

The changing

IN writing this action plan on the changing family in the UK, we recruited some of the members of the Tavistock Clinic family systems team to help make practical recommendations, as if giving advice to government or professionals, on the basis of existing psychological knowledge and research. Our themes are transitions in family life (both expected and unexpected) and parenting.

Each contribution looks at what seem to be unique events at the time, yet on closer scrutiny of the data appear to be ordinary events. So what might make it more difficult to speak about some of these issues, or to represent the multiple perspectives contained within? Part of the problem, we believe, lies in the neglect of the family at all levels of teaching in the education process.

As applied psychologists, many of us do not have a good grounding in teaching on family theory, family process and appropriate research methodologies for the study of the family. This is ironic in that we value a developmental framework for thinking of human behaviour across the lifespan. Yet a developmental framework is often hard to recruit in the here and now, when faced with the aftermath of transition and the demands for crisis-coping in the heat of the moment. The following contributions illustrate how the family can be seen not only as the context for understanding individual behaviour, but also as a group worthy of study in its own right. We hope that these contributions will highlight the need to include family process in undergraduate education, as the platform on which to build postgraduate practice and theory development.



ARLENE VETERE and EMILIA DOWLING, with Rita Harris, Renos Papadopoulos, Hitesh Raval and Bernadette Wren.

Emilia Dowling on Children and parental divorce

OVER the last two decades family life in the UK has undergone fundamental and dramatic changes. A significant number of children now grow up in family configurations different from that of the traditional nuclear family. According to recent research, 'on recent trends it is estimated that 19 per cent of children born to married couples will experience parental divorce by the age of ten and 28 per cent by age sixteen. However, these figures may underestimate the rate of family dissolution since they do not include the separation of cohabiting families' (Rodgers & Prior, 1998, p.4).

These social changes have not only affected the families involved but have also taken centre stage in the political arena. Single parents have been blamed for unruly children; the Child Support Agency was set up, ostensibly to make fathers face up to their financial responsibilities; and divorce and separation have been seen as both liberating for adults (particularly women) and disastrous for children.

A confusing picture emerges: Is it better for children to live with constantly warring parents or to suffer the psychological, social and financial effects of their parents' divorce? It is certainly the case that legislation stressing the notion of parental responsibility (Children Act 1989) has fundamentally changed the emphasis from the rights of parents to the best interests of children, from access to contact, and from rights to responsibility. Children's needs have moved to the foreground.

In the context of all these changes psychologists and other professionals in health, education and social services are increasingly faced with the aftermath of family break-up. This emphasises the need

for all these professions to be better informed as part of their training. The manifestations in terms of emotional and behavioural difficulties in children and depression and stress in adults are not usually met by increased resources in the professional community.

Some researchers have taken the view that changes in family structure are major contributors to social problems, while some maintain that it is factors such as poverty and conflict that are most likely to affect psychological well-being. Other researchers stress the need to look at the complex factors affecting families before, during and after separation that indicate that divorce needs to be examined as a process rather than as a single event (Rodgers & Prior, 1998).

Given that it is unlikely that the trend towards increasing variety in family structures will be reversed, professionals in the legal process and welfare support systems need to be concerned with the conditions that can help children and families to minimise the harmful effects of family disruption and promote psychological well-being in children and adults. Research, and our own clinical experience (see Dowling & Gorell Barnes,

KATE GRAY

Children need an explanation

WEBLINKS

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London Domestic Violence Strategy:

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family

2000), shows that children need an explanation. They need to understand that although their parents can no longer live together, they remain interested in and responsible for them. We also see that when children maintain good relationships with both parents, the effects of divorce are mitigated, and that continuing parental conflict after divorce has a negative effect on children.

We suggest therefore that:

- *Services for families going through separation and divorce are needed, to work towards reducing conflict, giving children an explanation, and maintaining contact with parents whenever possible.*

■ *Emilia Dowling is a consultant clinical psychologist and systemic psychotherapist at the Tavistock Centre, London. E-mail: child+family@tavi-port.org.*

Arlene Vetere on Violence in the family: How do we talk about it?

VIOLENT behaviour between family members is a common occurrence. It is estimated that one in eight women is severely assaulted by a male partner each year, and one in three in the lifetime of their relationship (Straus & Gelles, 1990). The British Crime Survey (1966) found that one third of self-reported violent crime was domestic assault. There were gender differences within the sample, in that 48 per cent of the men reported that they were assaulted by their female partner, whereas 90 per cent of the women reported assaults from their male partner, which were more severe and of longer duration. The British Crime Survey went on to estimate underreporting at a third.

However, underreporting is thought to be a greater problem when relying on police records. For example, Dobash and Dobash (1992) estimate that only two out of every 98 (*sic*) assaults by men on their women partners are reported to the police. Interestingly, the very people who might be most sensitised to asking about violent behaviour in the family – counsellors and therapists – seem routinely not to do so. Ehrensaft and Vivian (1996) reported that when the topic was not explicitly raised only 10 per cent of those in couple therapy spontaneously reported violent behaviour; when actually asked, 60 per cent said that one or both of them had been violent to their partner in the preceding year.

Moffitt and Caspi (1998) in their review

CONTACT with birth families once children are placed with permanent substitute carers has been integrated into childcare planning in recent years, particularly since the Children Act 1989. There is an imperative to recommend ongoing contact for children with their birth parents wherever possible.

However, the evidence base for recommendations concerning contact is not yet firmly established (see Quinton *et al.*, 1997). Clinical experience supports the idea that for contact to be supportive of the emotional, social and cognitive development of the child, the beliefs and attitudes of the significant adults in the child's life about contact with them is crucial. In addition, the relationships of those adults to one another have major significance. These include the views of alternative carers towards birth parents and the birth parents' views about the permanent placement of their children, about the substitute carers and about their role in relation to their children after placement.

My research has examined the beliefs that professionals themselves hold about

Rita Harris on Contact with birth parents in child care planning

contact, and the influence that these beliefs have on recommendations they make (Harris, 1999). Professionals were strongly influenced by specific ideas about the best interests of children that, they explained, had their origin in both professional and personal experiences (such as their own adoption). This influenced the area and relationships they chose to focus on in their assessments, the questions they asked and the emphasis they placed on the responses they received. Also, certain terms, such as *attachment*, appeared to be used by professionals in different ways, drawing attention to the need to be clear in the use of language in this area of work.

This study supports the importance of self-reflective practice, with personal and professional influences in this area being addressed in training and ongoing practice. This should enable professionals to take a position of questioning in which they can remain curious during the exploratory phase of assessment, in order to be open

to the range of views expressed and less influenced by their own assumptions.

In summary:

- *When assessing for contact between children and the birth parents with whom they no longer live, professionals need to ensure that as part of their assessment they explore the beliefs and attitudes about contact held by significant adults in the child's life.*
- *Professionals and trainers have a responsibility to reflect on the wide range of personal and professional influences that organise the ways in which they work in this area, for example by discussing this with colleagues as part of the work carried out and via CPD events in this area of work.*

■ *Rita Harris is a consultant clinical psychologist and systemic psychotherapist at the Tavistock Centre, London. E-mail: RHarris@tavi-port.org.*

of studies on the effects on children of witnessing violence, estimate that adults who are violent to their partners are four to nine times more likely to be violent to their children than are adults who are not violent to their partners. In addition, children are likely to witness over two thirds of the assaults on their parents. And what about psychological abuse, strategies of coercion, control and humiliation, and everyday pushing and shoving?

What happens to the parenting, and what are the children learning? The adverse psychological effects of living in an atmosphere of intimidation and being subject to violent behaviour from a family member are well documented; for example, problems with anxiety and depression, lowered self-esteem, desensitisation to violence, and underachievement at school (Ammerman & Hersen, 1999). So:

○ *Professionals and policy makers need to be mindful of the high incidence of violent behaviour in family households. It is at least a significant context for troubled behaviour in the children and adults with whom we come into contact, if not part of a direct explanation.*

JOHN PHILIPS/PHOTOFUSION

- *Being mindful involves routinely asking about the presence of violent behaviour, and being prepared to act on the information. Violent behaviour is a criminal offence. Such information challenges us to clarify our own moral position and our relationship to issues of social control.*
- *Professional training and CPD curricula need to address how practitioners can be helped to prioritise safety for all concerned.*
- *Consultation and dialogue should be*

available to government from researchers and practitioners specialising in work and domestic violence.

- *Front-line staff in the public and voluntary sector need training in how to respond to disclosures of domestic violence sensitively and safely.*

■ *Arlene Vetere is Principal Lecturer in Systemic Psychotherapy at the Tavistock Centre, London. E-mail: a.l.vetere@tavi-port.org.*

Bernadette Wren on Gender identity disorder: Who says if I'm a boy or I'm a girl?

YOUNG people developing a non-typical sexual or gender identity can present powerful emotional challenges within families. Generic therapeutic values about honesty and revealing family secrets may suggest that 'coming out' to parents as gay or transgendered is good for psychological health. But Green (2000) has questioned this, arguing that this assumption ignores the risks associated with disclosure. On the other hand, if young people look for recognition chiefly *outside* the family, within the transgendered community, they may risk forfeiting the emotional and financial support of their parents.

While ignorance and prejudice are powerful motivators of a non-accepting attitude in parents, there is no simple matching of 'liberal' political views with greater parental acceptance. In a qualitative study on young people with well-established gender identity disorders (Wren, in press), the most accepting parents were those who put the maintenance of a strong emotional link to the child as a parenting

priority, regardless of pre-existing views on sexuality and gender. This drive can push the parent to imaginatively engage with what is real for the child, to face up to painful issues of self-blame, and to confront prejudice.

The less accepting parents in my study tended to view their key parenting task as the successful raising of a child according to normative standards. For them, the abnormality and stigma of transgenderism remain central, and coping would be oriented towards the restoration of the status quo. In these families talk may be

limited to occasional unsatisfactory question-and-answer sessions (where the questions posed may be the most unanswerable ones – for example, 'Why do you feel this way?') Silence may preserve the appearance of normality, but the young person is getting no help in developing a thoughtful self-account and the parents will gain little understanding of the child's predicament. So I recommend that:

- *The government should take action to ensure the full human rights of transgendered people are protected in law. Until then transgenderism will not be de-stigmatised within families.*
- *Professionals need to take a broad remit, looking to enhance the parent-child relationship and consider peer contact and self-help as formal therapeutic interventions.*

■ *Bernadette Wren is a consultant clinical psychologist and systemic psychotherapist at the Tavistock Centre, London. E-mail: BWren@tavi-port.org.*

MOVIESTORE COLLECTION

Renos Papadopoulos on Refugee families

It could be argued that there are two complementary perspectives in a psychological approach to refugees. The 'essentialist' perspective reminds us that refugees have sustained a multiplicity of actual losses and they have been exposed to many painful situations. The 'constructivist' perspective focuses on the ways that refugees define themselves, their needs and their very own experiences (as well as the ways in which psychologists perceive all these and their own role as helpers) in the context of the wider sociopolitical constructs. This perspective emphasises the many influences that shape the refugee experience. For example, depending on the country of origin and the historical and political circumstances, public opinion in the receiving country selectively emphasises aspects of the plight of a given group of refugees, which affects the way helpers respond.

Relationships within refugee families undergo radical transformation and role reversals are not uncommon (Papadopoulos, 1999). For example:

- As children usually assimilate faster than their parents, they acquire new responsibilities (even looking after their parents).
- Mothers tend to attain new authority from their involvement with their children (at school and in the neighbourhood).

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- Fathers seem to become more isolated as they lose their traditional position, becoming more vulnerable especially without the authority of the work status they had in their home country.

My two main recommendations would be:

- *Working with these families will involve the recognition and renegotiation of family roles, owing to the different needs of adults and young people.*
- *Psychologists and others who work with refugees should recognise and appreciate their resilience, rather than assuming psychological trauma is synonymous with suffering.*

■ *Renos Papadopoulos is a consultant clinical psychologist and systemic psychotherapist at the Tavistock Centre, London. E-mail: RPapadopoulos@tavi-port.org.*

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Hitesh Raval on Considering the cultural context

INDIVIDUAL, family or professional expectations about receiving or providing therapeutic support for someone experiencing health or social problems will inevitably be embedded within an ever-changing cultural context (Raval, 2000). For example, the successful management and treatment of a particular health problem, may be more dependent on the degree of shared expectations between clinicians, service users and family members about what will 'work', than what is actually known to work.

Good recovery of one's health may be as much influenced by the power of prayer, and family or peer group support, as it is by the availability of the

state of the art 'medicine', or on one's belief in an astrological explanation for poor health. My recommendation is therefore that:

- *The cultural context must always be taken into account in research into family life that informs public policy, since a good match in expectations is more likely to lead to a high uptake of treatment and successful recovery.*

■ *Hitesh Raval is Clinical Research Director at the Salomons Centre for Applied, Social and Psychological Development, Tunbridge Wells. E-mail: h.raval@salomons.org.uk.*