## Fifth Province Re-Versings[1]

## The Social Construction of Women Lone Parent's Inequality and Poverty:

### INTRODUCTION

"We live out of our stories.   We are our stories" (Ide, 1994)

How might a systemic practice re-member the social and discursive contexts in which lone mothers in poverty find themselves disadvantaged?   That is the question which this paper sets out to consider in its attempt to formulate theories and practices in relation to the social construction of their social inequality.   A central hypothesis is that much female inequality emerges through discursive interactions at the macro and micro social levels and that these interactions recursively constitute relationships of power.

As a counterpoint, a Fifth Province Approach[2] (McCarthy, 1994a; 1994b; 1994c; 1995b; 1998; Byrne & McCarthy, 1998; Byrne & McCarthy, 1999) is presented which has enabled the development of strategies for resisting such relationships of power in therapy. Therapeutic re-versals will be attempted through the inclusion of excerpts from the feedback of women clients on the process of therapy by the author and her colleagues.

The tone of the paper varies in parts.   This is intentional as the paper proposes a social constructionist orientation as an important political activity in the deconstruction of taken for granted realities and the reintroduction of choice as an ethical prerequisite for all human action and interraction.   As such the initial 'analysis would therefore hopefully constitute a political and ethical perspective on a practice which is an attempted invitation to enter a

dialogue which re-verses some of the wounding experiences of socially excluding discourses.

## *Social Constructionism*

Social constructionism puts forward the proposition that reality is socially constructed in and through language and interaction between people.   Through this process human actors are seen to constitute, in interaction with each other, their social realities and in turn are constituted by these social realities which are time and place oriented.     In other words, an objective, observer independent, universal truth is eschewed by social constructionists in the acceptance of truths as socially constructed in time and place.   As such, realities are seen to be interactively and  participatively constructed at macro and micro social levels and are fragmentary, pluralistic and relativistic.     Social Constructionism proffers that people are constituted by and constitute different social and personal experiences and discourses depending on their culture, class, gender, ability, sexual orientation and so on.

If this proposal is accepted then we also learn from the writings and reports of those who have experienced marginalisation as a result of the above cited 'identifications', that their experiences of difference and the discourses which surround them are not equally legitimated. (see Saraga,  1998)        It would appear that some discourses are socially privileged and subjugating while others are marginalised, silenced and subjugated.   If this should be the case one might proffer that these social  discourses would both inform and/or deform the experiences and narratives which participants inherit and create in their living together in a particular way.

## *Social Constructionism:  Ethics  and Politics*

One of the major challenges to social constructionism and a post modern stance in the systemic field it its relativistic orientation, its apparently 'anything goes' drift.   However, defenders of social constructionism, and I must admit to being one, refute this latter charge (Anderson & Levin, 1998, p 48; Gergen, 1994).   They do this in positing the social responsibilities and choices of individual actors.    In other words, as one focuses on *how* social realities are created and on *what* the processes are by which some realities are privileged and others are silenced ethical choices for each actor emerge.   One is thus faced with the choice, through one's actions, interactions and speaking, of continuing, changing or subverting particular social realities.   A social constructionist sensibility thus organises a constant 'interrogation' of how processes of "ideological persuasion translates itself from a cultural invention to a natural assumption", the taken for granted truths of our social worlds. (Kearney, 1994, p 174; Maher, 1997, p 27)   In this way social constructionism can be said to constitute possibilities for a discursive and, by implication, a relational ethics. Social constructions therefore, call for an openness to constant critique and so to a deconstructive analysis of any subject matter, any taken for granted 'fact'.    In this way each actor continuously places his or her 'truths' at risk and orients their views and actions to transformation.    In such scenarios a social and relational ethics becomes constitutive as one practices from a social constructionist stance.  So, while frequently  appearing to maintain an uneasy status quo, social constructionism can also be seen to provide a radical orientation in its particular focus on actor choice and non-choice thus refuting any charges of a rigid social determinism.    In this way the processes by which both privileging and marginalising are generated and enacted are brought into view, ushering in considerations not only of ethics but also of political dilemmas.

Through its focus on language and discourse, social constructionism points:

a)        towards an analysis of privileged or dominant discourses about social living and,

b)      towards their affects on those who are privileged and/or are excluded from full

participation in the social life of a community.

Through our living together in our families and other groupings, at a micro level, social, political, religious and media discourses (among others), which embody ideological traces are often expressed through the narratives people tell about others and about themselves in their day-to-day lives.   In their turn such narratives or stories are recited many times over and so hold the potential for situating people in particular ways.   Their social situation at the micro social level is further maintained and engendered through their participation and recitation of those privileged or preferred social, political, religious and media discourses, at a macro social level.      As such, one could say that there is a recursive interaction between discourses at a macro-social level and narratives at micro-social levels.   This recursion is humorously captured by Rachel Hare-Mustin (1997) in her statement that, "ideology is a little like sand on the sea shore, it gets into everything".

### *Social Constructionism, Discourse and Narrative.*

Throughout the article, I will take as premises, that discourses and narratives are socially symbolic acts in the two-fold sense that ,

A) they take on meaning only  in a social context  through usage and

B) that they  play a role in the construction and constitution of that social context in which their meanings are embedded and produced and within which social actors are implicated. (Mumby, 1993, p 5)

For systemic-social constructionist practitioners and thinkers the above premises would have enormous relevance for our work as therapists. This would be so particularly when we work with those who experience social inequality, are socially excluded and live in poverty. Therefore, if language 'marks' us as human and constitutes our living together then linguistic conventions and how the language of particular interests are used to include and exclude groups becomes of vital importance. It becomes important for our understanding of the way in which particular societies maybe constructed through both their macro and micro discursive formations.

In the light of these arguments it would seem a reasonable step to propose that much social inequality is not only compounded but may be said to emerge through discursive actions and interactions and that these in their turn recursively constitute relationships of power. This is not to deny that other non-linguistic dimensions such as biology, housing, technology and so on play a part in experiences of disadvantage. (Michael, 1996; McCarthy & Byrne, 1998) However, it is my intention here to concentrate on the currency of human interaction, language, which is also the heart of most therapies. One could go further and posit that it is through our engagement with certain forms of language convention which constitute the kind of therapy we enact with our clients. In other words, whether we embrace an expert, top down positioning or a participative and collaborative practice these practices will be re-presented in and through the language we use. Subsequently, because we are therapists this has enormous implications for the types of conversations we have with our clients and for the kind of therapist we are! Therefore, we could imagine that *how* we talk with our clients would constitute *what* kind of encounter we have with them and they with us. (McCarthy, 1994b, p 236; McCarthy, 1997) In this way the language of therapy can constitute the kind of therapy we produce with our clients. As such our choice of practice theories and positionings together with their overarching philosophies would be issues of no small ethical and political

significance. Furthermore, as therapy comes to be an important part of public service provision, then from a social constructionist stance, it would seem to be equally necessary to explore how therapeutic conversations constitute the fabric of our social world and are in turn constituted by it. In order to address the kind of talk we generate with clients an awareness of larger societal discursive formations would appear to be called for. At this point in our development as systemic practitioners we would need to understand how our clients become vulnerable to social inequality through discursive practices and how to utilise this knowledge in our work. Otherwise, a non-contextual psychologising and/or individualising of the dilemmas of those who experience social marginalisation risks the danger of constituting practices which recursively maintain relations of power and inequality and is deaf to issues of power, justice and ethics.

As a colleague and I (Hydén & McCarthy, 1994) have stated elsewhere an interview is a joint product between the interviewer and the interviewee. Also, within the domain of therapy this joint product is supposedly premised on the interests of the one who has requested help. However, we also know as therapists that the endeavour is rarely as simple as that. Each interview is also carried on within a discursive culture which includes agency mandates together with socio-political and professional constraints. Therefore, one is reminded of the dilemma that as a therapist one is attempting to create a forum wherein a participatory ethical endeavour would hopefully result while the potential for constituting discursive patterns which marginalise clients continues to present itself. As Eherenhous (1993, p 82) has warned, we need always to be vigilant so that the local narratives of client's lived experiences are not drowned out by the "tyrannising power of the therapeutic motif". Later in this paper, examples of what Kennedy and O'Shaugnessy call, 'political conversations', will illustrate one such social constructionist-systemic therapeutic approach which juxtaposes social discourse and client narrative in an attempt to deconstruct the 'power' of potentially deforming discourses and narratives.

However, firstly let us look at the interweave and juxtaposing of therapeutic attempts to re-introduce client's narratives on the one hand and negative social discourses in relation to women in poverty on the other.

## FIFTH PROVINCE RE-VERSIONS

The fifth province approach takes its title from an ancient Celtic myth. According to this myth a druidic site existed at the centre of Ireland where, the still extant, four provinces of the country met. It was thought that leaders and chieftains from the four provinces came to this site to settle conflicts through talking together. Because of its siting at the meeting of the provinces it was seen to be both apart from and a part of the four provinces and was imagined to constitute a province of imagination and possibility. The only remaining trace of this fifth province is now in the Irish language, Gaelic, where the word for province is 'coicid' or 'cuaige' which mean fifth. What appealed about this metaphor was that it referred to a domain where language and conversation was important in the negotiation of different viewpoints and realities.

The metaphor of the fifth province came to refer also to the possibility of holding together and juxtaposing multiple and often conflicting social realities. In this way it specified a domain of imagination, possibilities and ethics. However to juxtapose dominant and local narratives brings forth issues of power and potential marginalisation. To privilege the lives of those who live on the margins of our societies within therapy cannot but be a political activity. To imagine the life of an other or others is to place oneself in a dis-position of ethical responsibility in relation to the other. How one imagines the other is also always deemed to constitute a political act. The challenge is thus to constitute a reflexive practice which imagines the lives of clients in all their richness inspite of the presence of social discourses which can cripple. Therefore, in discussing the politics of

systemic family therapy and some resistances to negative rhetoric and relationships of oppressive power the following practices are proposed to enable opportunities for emancipatory and participative practices to emerge:-

1       Developing a Participatory Ethics wherein the Client's stories and Issues are Privileged.

2.       Juxtaposing and Re-Membering Dominant and Local Narratives on Poverty in therapy.     Part 1:   New Right Free Market Talk and Social Inequality

3.       Juxtaposing and Re-Membering Dominant and Local Narratives on Poverty in therapy. Part 2:   Client Narratives.

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

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

These practices have been developed alongside other colleagues and draw their main orientation from the fifth province approach.

*1. Towards Developing a Participatory Ethics wherein the Client's Stories and Issues are Privileged.*

"Power is the ability to take one's place in whatever discourse is

essential to action and the right to have one's part matter.

(Heilbrun, 1989, p 18)

In attempting to integrate an ethical positioning into therapeutic conversations with clients from marginalised groups, an other colleague, Ernst Salamon (1994) and I have defined a participatory ethics as a stance in which we imagine ourselves through the eyes of the client. This means that conversations with clients always include a careful listening to and inclusion of the client's story, their problem definition and their feedback on whether the encounter with us is useful to them and respectful of them.

We would propose that a participatory ethics has possibilities for emergence in the joint endeavour of a therapeutic conversation:

a)      *When therapy can be reclaimed, in large part, by those whose interests it is supposed to serve.*

To highlight these principles of practice two women who were interviewed by the author, either alone or with other colleagues, in relation to their experiences of therapy had this to say about their experience of the therapist and his or her questions:-

"You were <u>with</u> me during our talks.     I felt I was in the lead, I allowed issues to be looked at" (Mary, 1998 to author)

"In the process I started to open up a lot of areas in my life to myself ...... and the questions were giving me the idea that the power was in me to answer" (Deirdre, 1998 to Nollaig Byrne, Sr. Jo Kennedy and author)

b)    *When a client's **testimony** of the effects of social exclusion on their lives and their multiple resistances to invalidating practices **can be witnessed** and acted upon.*

The following excerpt is from an article written by Deirdre (above) at the request of Feedback , which is the magazine of the Family Therapy Association of Ireland.    I include this because the words are those of a woman who knows only too well the challenges of being a lone parent living in poverty and how at times professional help can  marginalise or witness and celebrate courage.

"I had been suffering from depression for a long time.  I was physically unwell.  I needed help but didn't see that the community had what help I needed on offer.  Social workers in my area were synonymous with tyrants who took children away when they were in need.  How could I go if one of my children were in need and I smoked.  I thought I was a bad mother.  What I thought I needed was money.  All my personal needs and emotional needs remained neglected, constant mental battering broke my once happy go lucky spirit.  Life was indeed a battle to live..... I felt like a failure.  Confidence, esteem, appearance all left my weakened body.

Then help came in the most unusual way. A Sister of Mercy (Sr.

Jo Kennedy) moved into the (flat) complex. She .... recognised

how stressed I was and offered me counselling in the Mater

Hosptial. In this state I would never have thought of counselling

...... I wasn't to see then what this meeting was to achieve, as it

was several sessions with a team of counsellors who were

politically aware of some of the problems 'poverty' was to

present. In this place I was in fact reintroduced to myself.

Taking each situation separately, I would learn to see how

ingenious I was to be able to juggle so many problems and still

have my sanity. As time went on my pride and my confidence

returned. I no longer saw poverty as a way of life but as a social

disease. (Hill, 1998, p 20)


c) *When there is an acknowledgement on the part of the therapist that they do not*

*listen from a neutral position. I have referred to this principle elsewhere to as **the***

***politics of listening**.* (McCarthy, 1998)


Deirdre referred to it being important for a listener to have an "ear" for the

concerns of clients and their experiences of poverty.


I found an ear in Jo. the way Sister Jo understood some things I'd say and

things I noticed about Jo made me comfortable in her presence. So, I felt

able to speak openly to her.


d) *When the speaking of the therapist does not objectify the client through*

*categorising them in a particular way - with a problem label. This question is*

*applicable no matter how the client is socially situated. I have called this principle,*

***the ethics of speaking.*** (McCarthy, 1998)

Another young woman spoke of her experiences of therapy where

> "I could be me and act like me. There were no judgements or preconceived opinions or ideas to deal with. Ideas were put as suggestions. I liked that because if I found it hard or couldn't follow through, I didn't feel like a failure. It was a suggestion not gospel. (Nancy, 1997 to author)

Over the past few years another colleague, Nollaig Bryne has also invited and been requested by women to record their experiences on videotape. They have asked her to do this as they did not feel literate enough to commit their stories to writing. In having a videotape of their story they felt a record was being kept both by themselves and for them. One of these women, Myra, also participated with Nollaig in the writing of aspects of her life and contact with professionals for a professional journal. (McGurk and Byrne, 1994)

In light of the above discussion the paper will now proceed to juxtapose and explore the context of some of the stark discursive processes at macro social levels by which women lone parents in poverty can become vulnerable to negative professional and social descriptions. In this exploration attention will be given to some of the free market rhetoric with its related political and media discourses on poverty.

## 2. *Juxtaposing and Re-Membering Dominant and Local Narratives on Poverty in Therapy. Part 1: New Right Free Market Talk and Social Inequality*

It is now quite apparent to most members of the helping professions that those who live in poverty are becoming more and more vulnerable to negative social descriptions. (McCarthy, 1997, Maher, 1997; Holman, 1998, p 10 - 11)   With the advent of New Right Free Market economic orientations in many countries in the Western world negative ascriptions of the poor have through the 80's and 90's, more frequently than previously, entered political and economic discourse and were being disseminated through media coverage. (Jones & Novak, 1993)    Furthermore, these discourses some of which are still extant in are in turn differently composing the role of professionals who provide services for those on the margins of society, e.g. through mixed economy Purchaser/Provider systems in Europe and Managed Care Systems in the USA.

The trend in many Western economies has been a shift away from  a universalist protective 'safety' net of social welfare to a 'work-fare' approach as a means of social inclusion.   At this point at the beginning of the new Millennium,  women who are lone parents are (i) being increasingly marginalised, are (ii) "substantially over-represented as clients of social assistance in most countries", (Bradshaw et al, 1996, p 50) and (iii) are frequently recast as an unentitled 'underclass' in professional literature and the media. (Holman, 1998, Murray, 2000)   As a result of these social processes in many Western countries they are increasingly socially excluded.

New Right free market talk is all around us as administrators, therapists or clients of social and health services.

*Plus ça change plus c'est le même chose!*

In the United States of America as in Britain this New Right market trend has been underway for some considerable time. Ireland, while appearing to follow however, is still somewhat behind. Embedded in the justification for this move is the idea that the welfare state curbed individual initiative and created dependence on central government to provide for them. This in turn led to an decrease in productivity, an increase in unemployment and State dependency - a downswing in economies which had to be corrected. Not only were individuals being held responsible for the poor showing of their country's economies, it was the poor in particular who were being held responsible. As such, particularly during the Regan and Thatcher era, it was though to be time to introduce measures for their correction - to lessen their *dependence* and hence the tax burden on those who worked and were *independent*. While differing from New Right extremes in calling for an end to government intervention altogether, Tony Blair , the British prime minister, proposes that "the role of government is to organise and *secure provision* (my italics)- rather than to fund it all. For example, in pension reform, people will have to provide more of their own financial independence, but government has a role in organising that system". (Blair, 1997, p 40). In the Prime Minister's words we hear arguments for the vulnerable to look after themselves re-dressed[*] in a subtle twist of tongue. Here it would seem we have evidence for the proposal by Sharon Pinkney (1998, p 257) that a lower, shabbier base-line of welfare service provision is likely to be maintained by New Labour.

Similarly in Ireland with a Centre-Right coalition government still in power free market talk is increasingly to the fore. This is evidenced in a statement by the Minister of Finance when he described discussions on tax inequities as, "all the fuss and recent commentaries about the matter". (Brennock, 1998, p 16). These tax inequities, based on figures from his own department exemplified the 'golden rule' - that those who have the gold rule. These figures outlined that between 1994 and 1995 8.5% of those earning over

a quarter of a million pounds a year were paying no income tax at all while 21% of this group paid tax at a rate below the lowest tax rate of 25%. The report also showed that over the previous year of the report the effective tax rate of this group had fallen significantly over the previous year. This tax inequity was one whereby the modest earner paid a considerably higher proportion of their income to the State in tax than did the high income earner. (Brennock, 1998, p 16) Confirming this trend the Combat Poverty Agency outlines in that "the gap between tax and social inclusion spending has widened. In 1997, 59% of this spending went on tax cuts and 41% on social inclusion measures. In 1998, 65% of this spending went on tax cuts and 35% on social inclusion." (Combat Poverty Agency, 1998, p 2) With decreased taxation of the most well-off sections of society, deregulation and the increasing privatisation of public services there has been little trickle down of resources to those in poverty. In fact as is implied in the previous paragraph the gap between rich and poor is widening in favour of the rich. That this golden rule appears to operate is shown from experience and research in Ireland and elsewhere that growth in our economies has not resulted in less poverty. (Frazer, 1993; Combat Poverty Agency, 1998) This kind of upward redistribution of wealth from the poor to the rich, however, as one economic advisor to the last British Conservative Party Government states, is not necessarily a bad thing unless you happen to be egalitarian. (O'Toole, 1997, p13)

The Just Therapy Group in Wellington, New Zealand, have also given similar examples to the Irish situation in their analysis of this widening gap from their researches on income redistribution. (Waldegrave et al 1996)

I will now look at common publicised discourses on poverty, which are increasingly overlapping with and echoing political and economic free market rhetoric throughout much of the Western World.

*The emergence of women as discursive scapegoats.*

Currently, the largest group in poverty in most countries are families with young children while the fastest growing group of welfare recipients are women who are lone parents. (Nolan, 1993; Pateman, 1992, Bradshaw et al, 1996; McCarthy, 1995a). In the move from government based social provision to an individually responsible - government organised and 'secured' provision of welfare, pensions and care it seems unthinkable that a community would support measures to financially deprive these lone mother headed families with dependent children. Since children as individuals could not be called on to provide for their own care, rhetorical devices would have to be created to constitute a palatable justification for direct deprivation of financial aid to their care-taking mothers. A stereotype would have to be created. So, what appears to have happened? Lone mothers began to be re-presented as a homogeneous group and imagined as 'unmarried mothers' who were typically young, sexually irresponsible teenagers living in poverty. Even feminist scholarship in social policy, according to Jean Carabine (1996) has failed to make what she calls "the crucial link" between social policy, social control, women and their sexuality. She hypothesises that the link is missed once again through the failure to consider the integration of both the privatisation of sexual experiences and those public discourses on unwed motherhood for both heterosexual and lesbian women.

I realise that in some countries in the West this is not quite the situation. However, in much of the English speaking world a common stereotype has taken hold as a simulacrum, a deceptive image, where the term/label 'unmarried mother' not only stands proxy for the term, 'lone parent' but also for the term, 'promiscuity'. It is this latter substitution which switches attention away from the withdrawal of support to mothers and children and justifies the non-support of rising promiscuity in its stead. With this substitution of

images the public can be justifiably requested to support the call for greater moral rectitude and welfare withdrawal in the stamping out of such promiscuity. The fact that no research supports these substituted images and stereotypes seems to be quite beside the point. In fact most research in the West shows the percentages of very young unmarried mothers to be decreasing. (Richardson, 1994) However, in capturing public imagination it appears no verification is necessary. It is this imagined knowledge based on "small kernels of truth and large measures of untruth" (Gans, 1995, p 11) which condemns these women as the sole creators of 'the multi-problem family'. Jacques Derrida, the French deconstructionist philosopher, in a lecture in Dublin in 1997, has referred to this process in the production of images and counter-truths as a growing failure in, what he terms, the "rigour of knowledge". (Derrida, 1997) Gans (1995, p 11) commenting on similar processes calls this stereotyping, 'labelling', which he refers to as imagined or indirect knowledge. He warns that labels may start out as descriptive terms which have moved from descriptions to actions of stigmatising and stereotyping.

The stereotype has an implied group referent but in the age of 'unlimited' life-style choices it is the individual family of mother and child or children who bear the burden of decreased social protection. Such deprivation of protection creates a 're-cognizable' group of undesirables which then con-firms the stereotypic prejudice. What emerges is the dominance of a discourse of female deviance which has little to do with the social facts and overall trends of living throughout most of the Western world. The discursive context in which inequality and conditions of poverty are generated and legitimated fades from view as a matter of public concern. The 'deviant' woman can now be imagined as and unwanted dependent, irresponsible and in need of social correction. What is interesting also particularly in the so called post modern times of family diversity is that under this kind of linguistic sentencing it is the mirage of the 'patriarchal nuclear family' which

serves as a phantom backdrop against which women and families may be vilified, judged and marginalised.


*'The patriarchal nuclear family' and 'postmodern families'*


In Western countries, even though an appreciation of the diversity of family forms, is now widely accepted and a growing literature on the so called 'Postmodern Family' has emerged there continues to exist, at the level of the media and much professional practice, the ghostly image of the 'normal nuclear family'; of two heterosexual adults, legally married to each other with their children (natural and/or adopted) ( Bernades, 1993; Cheal, 1993; Kiely, 1995)      Despite the best intentions of those who intervene professionally as social workers, psychologists, psychiatrists, therapists and counsellors, the phantom 'norm' of a single-household, two generational family based on the legal marriage of a heterosexual pair is often invoked.  (see Garcia, 1994; Szymanski-Gomes, 1994, McCarthy, 1994)


Such an invocation has ethical and moral implications for all family intervention at which ever social level it occurs.    However, in the situations of those women and families who live in conditions of poverty there are particular moral issues at stake.     This is so because it is these families who need and endure public services.    As such State scrutiny of the minutiae of their lives is ever present.     That they often appear to 'fail' is I suggest due to the lack of recognition of family diversity and the reframing of social processes as private responsibilities.   Here, one might hear Deirdre's words, earlier in the paper, finding an echo.  To discontinue practices which hold the potential for intensifying the 'tyrannising professional gaze' professional practices  which confirm maternal and familial 'failure' would need to be constantly problematised.    At the dawn of the new millenium any un-analysed 'normative' invocations, must surely create possibilities for professional deafness and the subsequent abuse of clients.     We might also proffer that perhaps, it is

professional deafness to these discursive processes which constitute the very relations of power we are trying to dissolve.


*Postmodernism and the death of 'The patriarch nuclear family'*


Postmodernism is a frequently cited reorientation in the study of social realities. (see Bernades, 1993, 1997; Cheal, 1993; Hare-Mustin & Maracek, 1990; McNamee & Gergen, 1992, Shotter, 1993)  Briefly what this reorientation posits is a sceptical reappraisal of modern society and its postulates.    It casts a cold eye on concepts such as, 'progress', 'objective reality', 'unity' and 'universalism'.    In their places it embraces, socially constructed realties which are diverse, often fragmented and related to the time and culture in which they are generated and indeed generate.    Furthermore, these historical and cultural generations are seen to occur in and through language.  Dramatically stated then, from a postmodern viewpoint, 'The Patriarchal Family' is dead.    However, this does not mean that people do not see and experience themselves as living within relationships which they refer to as 'family'.    Rather, these disparate relational forms realise their own uniqueness as a family of a particular type, in and through the discourse they generate together.   As diverse discursive groups they generate diverse family arrangements, e.g. lone parent families, blended families, gay and lesbian families and so on.    Thus the stories and discourses they generate about themselves are unique to them but are also constitutive of and constituted by the particular culture they live in. (Gubrium & Holstein, 1993; )   What the death of 'The Family' implies therefore, is that no universal, fixed connotation of family constitutes a taken for granted reality. (Cheal, 1993, p 12)   In this way 'The Family' no longer exists as a singular form or as a universal norm. (Kiely, 1994; McCarthy, 1995a)

Two papers in the mid 1990's which highlight the way in which this discrepancy, relations of power and prejudicial labelling can hide the patriarchal family as the principal referent in working with those in poverty are written by Garcia (1994) of Argentina and Szymanski Gomes (1994) of Brazil.   Garcia outlines how, in Argentina the dominance of the 'patriarchal nuclear family' in professional thinking obscures the resources and ways of indigenous Argentineans living in poverty both from the professionals and from the families themselves.    Szymanski Gomes looks at how low income family members, in Brazil,  uncritically accepted the ideal model of 'the nuclear bourgeois family" even though they also perceived themselves as incompetent for not realising it in their own lives. When only one model of family is taken as the norm then all other who constitute families which do not 'fit' are labelled deviant and so marginalised.   Thus there is a clash between normative (professional!) expectations in terms of family life and the lived experiences of all those on the margins.   They are both marginalised and forced to 'live a lie'.

Following a social constructionist orientation one could thus propose that 'lying' is a strategy of survival (speaking the right language) and a condition of oppression.    Clients trying to bridge the gap between normative, professional expectations and their daily lives are caught in webs of lies for which they are blamed.   In these scenarios lying becomes a signifying event which endorses the professional view of those in poverty as untrustworthy, manipulative and so on.   The context in which the lying occurred is thus in danger of being obliterated and the therapist in danger of being deaf to their own participation in this deafening context - the social construction of lying!   As Deirdre (client) has stated:

> "admitting that you run short of food if you're a smoker can
> mortify as well as frighten.  The many problems associated with
> poverty often merge and become one problem - 'your own
> problem' .... desperation often blurs the vision" (Hill, 1998, p 21)

Consequently, public problems become private and privatised issues. In re-entering the social and public let us now consider the processes through which public-private dichotomies further create a background from which some current social policy analysts" outline for the social construction of the inequality of women lone parents.

### 3. *Juxtaposing and Re-Membering Dominant and Local Narratives on Poverty in Therapy. Part 2: Client or Local Narratives.*

In working with women living in situations of poverty any analysis one makes as a systemic therapist therefore needs to include *both* the dominant narratives/discourses of women in poverty *and* the local narratives of their poverty in their specific societies at a given time. (McCarthy, 1994c, p 128) Local narratives of poverty, are the stories of day to day living by women and their families on the margins. They relate to the contextually specific experiences told by women in their own terms.

Questions which juxtapose the macro and the micro in therapeutic conversations might include the following:-

- *How does having to go each week to the social welfare service effect your day-to-day life?*

  Under this question both the negative and 'positive' effects are explored from the woman's perspective. Even though they receive money to 'survive', it often emerges that many woman find the weekly haul to various services humiliating, tiring and debilitating.

- *Is this feeling of humiliation and tiredness linked in anyway to how depressed you feel?*

This link is usually recognised by the woman when they begin to link the effects of constantly having to expose their lives to various public servants in order to avail of financial, health and social services. This public practice has been referred elsewhere as, the scrutiny of the socially disadvantaged. (McCarthy, 1991)

In requesting feedback about our therapy from women clients, we ask if those who are in the public service of those in poverty had appreciated the effects of poverty on their lives. This was the answer:-

"They wouldn't trust people in the system to help them, because when you are in poverty, you see the system as your enemy ... they are there to look down on you and to see that you are doing things right. You don't see them as helpers when you are in the situation ... they would have been reading from a text book and they wouldn't have any experience of the family life, how a person sees or feels about themselves. And they wouldn't be aware of poverty in the sense of the whole structure of poverty." (Deirdre, 1998 to Nollaig Byrne, Sr. Jo Kennedy and the author)

We followed up with:

- *Did you go about finding counsellors (Deirdre's word) that would have some sense, some sensitivity to the issues you were confronting in your life?*

> "I suppose, Jo (her resource person during therapy). I think Jo
> living in the flats was the step in the right direction for counselling.
> I think, if Jo had been from the convent I wouldn't have went to her.
> You know, she lived in the flats. She was after coming to the
> people. She broke bigger walls than anybody I know. I think Jo
> was a pioneer...... If I hadn't met her ....... I would be far worse
> than I am now. I think I would have trailed around the system........
> She played a massive part in my life, even though she mightn't have
> realised it, but in bringing me here (to the fifth province associates)
> and starting me in the right direction. This was the start of the
> direction, self-awareness, you know what I mean and that's what
> counselling should really do. I think that's the purpose of it, to give
> you the coping skills to care for your feelings, your own feelings.
> I think that's what this did for me." (Deirdre, 1998 to Nollaig
> Byrne, Sr. Jo Kennedy and the author)

*Political Conversations*

Jo Kennedy and Marie O'Shaughnessy have also developed a practice which they refer to as "political conversations". (Kennedy & O'Shaughnessy, 1998) These conversations are conducted between the therapists after a discussion with the client as to her particular experiences. In the political conversations where the therapists turn towards each other and talk among themselves they begin to link the client's experiences to those of other women in poverty and/or to the structural dimensions of poverty which may impact on the

client's life.    They invite the client to listen to these conversations if they would like to and

to comment as to whether they have any relevance or not when they have finished.

However, the client is also free not to listen and/or comment.    The conversation between

the therapists is conducted in a propositional and tentative manner.    For the most part

Kennedy and O'Shaughnessy have found that these conversations make a lot of sense to

their women clients and provide a new way to think of their problems as not just personal

to them.    As one woman ,who felt they were the most important part of her coming for

help,  remarked, "gems ..... I wish I could bottle them." (Fiona).    An example where

political conversations were used was the case of Gretta. (Kennedy & O'Shaughnessy,

1999, p 19)   Gretta had left a violent relationship and her solicitor told her to seek therapy

as "she was the kind of woman to whom it (violence) would always happen".    When a

trusting relationship had developed, after about four sessions the therapists introduced the

political conversations.    In their usual manner the faced their chairs towards each other and

the lead therapists suggests to the observing therapist "perhaps you have some ideas or

thoughts you want to share?".    In Gretta's case the political conversations included the

facts and figures of wife batterring, the number of women who are murdered and maimed.

They also looked at how a woman's identity is often singluarly defined in the context of

heterosexual couple relationships (marriage for the most part, e.g. she is somebody's wife,

mother and so on) and in the maintenance of those relationships so that the loss of a close

relationship has a political as well as an emotional and psychological significance.    As

such many of the problems which women lone parents present in therapy are frequently

social problems which are personally experienced.    As Deirdre has stated:

> "Educated political awareness of the intricacies of poverty and the
>
> overwhelming burdens endured are the tools needed by counsellors
>
> to reach those most in need of counselling and support and

genlteness, as society and the system bashes them up pretty good"

(Hill, 1998, p 21)

As is illustrated above, juxtaposing dominant and local discourses makes possible an analysis of the social situation in which the client and worker are operating in.     In this way clients and workers become conscientised to the overall social context in which they both live and to the local conditions in which the client lives.     It has been the ongoing experience of my colleagues and I, that through this process, clients do not continue to denigrate themselves.    Rather, a context of mutual courtesy and respect is generated in what might be called a deghettoisation process.     In such circumstances, the therapeutic encounter can become a marker in countering the many invalidating experiences implicit in being a welfare and social service recipient which are expressed by Cathy.

"My experience of the experts is that they don't understand how the

poor live.  They don't know what we need." (Cathy, 1989, p 20)

As the public service centre is a meeting place for representatives of the State and Family and/or the State and the Individual then it follows that public service delivery is inescapably political..    In this context a therapist is thus situated politically in maintaining or resisting potentially oppressive discourses and practices.     The  potential for, consciously or non-consciously, constituting discourses which affirm or negate marginalised families in distress is ever present.     As Patricia dArdenne and Aruna Mahtani (1994, p 11) point out in relation to the relationship between public statutory services and minority cultures, they "by their very nature, embody the cultural values, beliefs and prejudices of the majority culture.  They have furthest to travel, culturally speaking, to meet the service needs of any client from another culture".   This paper would

also argue that such considerations equally apply to services for women and families in poverty.

Laura Fruggeri and Massimo Matteini in their paper, Poverty and Social Services (1994) have drawn our attention as systemic practitioners to the paradoxical vicious cycle which attends to what they call the 'need-response paradigm' in relation to service users. They point out that within this paradigm the relationship between a professional and their client is built on the presupposition that one of the participants is a provider of services which meet the state of need that the other is deemed to be in. As one can see this creates an asymmetrical model of help and a reparatory approach on the part of the service provider. "Something has broken or is missing in the user and the services repair the damage or fill the gaps". (Fruggeri & Matteini, 1994, p 321) The paradox arises in the moment that the need is catered for, the state of his/her need is confirmed (vs. dissolved). "Thus a non-dynamic, non-emancipatory, and therefore, non-evolutive interaction is constructed." (1994, p 322)

## 4. *Including a Resource Person of the Client from the Client's Community.*

Much in the same way as the Just Therapy Group in New Zealand (Waldegrave, 1990; Waldegrave et al, 1996) use what they call a 'Cultural Consultant' to serve as a guide when, for example, White therapists work with Maori and Pacific Islanders, my colleague and I have been involving a resource person from the client's community. This is usually a person the clients have chosen to come with them. This inclusion helps both us and the client to relate the private issues of the particular experiences of the client to the public issues of poverty in their local community. It is also a means of linking the client to other material and social resources such as groups for women, child care facilities, tenants

associations; educational and recreational facilities and anti-poverty groups. Here again is Deirdre discussing the importance of her resource person:

> "I can honestly say of Sister Jo that if I hadn't met her I don't think
> this is where I would be now. I would be far worse than I am now.
> I think I would have trailed around the system. ..... she worked
> really hard in getting things off the ground and moving women .....
> I suppose Jo and the Centre (family resource centre in the
> community set up by Jo and local women) bridged a gap for us, of
> being in there in a colonised situation and marginal, and gave us a
> broader perspective of life and showed us things that we never
> would have had there. .... any of the women who go through that
> door won't come away the way they went in. They'll come away
> and bring something with the, the magic of Disney, it's exactly like
> that. You come away and you have something and there is an
> inner peace. And a lot of women who would have never thought
> of an education did their Leaving Certificate. (Final State
> examinations in the Secondary School System)" (Deirdre, 1998 to
> Nollaig Byrne, Sr. Jo Kennedy and the author)

However, I want to add a note of caution here. We also need to be aware that the telling of stories of life on the margins may come to constitute yet another confessional strategy in securing the colonisation or control of these lives and stories. However, if listened to in therapy, in the light of the daily effects of dominant stories, a site of protest, subversion and resistance (Wade, 1997) becomes possible. Simultaneously, such activities can guide us as to the kinds of appropriate public action which might be taken by both clients and therapists.

### 5. *Towards a Linking of the Private Issues of Clients to the Public Issues of Poverty.*

Reflecting the work of the New Zealand group (Waldegrave et al, 1996), Sal Minuchin (Minuchin et al, 1998) and Jo Kennedy (1994, Kennedy & O'Shaughnessy, 1999), it is crucial that the private issues of clients need to be entered into the public arena if social change is to occur. This publication does not refer to the specific details of confidential material but of the themes and trends in relation to women and families in poverty which we know about from our practice. The private and the public cannot be separated when one works with the poor otherwise we are in danger of creating yet another arena for their silencing and further oppression. Confidentiality must not become another strategy of containment implicit in confessional practices.

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

Therefore, if we as social constructionist -systemic therapists fail to see our part in the maintenance of what I call a 'cult of the norm' we are creating situations of professional denial. Because of the frequent presence of professional carers in the lives of the marginalised, any analysis of their situation needs to include the part the professional plays in problem description, problem maintenance and problem dissolution. (McCarthy &

Byrne, 1988; Anderson & Goolishian; 1988; Hoffman, 1988; Andersen, 1990; Cecchin et al 199; Salamon et al, 1991; White and Epston, 1990) Otherwise, the professional becomes part of an overall context of dis-welfare for women. (also O'Sullivan, 1997, p 3) We become part of a larger system which maintains divisions, inequality, social exclusion and poverty both within the private and public domains of social living.

With governments and private insurance companies now becoming very (financially) interested in the work of therapists the danger of a negative consensual fit is more worrying. There is a danger that such labelling confirms the individualising trends in relation to social processes and life style responsibilities which in turn supports arguments for less service to the designated 'undeserving'. Inspite of a growing interest in the more positive brief therapies in the economising on psychotherapy treatment and inspite of Steve de Shazer's repost that "we are not a response to managed care. we've been doing brief therapy for 30 years. We developed this long before managed care was even somebody's bad idea" (Hoyt, 1998, p 19) there are important questions to be asked. It would appear that it is now more vital than ever that we ask ourselves continuously if we are constituting, as therapists, negative free market discourses and their attendant rhetoric which condemns clients in poverty or are we resisting such discursive practices and rhetoric?

**CONCLUSION**

In conclusion, our development as systemic therapists needs an understanding of **HOW** women and their families become vulnerable to and within situations of social inequality. We need to understand **HOW** such inequality may emerge through discursive interactions and **HOW** these interactions recursively constitute relationships of power and inequality at whichever social level they occur. Following from this, we need to utilise this knowledge in our work in order that we might analyse how **WE**, as therapists have the

potential both to re-constitute these discourses and practices or resist them at the level of therapy.     We need to ask ourselves and our clients if their encounters with us could be described as fostering 'power-to' styles of relationship.

It does not matter whether we are employed in the public services or not, as Braulio Montalvo (1986) has reminded us in working with the poor,  we are inevitably part of the external constraints which organise their lives.     The so called private domain of therapy is not immune from the larger public movements in our societies.    We cannot forget that therapy today is part of the fabric of our social world.

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

Finally, this author would hope that in our deconstruction of negative rhetoric and discourses on women and families in poverty not only can we begin to bear witness to their stories of inequality and power-lessness in and outside therapy but also recognise that we could alter discursive imbalances.   We may see ourselves as engaging in this political and ethical endeavour if we recognise that discourse constitutes the basis for social excluding structures.   Systemic family therapists, could then play a part in resisting emerging rhetoric together with political and economic movements which further burden those who already carry society on their backs.

**Footnotes**

1.      Hypehnations are utilised to draw attention to the double or mutiple meanings of a word.

2.      The fifth province approach was developed by Nollaig Byrne, Philip Kearney and Imelda McCarthy from the early 1980's

Associated ideas and practices were developed alongside Ernst Salamon, who consults to public services in Sweden and who has developed the Commission Model with Klas Grevelius and Mia Andersson. (Salamon et al. 1991, 1994; Salamon, 1994) and Srs. Jo Kennedy and Marie O'Shaughnessy of Hesed House, Inchicore, Dublin. (Kennedy, 1994; Kennedy & O'Shaughnessy, 1998)

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

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# Fifth Province Re-Versings:

# The Social Construction of Women Lone Parent's Inequality and Poverty

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## ABSTRACT

**The Social Construction of Women's Inequality and Poverty:**

**Fifth Province Reflexions**

In this paper a systemic orientation is proposed which formulates theories and practices in relation to the social construction of women's inequality and poverty. A central

hypothesis is that discursive interactions at the macro and micro social levels generate much female inequality and relationships of power.      Dividing social living into public and private domains is further seen to exacerbate existing gender divisions, potentiate the exclusion of women's stories of poverty and ididualise and privatise many of their socially generated traumatic experiences.   Therefore, the paper posits that women's ineququality is partially constructed in and through social discourse at the level of politics and the media and as such it is argued that these issues be entered into discussions, inside and outside of therapy.   Finally,  through a Fifth Province Approach some strategies for resisting power practices are presented.   Reflexivity will be attempted in the feedback of women clients living in poverty on the process of therapy.