared obligations and resources among extended family members tend to be weaker than in other cultures. Nevertheless, individualistic concepts are often powerfully embedded in the assumptions, constructs, and policies in Western countries.

This does not mean that individualistic concepts are better or worse than collective or family concepts. Rather, it is to suggest that they are different. There should be room for both. There should even be room for contradictions, as some will hold, for example, a strong collective sense of family and at the same time be resolute about their commitment to their individual self-determination.

The homage to the primacy of the individual has deep philosophical roots in the West as a whole (Tawney, 1926; Weber, 1905), with particular potency in the English-speaking world. It is so much a part of the culture that the notion has since been frequently purveyed uncritically through social science literature (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Maslow, 1970).

PUBLIC POLICY AND SERVICE DELIVERY

Public policy settings can also have their own biases that become enshrined in law. The adversarial approach to child protection in English-speaking countries, like the United Kingdom, the United States, Canada, Australia, and New Zealand, is an example. These approaches, which focus primarily on the individual rights of a child ahead of those of their family, are being seriously questioned today (Allen Consulting Group, 2003; Cameron & Freymond, 2003; Connolly, 2004; Cooper, Baistow, Hetherington, Pitts, & Spriggs, 1995). The adversarial approach focuses less on early intervention and concentrates more on the legal assessment of guilt or innocence in the name of the child's safety, often at the expense of family relationships, with different legal counsel pulling family members in different directions. In many instances, legal issues predominate, and the services for families that would help them become safe are simply not provided, or are provided inadequately.

Mainstream social science approaches are largely modernist and draw heavily on the supposed objectivity of social science theory and research. They often claim to produce knowledge that is neutral, unbiased, and independent of vested interests. More particularly, they frequently claim to produce knowledge that is robust and verifiable. There are some indications that this is changing under the influence of postmodernism (Derrida, 1973; Foucault, 1972) and reflexive modernization (Beck, Giddens, & Lash, 1994), but modernist epistemology is still the basis of many of the evidence-based claims of the social sciences.

The knowledge, however, frequently privileges certain values like individual self-determination and secularism, even though many cultures value a more collective notion of self and consider spirituality to be an essential part of their sense of well-being. Alternative knowledge and plurality for those whose values are different is often minimized or ignored. In this manner, the distinctiveness of other cultures is made in a sense invisible, and is not recognized (Taylor, 1994).

Services for families and family policies are devised within this ideological context. Health and therapeutic services assume a primarily individualistic approach, and policy settings cater to the same values as though they were objective and robust. The ''experiences of belonging'' of those who are not part of the mainstream cultural group are usually denied. The critical contexts of meaning for those who are different are largely, although not entirely, overlooked. The assumptions of the dominant culture generally prevail, and those who are dissimilar are expected to adjust to the mainstream, or to translate the processes into their own cultural milieu.

A strange world of universalized therapeutic and policy prescriptions emerges in such a context. In a therapeutic setting, for example, families, whose traditions of meaning and ways of doing things may be centuries old, are often co-opted into the world and constructions of the therapist or counselor. The metaphors of the families' culture are usually absent. So too are its rituals. The intimacy of the culture is absent, as are its significant meanings. And this happens when the families are in very vulnerable states, which is why they are seeking therapeutic help in the first place.

The consequences of this universalized mono-cultural approach, as it works its way through our social and economic systems, are all too apparent. Within countries like the United Kingdom (Office for National Statistics, 2005), the United States, Canada, Australia, and New Zealand (Ministry of Social Development, 2006), they manifest themselves in the statistical measurement of outcomes. The social, educational, health, and economic indicator results for many immigrant and indigenous people are consistently poorer than for the mainstream. This strongly suggests that most immigrant and indigenous cultures approach learning, socialization, and economic activity from different perspectives than the mainstream, and educational and other systems disadvantage them, while favoring those more in tune with the mainstream.

HONORING CULTURAL DIFFERENCE: FAMILY GROUP CONFERENCES

Instead of continually co-opting cultural groups to perceived universal wisdom, it would be refreshing to see services and policies delivered for them on their own terms. This does happen in rare contradictions to the norm (McKenzie & Flette, 2003), and largely outside the mainstream. It would be even more enlightening if high-quality non-Western approaches were given consideration when addressing some of our enduring social problems. This has happened in New Zealand, where ''Family Group Conferencing'' (FGC) was introduced to help address the problems of a failing child protection system (Connolly, 2006; Pakura, 2005).

It was developed from an indigenous Maori process. Its roots do not come from the Anglo-American tradition that the rest of the child protection system does. The FGC process has received widespread international acclaim and is now widely practiced in many countries in Europe and North America (Burford and Hudson, 2000; Wachtel, 2007).

The FGC was designed to empower families to resolve the majority of their family welfare and justice problems through their extended family members. It was developed and advocated by Maori and Pacific welfare workers and advocates during the 1980s, as a result of their disillusionment with the welfare system that was removing many of their children from their families. The traditional whanau hui (Maori extended family meeting) became the model for the FGCs. When it began, resources were available to ensure critical kin members who lived in other places could attend. They were also supported to follow through on family decisions, be they further educational tutoring, counseling, sports, music, and so on. The FGC model was introduced for children, young people, and their families of all cultures. Many Pakeha (White New Zealanders) also benefited from the extended family approach.

The first two principles in the Act state that:

> wherever possible, a child's or young person's family, whanau, hapu, iwi,[1] and family group should participate in the making of decisions affecting that child or young person, and ac-

> cordingly that, wherever possible, regard should be had to the views of that family, whanau, hapu, iwi, and family group. And secondly wherever possible, the relationship between a child or young person and his or her family, whanau, hapu, iwi and family group should be maintained and strengthened. (Children Young Persons and their Families Act, 1989)

The philosophy behind the FGC is focused on strengthening and empowering the family to work through their problems and create safe places for children. This runs contrary to the main philosophy behind the New Zealand child protection system, which is focused more on detection than rehabilitation, within a predominantly adversarial legal system.

Interestingly, the FGC contains elements that are common to the more collective family services approach of Continental Europe. These include the primacy of children remaining within their families and living within their kinship groups wherever possible. In fact, the FGC, with its emphasis on the placement of children ''at risk'' within the extended family, offers more options and flexibility in terms of safety than the European model. Secondly, the FGC is an intermediate structure that can be called early on in child protection cases without having to amass legally admissible evidence. Thirdly, it encourages a consensual process rather than a conflictual one. And fourthly, when it is competently facilitated and responsibly followed up, it enables problem solving and preventive strategies that have been agreed to by the family, to be planned and acted on early in the process. Even in situations where court proceedings ensue, the FGC can be called and important decisions agreed to before and during legal proceedings.

In this example, we can note that a process whose roots and philosophy lay in the indigenous Maori community was adopted in law and has become mainstream. It began after a break in relationship between the child welfare services and the Maori and Pacific communities who objected to the forced removal of their children. A model was adopted with its roots in the indigenous community and their deep sense of belonging in an extended family structure.

Ministry and Maori specialists in FGCs have taken this model throughout Europe and North America. It has proven to be very successful in a range of jurisdictions, because it empowers families and is contextualized within their sense of belonging. It is well recognized that it originated in indigenous Aotearoa,[2] New Zealand. It is an illustration of what can be gained when the relationship between an indigenous culture and other cultures in a country are authentic, generous, and open to each other.

If we accept the thesis that a primary expression of belonging among human beings has its source in their cultural heritage, then it follows that we should be encouraging a diverse approach to theory, research, and practice, rather than imposing a universalized approach on our institutions and processes.

Furthermore, we could encourage cultural capability building in the social and economic spheres. This would entail setting aside resources for cultural groups or cultural sections in organizations to explore or be tutored in their cultural processes for approaching the sort of problems and issues they are required to address in their working situations, and to develop working models that take these practices into ac-

[1] Maori words inserted into the Act. Whanau refers to extended family, hapu to subtribe, and iwi to tribe.

[2] Aotearoa is the most accepted and widely known Maori name for New Zealand.

count. Cultural capability building could also entail special support, facilitating skill development and enhancing relevant networks. This, in turn, could lead to the development of new knowledge and different paradigms.

It is apparent from this analysis that the adoption by many countries of mainstream Western paradigms as the model for most institutions, and the resulting marginalization of other cultural modes of construction, denies many people a sense of belonging to their society's institutions or familiarity with the services the State provides.

GENDER EQUITY

During the course of the last four decades, gender roles, expectations, and understanding have undergone enormous change. The patriarchal inequalities that were accelerated over the period of the industrial revolution and continued right through into the postwar welfare states were glaringly exposed by feminist critique in the 1960s, 1970s, and since, in which almost every aspect of gender inequality was assessed (Friedan, 1963; Gilligan, 1982; Greer, 1970; Hooks, 1999). The results of that assessment have fuelled the challenges that took place then and have continued since. Traditional notions of family and gender roles have been transformed as a result. This is not to suggest that the old patriarchal structures have completely crumbled, but their foundations have been substantially shaken and their assumptions are continuously challenged.

At the same time, the shapes of families have changed markedly. In New Zealand, for example, 90% of families with dependent children in 1976 were living in two-parent households. Ten percent were in one-parent households. Twenty-five years later in 2001, 71% were living in two-parent households and 29% in one-parent households (Ministry of Social Development, 2006). This is not to suggest that two-parent households are devalued, or that the demographic change is simply due to feminism, but the change is significant. The labor market has also changed, with higher female participation rates and women represented much more in senior and managerial positions. There was a period recently in New Zealand when women occupied each of the positions of Prime Minister, Governor General, Attorney General, Chief Justice, and CEO of our largest company. While this is not typical, it is indicative of substantial changes in leadership and influence.

Many of these changes are welcome, but they do not always find their balance. The changes in many households are often superimposed on a patriarchal structure, where women work in the labor market but continue to be the primary carers for children and responsible for domestic tasks (Hochschild, 2003). While some couples find a new and equitable balance, deep resentments can occur when gender arrangements do not adjust to the new situation. The stresses that modern families experience can stem from inequities in the home.

NEW UNDERSTANDING: NEW POLICIES

Our richer understanding of gender issues has had huge impacts for service providers and policy makers. Substantial progress has been made, for example, in the exposure of sexual and physical abuse. Before the 1970s, most abuse, apart from extreme cases, was hidden. People in the helping professions very often ignored it and only treated the symptoms of such violence. Abuse was seldom addressed in professional and training courses and the laws protecting women and children in domestic

situations were very ineffective. There was little research in this area and few policies were designed to expose and prevent violence.

This began to change substantially in the 1970s when women politicized the issue. Articulate feminists (Bograd, 1984; Goldner, 1985; Kamsler, 1990; Pizzey, 1982) challenged the helping professions and policy makers to identify violence, expose its damage, and devise policies and therapies that would hold offenders accountable and create safety. Judith Herman (1992) went further, placing domestic violence alongside other forms of terror beyond an individual experience into a broader political frame. She argued that psychological trauma can be understood only in a social context.

Psychologists, social workers, doctors, nurses, and therapists can no longer act as they did before. Policy and law makers have been required to address the broader structural issues around violence and safety. The movement for change that was spearheaded by feminists soon drew support from other women and some groups of men.

The term ''*abuse*'' and the meanings we now give it have changed our practice, our explanations, and even the law. Many/most people are now trained to recognize violence when it occurs and to ensure that those victimized by it are properly supported and freed from self-blame. Perpetrators are usually exposed and encouraged to take responsibility. Men's and women's groups have sprung up to teach nonviolence, refuges and safe houses now exist in most cities and towns, and large community educational drives including television advertising take place to highlight the horrors of domestic violence.

The problem of violence has not been solved, of course, but it has been exposed and it is being addressed. Safety is understood today to be a primary issue when dealing with gender equity. It is written into most professional codes of ethics. It is recognized by most of the helping professions as needing to be addressed immediately when it arises and it has become a priority in policing.

We have learned that violence is endemic in our societies and it is going to require much more effort to extinguish such deeply embedded cultural responses. Nevertheless, the courage of those who began the big push to expose the injustice has achieved an incredible amount. In fact, they offer an example of what can be accomplished in other areas when sufficiently large and motivated groups of people are determined to turn an injustice around.

THE FEMINIZATION OF POVERTY

The same, unfortunately, cannot be said for the postindustrial phenomenon often referred to as the feminization of poverty. In postindustrialized countries, sole parent woman-led households are usually the poorest (Jones, 2005; Ministry of Social Development, 2006). Furthermore, in recent years they have become an increasing proportion of all households with children. Not all single parents are living on low incomes, but our own work in the New Zealand Poverty Measurement Project demonstrated as early as 1993 that over 70% of single-parent households lived below the poverty threshold (Stephens, Waldegrave, & Frater, 1995), and they continue to dominate the poverty statistics.

Contemporary globalized market societies seem to consider the two-income family as their societal norm. If there is only one income earner, they have to be earning a high income or work extremely long hours to be financially comfortable. This imposes an extraordinary strain on most sole parents, because alongside their working life

they can be the only parent for their children and they are also responsible for household domestic tasks.

Their costs are only marginally less than those for two-parent families. In most cases, they require houses with the same number of bedrooms as two-parent families with the same number of children. Children require the same amount of transport, food, clothing, and other costs. It is no wonder, then, that a large proportion of sole parent families have few resources and low living standards. It is also not surprising that many of these households are much more susceptible to mental and physical sickness.

Very few countries have been able to devise policy responses that adequately overcome the disadvantages single-parent households experience. They usually lack money and support to relieve their ongoing parental roles, and workplaces can be insensitive to the flexibility they require when children are sick or they are simply exhausted. They are often stigmatized by others for being single parents. When they arrive at counseling centers or other service providers, it is very important to recognize and address the contextual factors in their lives and avoid working on the symptoms of their distress out of context.

The challenge for policy makers is to develop policies that facilitate the social inclusion and participation of single parents, while working with the demands they face from their multiple roles. These can include education and training, pathways into the workforce, the development of informal social networks, and well-funded holidays and activities for children. Sole parent families need recreation, activities they can afford, and opportunities to build relationships.

HONORING GENDER DIFFERENCE: AN EXAMPLE OF PRACTICE

At the Family Centre, we have developed processes of accountability that are designed to encourage and increase reflections on women's experiences and concerns that have in the past been marginalized in mainstream institutions (Tamasese & Waldegrave, 1993; Tamasese, Waldegrave, Tuhaka, & Campbell, 1998; Waldegrave et al., 2003). We have developed a similar process of accountability to cultural groups that are marginalized in society. These processes involve cultural and gender caucusing and encourage a respect for important alternative knowledge. The aforementioned publications spell out the details.

While there is a place for face-to-face, person-to-person discussion in staff meetings, we have found it helpful on some occasions to speak to each other from these caucuses as the collective of womanhood in the agency to the collective of manhood or the Maori caucus to the Pacific and Pakeha (European) caucuses. In each case, leadership is taken by the marginalized group (in mainstream society, e.g. women, an indigenous or migrant culture, etc). The discussions are accountable to them in a manner that ensures that valuable gendered and cultural insights are not lost to the organization. The women become the guardians of gender equity at the Centre and the Maori and Pacific people, the guardians of cultural equity.

Today many more social science texts are written by women and women's perspectives are much more common in the literature than they were. This has enabled therapeutic and policy paradigms to move from the more mechanistic modernist approaches to those that more flexibly and positively create solutions for families and communities. Women's experience tends to be central to families, and because they

now contribute so much more to the literature on the subject, it is frequently better informed.

Although there is still a long way to travel before women and men achieve fully equitable relationships, the pace of change has been markedly more speedy than in the other two areas, as some of the examples reflect. The increasing educational and employment opportunities for women offer another example of hope that monolithic structures can become more accommodating of difference. These give cause for hope and should fuel our determination to achieve greater equity in the cultural and socioeconomic arenas.

SOCIOECONOMIC EQUITY

Beyond a cultural and gender analysis, there is now a substantial body of literature that associates low-income households with inequality in physical and mental health. One of the most significant early research projects on the subject was carried out by Harvey Brenner in the early 1970s at Harvard University (Brenner, 1973). His research focused on unemployment and societal health. He led a large-scale study on the effects of economic recession in the United States. His results indicated that a 1% rise in unemployment is followed by 6% more admissions into psychiatric hospitals, a 4% rise in suicides, a 4% rise in state prison admissions, and 6% more homicides.

Further research by Brenner (1979) confirmed the same findings in England and Wales. The relationship between unemployment and suicide was tested in eight different developed countries and again the close link between annual variations in unemployment and suicide rates was demonstrated (Boor, 1980). The same relationship was also found in New Zealand (Macdonald et al., 1982).

Since the 1980s many local and national studies have followed (Acheson, 1998; Benzeval, Judge, & Whitehead, 1995; British Department of Health, 2005; Kawachi & Berkman, 2003; Kawachi & Kennedy, 2002; National Health Committee, 1998; Pearce & Smith, 2003; Waldegrave, King, & Stephens, 2004; Whitehead & Dahlgren, 2006). They each show a distinct relationship between inequalities in society and physical and mental ill health. Poorer people die earlier, and have the poorest health and the highest hospitalization rates. Furthermore, when there is an overall improvement in a country's population health status, health inequalities do not decrease (Acheson, 1998; National Health Committee, 1998).

The evidence is so overwhelming that a number of major government enquiries have been set up to study the evidence and recommend new directions for national health services to address health inequalities. The famous Acheson Independent Inquiry Into Inequalities in Health Report in the United Kingdom (1998) and the Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health (National Health Committee, 1998) are two such examples. The Acheson Report summarized the findings of both, stating:

> The weight of scientific evidence supports a socioeconomic explanation of health inequalities. This traces the roots of ill health to such determinants as income, education and employment as well as to the material environment and lifestyle. (Synopsis[3])

[3] http://www.archive.official-documents.co.uk/document/doh/ih/part1a.htm

Given the substantial evidence of the relationship between inequality and physical and mental ill health, it is reasonable to consider that many of the problems that families present in therapy result from poverty, inadequate housing, unjust economic planning, unemployment, racism, and other broad structural social problems. They are the symptoms of inequality.

From this perspective, these symptoms, which are usually thought of in mental health or social work categories, should *not* be considered to be simply personal, intrapsychic, or intrafamily disorders. If they arise in association with broader structural problems in society, they can be more accurately viewed primarily as the symptoms of those structural social problems. The tighter clinical and social work categories are secondary, and only useful if viewed in relation to the primary focus. Furthermore, therapeutic and social work that is aimed at relieving mental health symptoms, in isolation of their context, may inadvertently be entrenching the primary causes of the presenting problems.

This suggests that many, although obviously not all, of the mental health, social work, and relationship problems people experience are the consequences of power difference and injustice. Such a notion seldom features in clinical and social work literature or as major themes in professional conferences. If it did, there would be considerably more exploration and analyses around ethics and social justice themes as they relate to family context and a less exclusive focus on the boundaried space of individuals, couples, or families.

REDRESSING SOCIAL INEQUITY: NEW MODELS

In the policy arena, there could be a more innovative exploration of pathways out of poverty, capacity building, and the encouragement of local community development initiatives. This is beginning to be picked up more, with programs like *Sure Start* in the United Kingdom and *Working for Families* in New Zealand. There is still a long way to go, however, before the open acknowledgement of injustice becomes the norm and policies are designed to remove the underclass status for all citizens.

Sure Start[4] is a U.K. Government program that has been designed to achieve better outcomes for children, parents, and communities by increasing the availability of child care for all children, improving health and emotional development for young children, and supporting parents as parents and in their aspirations toward employment. It is community- and neighborhood-based, particularly targeted to disadvantaged areas, and has been rolled out across the country. Children's Centers are a central feature where children under 5 years old and their families can receive integrated services and information, and where they can access help from multidisciplinary teams of professionals. They also provide early support programs, information, and advice on health and financial matters, and help parents set and maintain child care standards.

Working for Families[5] is a New Zealand Government program designed to help low- and middle-income families move out of poverty. It has four components: an increased tax credit paid to families with dependent children; a new In Work Payment, which is a substantial tax credit for low- and middle-income families with dependent children where the parents between them are employed for 30 hours or more (20 hours for a sole parent); an increased payment for housing costs for both renters and owners; and

[4] http://www.surestart.gov.uk/

[5] http://www.msd.govt.nz/media-information/working-for-families/

increased help with child care costs plus a new universal 20 hours free child care for 3- and 4-year-olds.

EXPERTS ON COLLECTIVE SOCIAL PAIN

Helping professionals like psychologists, social workers, counselors, psychiatrists, nurses, and others who work directly with those who are suffering have a critical role in postindustrial and largely secular states. They are the predominant professional group who listen to the pain of individuals and families. They work in the institutions that address pain in these societies, such as health, welfare, and justice services. They work in nongovernment organizations and community organizations that provide family support and services that deal with abuse, poverty, housing, general counseling, mental and physical ill health, and so on. They also work privately, but are often contracted into the work of these larger organizations.

They are the professional groups that are the most informed ''experts'' on the collective levels of hurt, sadness, and pain in modern countries. Those who live in deep pain are, of course, the primary ''experts'' in the sadness and hurt they and their communities experience, but the professionals working directly with families are the helpers who continually witness that pain week after week. They carry a substantial responsibility to identify, quantify, and describe the severity and causes of it. This is ethically essential if they are committed to honoring their client group. They can publish and publicize what they understand to be the causes and outcomes of people's pain. This would then contribute to the public debate and hopefully impact on future policy development. Good policy must address issues of well-being and inclusion in informed and effective ways, as noted above.

These professionals are the ''thermometers of pain'' in modern countries (Waldegrave, 2005). Instead of confining their knowledge within clinical and social work vacuums, they can quantify, describe, and identify causality for all to see. Where issues about housing, poverty, gender, or race become dominant in caseloads, for example, their descriptions can inform the public, adding reality and depth to public discourse, providing a more helpful basis for intelligent public discussion.

Therapists could also usefully identify and debate the range of other factors they observe that cause pain in their client group. Discussion of these may be more useful than the endless string of case study presentations and outlines of therapeutic techniques that currently make up the agendas at professional conferences, within professional organizations, and at staff meetings. Therapists could become active in a number of ways, including keeping records of the numbers of individuals and families they meet in therapy who are below the poverty income threshold in their country (or in inadequate housing, or being subject to ongoing racist experiences, etc.). Summaries of these, and their colleagues' experiences in other organizations, could be written up and placed in the public arena. Therapists, researchers, and policy makers could work closely together if they were provided institutional space (i.e., within paid working hours) to do so. Therapists, for example, could write up the sorts of stories they see and hear in therapy for popular media outlets, and advocate for social change that will address the causes of problems they identify. They could also identify the failure of certain social and economic policies as the prime cause of pain and ill health to many low income families, rather than ascribing cause to the failure of individuals and families, as many in society do. Researchers could investigate the evidence, and

policy makers could help construct policy responses to address problems in a sustainable way. When they know that certain social and economic conditions prolong ill health, for example, they could be active in creating public awareness concerning these issues. They could recommend policy solutions that respect the need of disadvantaged families not to have their sicknesses prolonged.

Actions like these would require a fundamental shift of attitude and responsibility in the social science professions. Success in achieving it, however, would go a long way to rid these professions of the fair and current accusation by cynical community and political activists that practitioners and policy makers often silence the voice of poor people, as they unintentionally help make them happy in poverty rather than directly address their circumstances.

This is a tough and uncomfortable accusation to face up to, but it is the sort of challenge professions who are entrusted with the vulnerability of people during some of their most fragile periods should be facing. It does us no harm to reflect on such a criticism, because even though it may be exaggerated, it is also likely to have a grain of truth in it.

DECONSTRUCTING ORTHODOXY

This paper has asserted that the context of social problems is critical to their resolution and that the context is often ignored. The term ''context'' refers to the impact and ongoing influence of the lived experience of people from their earliest relationships to their mature lives as expressed through their culture, gender, and socioeconomic positioning. The marginalization of many people's primary sense of belonging in the services they receive and the policies they are required to live with, simply because they are less powerful and different from the majority, is of serious concern. In a modern democracy, where people share the tax burden, they surely have the right to receive services on their own terms and benefit from policies built on a close understanding of their lives and values. For this to be accomplished, we need a richer expression of cultural paradigms, a grappling with persistent gender inequities, and policies that address the root causes of socioeconomic deprivation.

At the heart of this is a challenge to break with orthodoxy when it is inefficient or unjust. The tedious predictability of so many mainstream institutional services often denies people their sense of belonging and ignores the real causes of their pain. As a result the same groups of people in country after country become entrenched in their misery. These are usually people from different cultures than the mainstream, women, and poor people. To change this state of affairs, social science knowledge, which has enjoyed such a privileged place in the helping and policy-making professions, needs to sit humbly alongside other forms of tradition and knowledge. Among those will be cultural knowledge, gender knowledge, and class knowledge. The diversity will add color, richness, and justice, and will lead to considerable institutional change.

To achieve this, institutional power in our public, private, and voluntary services has to be intelligently and radically critiqued. We need to deconstruct the industries of help and policy making from the perspectives of culture, gender, and socioeconomic status and enquire as to the reasons for their hegemony and practice. Are they more efficient in achieving equity? Do they enable the goals of social inclusion and well-being to be reached? Do they respect the breadth of citizenship in a country, and do they enhance or hinder the aspirations of all citizens?

To deconstruct monopolistic power, we need to honor differences. The ''breakthroughs'' in gender occurred when women powerfully asserted their different perspectives and men began to honor them. The same is true for culture. When people's cultures are honored, their sense of belonging is also honored and that enhances their experience of well-being. When middle-class people enter the worlds of those who are poor and actually observe and listen to their experiences and hopes, they know that inadequate housing, minimal education, and insufficient income are the cause of most of their stresses and consequent responses, rather than their inadequacies or pathologies.

Change of this magnitude needs to be incremental to be sustainable. Radical heroes, who simply dismiss all current services, dishonor the contributions of many and deny what is currently being achieved in our systems. The way ahead is to build on the current foundations by encouraging flexibility and change at a sustainable pace most people can handle. The pace will vary from one organization to another. It needs to be sustainable rather than a big push that fades with time.

Where client numbers in an organization, for example, are highly represented by people from nondominant cultures in a particular country, start recruiting staff from those cultures, and create institutional space for them to develop their own paradigms. Invest in their capacity building, not so that they can develop the same practices as those in the mainstream, but to enable exciting new work that will genuinely enhance the sense of belonging of the client groups concerned. Encourage them over time to share their work and allow other members of the organization to become familiar with their it, in a manner that builds acceptance and eventually pride.

Therapeutic organizations could initiate community development, research, and social policy dimensions to their work. In a sense these would add more ''brain'' to service provision and encourage better outcomes and greater diversity. Likewise, much more space could be accorded to analyzing the complexities around the changing lives of women and men. We could be much more vigilant in asking, ''what are the gender implications for the ways we work together in organizations and for the families we work with or create policy for?''

At its heart, this paper is about the recognition of the importance of diversity and everyone's right to self-determination—individually, collectively, or both. People should be able to exercise these rights on their own terms as women and men, within their cultural groupings and without deprivation. Services and policies should help people maximize their choices, rather than constrain them by imposing one-dimensional solutions in a foreign environment. Such services and policies would provide the seedbeds of equity and healing, and they would be properly focused on the goals of well-being and social inclusion.

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