Working With Affluent Families

Greater Washington Society for Clinical Social Work

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Schedule

- 9:00 A.M.-9:20 A.M.: Introductions/Spectrogram/Premises of Course
- 9:20 A.M.-10:15 A.M.: Part I: Characteristics of Affluent Society in Contemporary America
- 10:15 A.M.-10:30 A.M.: Break
- 10:30 A.M.-11:40 A.M. Part II: Family Life in Affluent Society
- 11:40 A.M.-11:50 A.M.: Break
- 11:50 A.M.-12:50 P.M.: Part III: Family Therapy with Affluent Families
- 12:50 P.M.-1:00 P.M.: Evaluations

Introduction: Premises of Course:

1) While affluent family life shares many similarities with family life in other communities, and all families are different, certain patterns of family organization and relating do predominate among affluent families in contemporary United States society.

2) Affluent children and adults suffer from high levels of emotional distress and behavioral issues that are related to organizational and relationship patterns that predominate in affluent families and communities. Affluent families also tend to have specific strengths that can be capitalized on in family therapy.

3) The particular challenges and strengths of affluent families make family therapy a very useful modality for healing behavioral and emotional distress among affluent individuals.

4) To intervene effectively with affluent families, the therapist needs to have a knowledge of affluent family/community life, a willingness and ability to address specific barriers and resistances to effective family treatment, and a familiarity with particular techniques and approaches

Characteristics of Affluent Families (data from 2006—US Bureau of the Census)

-Top 1.5% of households make $250,000 or higher

-Top 5% make $166,200 or higher

-Top 10% make approximately $100,000 or higher (the “mass affluent”)

-The affluent in the DC area make considerably more than these figures

-The very top (income exceeding $1.5 million per year) contribute to feelings of scarcity/pressure to achieve among the mass affluent

-Nearly ¾ of the mass affluent have two wage earners, even higher for married households

-Vast majority of wage earners in affluent families were born into affluence

- Most children of the mass affluent either remain affluent or become more wealthy, whatever behaviors they engage in or mental health conditions they suffer from.

-Gender issues: most people marry their professional/economic equals—men generally make 30-40% more once children come—leads to pressure on women in particular to maintain status quo in marriages

-Affluent individuals are more likely to be married and straight (in contrast to “the myth of gay affluence”). The affluent tend to marry later, have less children out of wedlock.

-The affluent tend to have fewer children, with implications for family structure.

-Divorce is lower among the affluent than in the general population, although it is higher for the “super-rich”. Clinical evidence suggests that the reasons for this include: marrying later, and the high price of separation.

-The vast majority of income among the affluent is derived from professional status. The highest earning groups are physicians ($321k for anesthesiologists). CEOs are a relatively small group and vary, about $150k average (although many are super-rich). A broad swath of professionals: lawyers, engineers, accountants, pharmacists, financial managers, etc., who make $70-300k/year, constitute the majority of the mass affluent.

- Most affluent individuals have high levels of educational achievement. Most families in the top 10% have at least one, and usually two wage earners with professional or doctoral degrees.
- Generally, those with specialized and scarce skills earn more
- Most wage earners among the mass affluent have not attended “name schools”

Diversity Among Affluent Families

- **Ethnic Diversity**: 87% of affluent culture is Caucasian, 6% Asian, 5% Hispanic, 5% African-American (note some overlap)
- Caucasians almost twice as likely to be affluent: 18% in top 10%
- Hispanics 8% in top 10%, African-Americans 6 % in top 10%. Affluence can make minorities a "double minority", and can strain relationship with broader minority culture
- **Religious Diversity**: Vast majority are mainline Protestants. However, Jews and Hindus are vastly overrepresented (Jews 46%, Hindus 43%). Also, unaffiliated is overrepresented (20% in top 10%, vs. 10-15% in general population. *Generally, affluent families are more secular and have weaker religious ties.*
- **Trends in Ethnic and Religious Composition of Affluent**: The trend continues to be of increased ethnic diversity (biggest influx is Asian), and increased secularization.

Geographic Diversity/Topography of Neighborhoods in Affluent Communities

Affluent families are usually concentrated in specific neighborhoods within metropolitan areas. There is often little opportunity/need to interact with middle or lower-income communities. Generally there are fewer sidewalks, and less common or mixed-use areas—with implications for affluent culture. There is higher career mobility than in middle-class communities, often leading to less community stability/less community cohesion.

Historical Context of Modern-Day Affluent Society

-The hyper-focus on educational achievement among the affluent is a mostly modern phenomenon. Prior to the1970s, a high number of the affluent lived off inherited wealth or became wealthy via entrepreneurship. De-industrialization/ globalization/the decline of family farming during the 1970s led to people becoming affluent primarily through skills and education. The dominant affluent value became educational success.

-Affluent society has more ethnic, cultural, and religious diversity than ever before.

-Earlier affluent groups can now be said to exist as sub-cultures within affluent society. There are a declining number of “old money” affluent families who sustain their affluence primarily through inheritance, and some entrepreneurs without higher education. Still, most of these families are heavily influenced by their more educated peers.

-The precariousness of social security and pensions, people living longer, lack of asset growth, has generated an increasing sense among the affluent that one can “never have enough money” that makes affluent people feel more economically vulnerable than in past years.

Changes To Affluent Society in Light of Recent Economic Events

- The recent recession has impacted the wealthy via layoffs among professionals and decreased wealth. Feelings of economic insecurity are increasing. There is some evidence that the drive for consumer goods is decreasing.
- The speeding up of de-industrialization and the continuing shift of the economy into services, education, and health care may accelerate the trend towards the valuing of educational achievement.
- Effects of governmental policies: Possible changes in tax policy or health care reform are unlikely to fundamentally affect the societal distribution of income, or affluent culture. Recent increases in government spending may result in more jobs for some of the affluent.
- The continuing increases in the costs of post-secondary education amidst the downturn has not resulted in a modification of the belief that expensive “name schools” are the keys to success.

Family Life in Affluent Society

A. Mental Health/Behavioral Concerns

-There are higher rates of psychopathology than in middle-class communities. By early teens, children have higher rates of depression, anxiety, eating disorders, and drug and alcohol use. Adults may have higher rates of anxiety, depression, and substance abuse. Particular disorders include anxiety, hoarding, narcissistic personality disorder (Luthar and Sexton, 2004).

-Problems tend to be hidden and at first appear subtle. Children can hide cutting, drug use, mood issues behind veneer of success. Adults may be more able to sustain drug/mood issues. There is more incentive to cover up problems because affluent communities tend to shun vulnerability. There may be more “enabling” behavior. Fear of exposure/vulnerability may inhibit effective use of mental health treatment. With children, concerns of sullying academic record are a barrier to mental health treatment (Levine, 2006).

-Ability of affluent to influence institutions (such as schools or police) may mean that either emotional issues or behavioral problems have fewer external consequences, and may be less likely to be addressed.

B. Values in Affluent Society

- A premium may be put on external success, both academic and professional.
- Mean/aggressive and even anti-social behavior may be more tolerated. Even cheating is often not as frowned upon, in the interests of success. Ex: billable hours, piracy, resume padding, academic cheating, taxes, plagiarism (Callahan, 2006).
- There may be a sense of entitlement among either parents and/or children that may manifest itself in pushing teachers for grades, complaining to police, etc.
- The sense that some of the very wealthy have that their material needs may be taken care of that may contribute to apathy/lack of responsible behavior.
- Hyper-competitiveness may manifest itself in academics or sports; relaxed fun and play may be de-valued.
- There is a sense that some individuals have of having “no past, no culture, no context”. Little connection to traditional values or religion.

C. Parenting in Affluent Society

- Anxiety of parents with respect to success can lead to high levels of involvement in their children's education, high amount of scheduling of children in productive activities; at the same time, there may be less emphasis on developing character, as well as a neglect of children's nurturing needs (Barber, 2002).
- Rewards and praise may be a frequent tool to manipulate children toward achievement. Parents may buy material goods or give children privileges when they experience disappointment or frustration.
- Several expectations of children prevalent in middle-class culture may be de-emphasized, especially respect and the need to do chores, which may instead be done by household help.

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- Many parents spend less time with their children (two-income families, demanding jobs) than in middle-class families. Crucial aspects of parenting are farmed out to nannies, therapists, etc.
- Some parents may fail to articulate a clear set of values/beliefs to their children beyond emphasizing achievement and success.

D. Childhood in Affluent Society

- Many children have scheduled, productive activities from an early age, with little “roaming” of neighborhoods and unstructured play. Much after-school interaction consists of “play dates”.

-By high school, entry into “name schools” becomes the focus of many adolescents. There is a heavy focus on grades, less on learning, and sometimes less of a willingness to take academic risks. Extra-curricular activities may be focused on “building a resume”.

-Some children may develop difficulties with self-control and frustration tolerance as a result of easy access to privileges and material goods (ironically, presenting a challenge even to academic success).

- The lure of “ screen time” may be even greater than in the wider society due to the availability of the latest gadgets, less community atmosphere, pressure from parents for achievement. This may exacerbate the emotional isolation of teens from adults, lead to an isolation and a drive towards getting “the stimulation they want when they want it”. The increasing “customization” of technology by the “iGeneration” may be exacerbating these trends.

-High usage of screens by children and teens may conflict with the value of academic success and building an “extracurricular resume” that parents expect, leading teens to even further use.

- Teen culture may become an even more influential social system than the family ((Taffel, 2001). The ubiquity of social networking, the lack of parental knowledge of technology, a lack of respect for authority, and emotional isolation from parents all contribute to this trend. Values of teen group may include: academic success, attractiveness, materialism. “Hook-up culture” may lead to particularly cold interpersonal relationships among young adults.

- High levels of drug and alcohol exist in many affluent high schools, and especially in private colleges. In contrast to lower income youth, many drug dealers may be popular among peers.

E. The Adult in Affluent Society

-Many adults work long hours in very competitive environments.

-Many adults remain single well into adulthood.

-Many adults may be isolated from their families of origin due to career mobility/time pressures. Lifelong friendships are an increasingly scarce commodity.

-Many men in particular feel intense pressure to succeed and achieve, and equate professional success with “worth”. May continue to have higher rates of substance abuse than middle-class population.

-Even though both fathers and mothers usually work, mothers usually makes less. Often mothers feel like a “single parent”, and have an overwhelming amount of responsibilities. Having fewer close friends is particularly hard on women. There is some evidence that affluent women have higher rates of depression than middle-class women (Levine, 2006).

F. The Self in Affluent Society

-Individuals may feel deprived of both a sense of connection and support as well as autonomy. Many feel as sense of isolation from family or culture. The immediate gratification of wants can lead to immature defenses and poor impulse control, while excessive praise and an emphasis on outward success/materialism can lead to a brittle “false self” or a “thin skin”. Often there is a deep need for acceptance by others. Common is the equating of “outward success” and achievement as well as use of certain material products with “worth” as a person. May experience drop in self-esteem when not successful. The valuing of external signs of success can lead to a lack of self-love and internal satisfaction. Many individuals experience a lack of basic nurturance and emotional safety. Ways of relating to others may include: using people as means to ends and an easy use of deceit towards pursuit of material goods, achievement, or gratification of impulses. Impulse control problems may generate addictive behaviors. (Robbins, 2006)

-Conversely, many individuals may be able to make use of opportunities and progressive attitudes in affluent culture to develop openness to ideas, a variety of interests, autonomy, and a healthy ego and self-esteem.

G. Relationship Dynamics Among Affluent Families

Spousal relationship: Power imbalances may develop despite ideal of egalitarianism, especially after birth of children. Men usually earn more, even though women have same educational level. Often couples tolerates poor relationships, endures power imbalances because of costs of separation. Incentive to hide domestic violence.

Parent-children dynamics: Many busy parents spend less time with children, interactions may be focused on achievement issues. Often communication by children characterized by disrespect. With fewer children, parents tend to have more “invested” in children’s achievement. Can be a “child-centered” family, where other relationships get neglected, the hierarchy is inverted.

Sibling Relationship: May be characterized by excessive competition, lack of playfulness.

Whole-family dynamics: May be less family cohesiveness than in middle-class families: family members may concentrate on individual efforts at achievement or screen time; focus of teens may be on teen culture.

H. Common patterns in the family structure of affluent families

-Men may travel and work long hours, while women, who also may lack support from family or community, may become emotionally dependent on kids. (This trend may be shifting as women gain more economic power and men take on more and more of a nurturing role). This may lead to extremes of enmeshment and disengagement and a tendency for cross-generational coalitions.

- High investment in children may lead to excessively child-centered family structure and a weakening of the family hierarchy. Children may have more power over decision-making than is developmentally appropriate; children's facility with technology may exacerbate the situation.

I. The Affluent Family in Context

-Family unit may feel less support than middle-class families because of lack of extended family, faith communities.

-As most neighborhoods are bedroom communities with few sidewalks and common areas, and most people are very busy, many families have few supportive relationships with other families in their communities.

-Contact with other families may be characterized by competitiveness

-Some extended family support can lead to complications: e.g., relatives who “bankroll” education/other expenses can lead to family secrets.

J. Special Family Circumstances

Divorce: This is rarer than in middle-class families (except among super-rich), perhaps due to people marrying later as well as costs of divorce. (Levine, 2006) High-conflict divorces can be particularly searing. A counter-force to this is a higher awareness of co-parenting, mediation, etc., than in middle-class culture.

Disability: Can be more denial and shame around it, also less acceptance, particularly of developmental disabilities that affect academic success. Intense panic/grief may lead to extreme differences among family members. Also more services, can be less blaming of child. "Crusadership" is a common coping device. (Seligman and Darling, 2001)

Domestic Violence/Abuse: Probably underreported, but may also be less.

Drug Use/Abuse: Certainly underreported, often overlooked. Incentive to enable breadwinners. Drug users/dealers may be "popular" kids, as distinct from lower-class kids (Levine, 2006)

K. Strengths of Affluent Families

-Despite the many problems in affluent communities, most affluent individuals do not suffer emotional disorders, over-use drugs or alcohol, or habitually engage in unethical behavior; many families are cohesive and orderly with a strong hierarchy and balanced approaches to achievement; and many communities are supportive and inclusive.

Particular strengths of affluent families may include*:*

-Higher valuing of achievement and education

-More egalitarian approaches to gender roles

-More tolerance and knowledge of diverse races, religions, and lifestyles

-Lower rates of violence in communities and possibly families

-Greater efforts to become educated in parenting concepts and techniques

-Lower rates of divorce, single parenting

-Greater awareness of concept of co-parenting

-Experience with and knowledge of therapy

-Ability to use wealth/education to recover from and compensate for other difficulties

-Less actual economic stress than other families

-Children are empowered to question and form opinions.

-Individuals have the opportunity to develop positive hobbies and interests.

-Individuals have an awareness with and are comfortable with use of technology, able to access information and resources.

-Families can afford beneficial health care/ therapies/private schools/other resources.

Treating the Affluent Family—Introduction

-Rationale for systemic approach: affluent families in particular can benefit from family work, as individuals in affluent families may suffer from emotional distress that reflects family systems/relationship issues. Conversely, stronger family systems are likely to result in less emotional distress.

-Barriers to family therapy from clients: busy schedules, achievement orientation, ability of individuals to function well despite psychopathologies, fear of addressing relationship issues due to possible loss of lifestyle, shame/fear at being exposed ("thin skin" of affluent culture), fear of therapy getting on "record" of child, many societal reinforcements for elements of lifestyle that may be counter-productive.

-Counter-transference challenges: excessive financial ambition, anxiety/intimidation/awe, devaluing of value of ambition/success, ability of family members to function highly despite pathologies, lack of empathy/judging of values, materialist view of social justice, articulation of non-systemic perspective by articulate, educated clients.

-Strengths of many affluent families that may lead to productive family work: openness to learning new ideas, ability to focus on goals, ability to grasp many concepts, openness to egalitarian approaches to parenting, high levels of investment in children

Effective Interventions With Affluent Families

A) The Nuts and Bolts of Building a Practice and Engaging Clients

1) Focus on building a word-of-mouth reputation.
2) Build a robust web site.
3) Answer questions about experience/credentials directly and with confidence.
4) Make sure you charge at least the going rate.
5) Accommodate busy schedules as much as feasible.
6) Model a healthy desire for making a living balanced with boundaries protecting personal family life.
7) Take into account that the degree of fear of exposure, the strength of defenses, and the severity of problems may not be apparent; cultivate an atmosphere of warmth and acceptance.
8) Engage challenges to your ideas and interventions in a respectful and direct manner.
9) Constantly monitor counter-transference reactions.

B) Building a Family Perspective

1) Insist on the importance of family relationships--resist the tendency to be pulled in as another "auxiliary parent".

2) Directly address challenges to the family perspective—acknowledge the validity of other perspectives and be willing to incorporate these ideas into an overall family approach.

3) Build a sense of connection and cultural identity via exploration of family history, genograms.

4) Make certain that families dialogue about their values, including moral values and relational ethics. Inquire about values of previous generations. (Boszormenyi-Nagy, 1987)

5) Ask relational questions to cultivate a systems perspective (Walsh, 2006)

6) Capitalize on intellectual strengths and achievement orientation to get them involved in the "project" of improving their family.

7) Avoid framing the treatment as a frontal attack on the family's values. Example: acknowledge the positive elements of an emphasis on achievement (Anderson and Stewart, 1983).

C) Building Family Cohesion

1) With children as identified patients, make sure that all caretakers are involved in the treatment.

2) With adults as identified patients, look to spouse and extended family as agents for healing.

3) Ask about family rituals, including dinner-time and weekends. Encourage whole-family games and outings (Walsh, 2006).

4) Look to develop a sibling relationship that involves play in addition to healthy competition.

4) Encourage an awareness of the use of technology by all family members, and make a place for interaction both through technology and without technology.

5) Work with all family members to develop narratives about the family and relationships (Walsh, 2006).

6) Dialogue about extended family, community, and wider culture.

7) Open up a dialogue about family values as well as spirituality.

D) Building Family Supports

1) Draw eco-maps—identify community supports/family friends/ways of building these supports.

2) Identify members of extended family who can be drawn on for support.

E) Improving Spousal/Parental Relationship

1) Affirm the value of spousal relationship, including raising children.

2) Explore tasks/roles of each spouse in family; challenge imbalances.

3) If indicated, gently explore how fear of “rocking the boat” may have inhibited greater intimacy and satisfaction in marital relationship.

4) Have frank discussions about ways to communicate around finances, connect to values, vision for family.

5) Affirm importance of relaxed time to chat, show affection.

F) Improving Parenting and Child-Parent Relationships

1) Acknowledge parental anxieties regarding achievement-- Examine faulty premises: importance of “name schools”, achievement as “success”

2) Encourage parents to show interest in kids’ non-achievement related activities.

3) Frame the development of healthy relationships, character, self-esteem as essential to success.

4) Frame need for internal security/values/ accountability as crucial towards children’s overall success in life.

5) Educate parents about how to support healthy achievement: treating failure as inevitable and necessary, “helping out” instead of “taking over”, reinforcing perseverance, giving specific feedback, valuing cooperation/fair play in addition to winning.

6) Encourage relaxed play and sharing. Foster affectionate touch.

7) Encourage parents to develop positive work ethic in children. Encourage chores, volunteering (especially with those less fortunate), cooperative work projects; consider paid work for teens.

8) Explore with parents what character traits they want to instill in their kids.

9) Point out the cost of indulging/rewarding kids with money/material goods.

10) Explore with with parents the lessons they want to teach kids about money. Suggest the value of teaching about saving, comparison shopping, and stressing function rather than status (Baldwin, 1988).

11) Highlight the downside of rewards and praise, and the value of specifically encouraging positive behaviors.

12) Encourage parents to prioritize respectful communication. Discuss the functional value of manners.

13) Explore effect of parental work demands on parent-child relationships.

14) Take into account the role of nannies and consider including them in treatment.

15) Develop shared parental values about discipline, with all caretakers taking responsibility for limit-setting. Discuss principles of discipline which preserve relationships/self-esteem of children and fosters positive choices.

16) Increase the ability of parents to sustain limits: support them in not reacting to feelings of guilt, anger, sympathy, etc. Help them identify children's manipulative tactics.

17) Explore roles of family members—look to break up unhealthy cross-generational coalitions and support a strong family structure with a cohesive and united hierarchy.

18) Support sibling relationships—encourage support, cooperation, and healthy competition.

19) Work towards a healthy use of screens and electronic equipment. Encourage dialogue, positive family use of screen time, and parental controls.

20) Encourage parents to discuss issues of wealth/ privilege with their kids. Encourage appreciation of wealth and discussion of what it means to "use wealth well".

Conclusion

- Members of affluent families are hurting at least as much as members in other socio-economic groups.
- Their challenges in many cases can be traced to systems issues.
- Effective healing of affluent individuals is often best addressed in a systemic context.
- Effective family therapy with affluent families takes a knowledge of specific barriers to treatment, including counter-transference phenomena.
- Effective intervention with affluent families depends on the clinician having a knowledge of affluent culture and mores, including particular strengths and challenges.
- Effective intervention takes a knowledge of particular approaches and techniques.

- Question for discussion: Can family therapy with affluent families be a vehicle for social change?

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