

Poverty as Trauma: Understanding the Impact of Fiscal Trauma on Individual and Family Life

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*“Poverty is the worst form of violence”
Gandhi*

I woke up at three a.m. praying for a miracle for my client. I did not wish for self-esteem, release from the terrors of a lifetime of trauma or a flash of insight. I prayed for cash-filthy lucre, dead presidents and gold bars. She has heart, vision and a tenacious spirit. What she lacks is cash to finance her dreams and her basic survival needs.

If we listen carefully, especially if we are working with low-wage earning families, underneath the anger, conflicts and poor communication skills, we will hear the beat of fear, anxiety, depression and shame that comes with constantly struggling to stay ahead of bills. The cost of therapy, however low the fee, can present an additional stress on a life lived in deficit mode. Many of my clients are African American women who struggle daily with economic issues. Whether she is a working class lesbian trying to break a family pattern of economic struggle or an upper middle class woman who cannot answer her phone for fear of creditors, I hear the stories of shame due to financial lack and insecurity. While it is beyond the scope of this essay to fully explore the intersections of gender, race, ethnicity, sexual orientation and class in the creation and maintenance of poverty and financial anxiety, readers are encourage to review the resource at the end of the chapter for additional information. Unfortunately, there is little clinical literature (Aponte,1994, Fullilove,2005, Hill,1996 Jackson, 2005, Walgrave, et al, 2003] to describe the impact of multiple forms of oppression/marginalization on the emotional well-being of individuals and families living in or on the edge of poverty.

Poverty in Context

Family therapists committed to social justice are in a unique position to offer healing techniques and institutional advocacy to and on behalf of families who live with the double burden of poverty and emotional crises. We are challenged to honor the presenting issues the families bring to our consulting rooms while staying open to widening the lens on the economic problems that undermine family functioning. In America, the Myth of Meritocracy-that deeply held belief (contrary to data and common sense) that everyone can succeed in this land of plenty-leaves many no or low-wage earning families mired in shame and deep sense of personal failure. The class saturated, class silent nature of American

psyche does not allow space for economically marginalized communities to name the problems of no jobs, inadequate wages and unaffordable housing, among other limitations, as barriers to full and healthy emotional functioning.

According to the Catholic Campaign for Human Development (2006), The official poverty rate in 2005 (the most current year for which figures are available) was 12.6 percent. Thirty-seven million Americans live below the official poverty thresholds. In 2005, a staggering 15.6 million people lived in extreme poverty, surviving on incomes below half the poverty level. The number of Americans living in extreme poverty remains the highest level on record, since data first became available in 1975.

CCHD further notes that a single parent of two young children working full-time in a minimum wage job for a year would make \$10,712 before taxes—a wage \$4,865 below the poverty threshold set by the federal government.

Fiscal trauma exists within a context of a capitalist, consuming culture that invites excess and “buy now, pay later” values. When low-wage families engage in this behavior, they are frequently accused of being “unable to defer gratification.” Now, these values cross socioeconomic lines and are manifesting in record housing foreclosures and personal bankruptcy among middle and upper class families across the United States. No or low-wage earning individuals have the added challenge of having little value in system where they cannot consume due to lack of financial resources so it is nearly impossible to get issues like universal access to health care, affordable housing or full employment on the national agenda.

What is Fiscal Trauma?

In the course of my clinical and community work, I began to use the term “fiscal trauma” to describe the life threatening and shame inducing experiences that result from inadequate income and resources. I define fiscal trauma as *an intense emotional reaction, characterized by depression, anxiety/worry, a profound sense of shame and a fear for survival in response to inadequate financial resources*. Fiscal trauma may also manifest as anger when individuals feel like their experiences are ignored and minimized. A frequent challenge in dealing with fiscal trauma is that it has become so normalized that the individual has learned to minimize the impact of financial lack and anxiety on their daily functioning. These feelings can often persist after economic stabilization has been achieved. Fiscal trauma is an emotional response to economic oppression—the political is personal and it is devastating millions of low-wage families in America.

It is critical for clinicians to explore what impact economic lack has on an individual’s sense of self, their relationships with family and friends, their views about economic and career possibilities and their relationship with their

community. Clinical conversations should also include a discussion of external factors (social, economic, political, and geographical) that impact the individual's access to necessary resources. While a traditional genogram with specific questions regarding the socioeconomic status across generations can be very helpful, I have invited clients to write out more detailed stories and utilize audio and video taping to tell their personal stories. I have found these strategies to support clients in hearing their own voices and they serve as a form of "self-witnessing."

Your Money and Your Life: A Case Study in Fiscal Trauma

In my clinical work with fiscal trauma, I have found that the following framework has guided me in my engagement of clients.

1. Widening the Lens: Helping individuals affected by fiscal trauma and their allies to understand the larger social, economic and political factors that create and maintain poverty and that result in fiscal trauma.
2. Witnessing the story- Create space for individuals/families/communities to share their stories about how poverty has affected their individual and collective lives.
3. Validating feelings – Allow individual and collective space for fiscal trauma survivors to express their feelings (sadness, rage, helplessness, loss, fear, etc.).
4. Linkage with resources- Key aspects of fiscal trauma are "treatable" through the provision of needed resource (food, clothing, shelter, educational opportunities) or information that will assist families in meeting their basic economic needs.

The following case demonstrates how these four strategies can be utilized in clinical settings.

Suluma is a 49 year old African-American woman who came to see me to deal with severe depression and post-traumatic stress disorder. She is divorced and the mother of two adult daughters. She was 19 year old when her first child was born out-of wedlock. She married the an older man, in part due to a desire for family and financial security with whom she had another child.. She eventually left the marriage due to her husband's controlling behavior

Suluma grew up in a family marked by brutal violence and constant financial conflict. Although both sets of grandparents were lower middle class, her parents struggled financially due to father's substance abuse and gambling. She is the older of two children from her parents' marriage. Her father has at least two other children outside of the marriage. Suluma reported that she was sexually abused by her father and witnessed father's violent attacks on her mother and her brother throughout her childhood. She noted that many of father's attacks against her mother were related to his demands for money. When Suluma was 14, her father shot her mother and maternal grandmother (who had been her safe haven for her) while Suluma stood next to them. After her mother's and grandmothers deaths, Suluma's paternal family pressured her to testify on her father's behalf but she resisted the pressure and testified for the prosecution and her father was ultimately convicted of the murders. Suluma recently remembered that her paternal grandmother took her to the jail following her mother's death to retrieve money out of her mother's blood stained purse (which was being held as evidence). This was one of many ways that the extended paternal family failed to support and, in fact, terrorized Suluma as a grieving adolescent. Her maternal family was deeply grief stricken and angry at Suluma's father and emotionally abandoned the adolescent girl and her brother.

Suluma reported that she moved around between several relatives but managed to graduate from high school. She eventually joined the Army Reserves as a way of achieving some economic security. She remembered being moved by the "Be All That You Can Be" Army advertisements. Like many poor and working class young adults, she saw the military as path out of poverty. She was sent to Saudi Arabia as part of Operation Desert Storm. She later used her military training to secure a position in corrections.

Recently, Suluma encountered several challenges during the purchase of the home and eventually was able to move through her pride and accept a loan from her daughter for the down payment. After several months in the house, she began to experience difficulties on the job (working as a correctional officer at a large county jail) that were aggravated by her health problems. A series of events led to her terminating her employment and she found a series of part-time and temporary jobs that barely covered her daily needs and was not sufficient to pay her mortgage. Her application for service-connected disability status is pending and may not be approved for a year. Over a two month period, Suluma's depression spiraled and she reported increase feeling of hopelessness and suicidal ideation, an increase in panic attacks and a deep sense of shame for being unable to support herself. She was concerned about becoming a burden on her children and financially destabilizing them with a request for financial assistance.

During a therapy session she noted that she felt like she would never escape her traumatic past and felt hopeless about finding herself, "in the same place again." As her therapist, I was barely able to suppress my own panic at her

despair but invited her to think about some of the dramatic shifts she had made in her life- engaging and moving through traumatic memories, establishing firm boundaries with her incarcerated father and brother, re-connecting with her youngest daughter and lovingly embracing her identity as a lesbian woman in spite of her daughter's disapproval. Then I noted that I saw the lack of money as her primary problem-not the perpetual trauma wound from a life of violence. I asked her how a sudden infusion of money sufficient to pay off her debts and ensure coverage of her household and educational expenses would affect her mood. She paused and acknowledged that she in fact had made major changes in her life in spite of her trauma and that her primary problem was a lack of money. The therapeutic process shifted to identifying potential sources of income (finding a roommate, searching for jobs outside of corrections/criminal justice, consulting, additional student loans and scholarships). A flipchart, marker and calculator became key tools in our work. In session, Suluma had to balance the expression of grief and disappointment over possibly losing her dream home and research on foreclosure and avoiding mortgage scams.

During this period, I began integrating Emotional Freedom Techniques (EFT) (Craig, 2006), a blend of acupressure and affirmations, into my practice since I found it effective in resolving overwhelming emotion and traumatic memories. During a five minute session of EFT, Suluma was able to reduce her rating on a subjective units of distress scale (SUDS) related to shame over not being able to financially support herself from a 10 (highest level) to a 1. She was directed to utilize the technique in session and in her daily life to clear immobilizing feelings of shame, anxiety and depression. This was a no-cost, self-administered technique that she had access to 24/7. I had to expand my clinical role to include advocacy- clinical documentation of disability and letters supporting a hardship withdrawal from classes (leaving a clear path for her return next semester). Suluma is still struggling with being without adequate income but she is doing it without the emotionally disabling burden of unchecked anxiety and shame. She was also encouraged to reach out to several friends who were also struggling economically and talk honestly about her situation and create witnessing space for herself outside of therapy.

Getting Clear, Being Safe: Therapists Dealing with Poverty Issues

If I am not afraid of me, I will be less afraid of you.
Lillie Allen

I entered graduate school to specialize in children and youth services and my very first class was on social and economic development. I remember the professor asking "why are people poor?" and being shocked when a room full of future social workers responded with the typical stereotypes of lazy, unmotivated people who were happy to live off the system. While these attitudes may be

extreme and clearly not representative of the majority of social workers, many experienced therapists can get caught in the trap of not expanding clinical interventions to actively address the social, political and economic realities that impair family and individual functioning. Kiwi Tamasese and Charles Waldgrave of the Just Therapy Team of New Zealand challenge the isolation of families from these broader contexts and assert that:

“...if you are actually working outside that context-which most therapy in fact is-and if the problem that the family brings is associated with some external factor like housing, racism or sexism, then it’s not that you are doing a minimal job in therapy, you are actually doing a pro-active , harmful job because you are separating yourself from that information. That will mean that the particular problem will return, perhaps worse, because you are consigning people back to the conditions that caused the problem in the first place” [Waldgrave, et al.. 2003 pg 136].

Unfortunately, many of us do not receive explicit training in addressing class and money issues with clients and it is possible to be well advanced in an agency-based practice and never have to address therapy fees with a client. This disconnect from the immediate economic realities can allow us to ignore the larger financial issues that can create and maintain high levels of anxiety and depression in individuals and families seeking consultation.

It can be overwhelming to stay current with the clinical literature and it can be daunting to actively engage complex and rapidly changing economic issues that impact our clients. We all are raised within an economic context that influences how we view ourselves and others. However, there are few opportunities for most of us to talk about our class experiences and to acknowledge a family history of poverty can trigger profound shame for many of us in economically diverse settings. Building on the work of Pinderhughes (1989) in helping to identify therapists’ biases and values related race, power and ethnicity, I posed the following questions to myself and various colleagues in an effort to uncover our deeply held beliefs regarding class, money and power:

1. How do you deal with behaviors that you perceive to be undermining of a client’s financial well-being?
2. How do you deal with negotiating fees when engaging a low-wage earning client?
3. How do you feel about working with upper income clients? Does their class status influence how you work with them in any way?
4. What are some ways that money and/or class issues show up in your therapeutic practice? How do you address these issues with your clients?
5. What strategies have you utilized to raise awareness of class issues and/or poverty in the therapeutic interface?
6. What are the stories that shape our lives when we are raised in poverty?

7. What are the stories that shape our lives when we are raised in economically privileged families and communities?
8. Who frames the discourse on poverty? How does this play out in the day-to-day lives of low wage earners?
9. How were money and/or class talked about in your family of origin?
10. How are money and/or class talked about in your current family situation?
11. How do you talk about money and class with your colleagues? What is easy to talk about and where does it get challenging?
12. What is the role of a family therapist in community and/or policy discussions about class, money, and economic disparities?

I confess to still struggling with many of these questions and have found that group settings with colleagues and clients have been critical spaces for me to sort through my values and judgments and increase my comfort in raising these issues. Expanding therapeutic space to include workshops and discussion groups is strongly recommended to create “every day spaces” for individuals and families to explore how money and our access to it shape our emotional experiences. Where possible, it is important to create opportunities for parent and child discussions about money since most families, regardless of economic status, have limited experience talking about money in a clear and direct manner.

Conclusion

Money can change lives in profound ways and we have to be conscious of how we think and talk about money with our clients who are economically struggling. Sometimes an infusion of cash is so much more helpful than a prescription for antidepressants or free or low-cost therapy sessions. How do we, as family therapists committed to social justice, address the inequities inherent in American society that leave so many people consistently living below government poverty levels that are in and of themselves a perversion (based on emergency food budgets and presuming that 30% of household income is devoted to food). In a time when affordable housing has become an urban legend we need new skills and powerful conversations to assist families who are struggling with fiscal trauma. We need to name it and treat it and understand that more than for any other form of emotional distress, the ultimate prevention and intervention tool is the assurance of adequate income and economic justice.

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www.epi.org

National Low Income Housing Coalition (annual Out of Reach Report on fair market rental rates)

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Poor People's Economic Human Rights Campaign (Kensington Welfare Rights Union)

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