I. Introduction

The Broken Cord is a story about Michael Dorris and his Native American adopted son

Adam who is suffering from fetal alcohol syndrome (FAS). FAS is a set of physical and mental

birth defects that can result when a woman drinks alcohol during her pregnancy. Children with

FAS are helpless victims who are abused by their parents even before they are born, and doomed

to live with this condition all their lives. In this respect this book was depressing to read. I also

shared anger with the author in that there seemed to be no reason for Adam (and all the other

children with FAS) to be punished by having to live their lives with such illness.

Nevertheless, the book was very interesting from a systems perspective. Adam was

simultaneously involved in multiple systems including family, school, and culture, and his

suffering from FAS amplified both the positive and the negative interactions between the systems.

This book also forced me to think, "So, what can be done to help children like Adam?" There is

no simple answer to this question, and different systems all have their roles to play to prevent

FAS and to help children with this condition to live better lives. Moreover, as a student in clinical

psychology, I could not avoid thinking about what clinical psychologists can and should do in the

process of prevention and intervention. Here, I will first describe the issues raised in *The Broken

Cord* from a multiple systems perspective, and then discuss the implications of this systems

analysis for intervention and the role of clinical psychology.

II. Understanding *The Broken Cord* from a Multiple Systems Perspective

I divided this part into two, "family systems" and "broader system contexts" because it seemed almost impossible to discuss all the systems together at once. I want to emphasize, however, that this does not mean that family is in any way separated from other broader systems such as school or culture. All systems are linked with one another and the mutual influence should be considered when systems are discussed separately.

1. Family Systems

I think the most important issue in a family with a child suffering from chronic illness would be the problem of balancing togetherness and autonomy. Adam does not have motivation or ability to perform most of the tasks that are expected of children of his age. He cannot manage some of the most basic daily tasks (e.g., washing and feeding himself) by himself. This makes it inevitable for other family members (and also other people involved in taking care of him) to "intrude" into his life to the extent that would be unlikely to happen to other children without FAS. However, Adam must develop autonomy so he can at least take care of himself in situations where help from others is absent or minimum (e.g., at his jobs, etc). Adam seems to have gained some autonomy by feeding himself without help from family members (when he lives by himself

for awhile for his job), but there still remains an important question of deciding what level of autonomy he can and should reach. Since Adam is suffering from FAS which will affect his life in every domain in significant ways, it will be unlikely that he will be able to achieve or will be expected by others to achieve autonomy as much as other children. So, where should the line be drawn?

Another related issue if what the appropriate subsystem boundaries are in the family. It is ideal to have different subsystems, the spouse subsystem, the parental subsystem, and the sibling subsystem, to maintain clear boundaries for the family to function well (Goldberg & Goldberg, 2004). The typical problem in the single-parent family with one child (this is the situation before Michael adopted two more children and married Louise) is that the two family members are enmeshed and overdependent on each other (Goldberg & Goldberg, 2004), but this does not apply to Michael's family. Adam requires excessive attention and care from other family members, and this might entail different kinds of boundary problems. For example, the spouse subsystem (Michael and Louise) might not have enough time for themselves and this might bring marital problems. All family members (including Adam's siblings) might be forced to take on parental roles since Adam cannot perform many of the daily routines by himself. Other siblings might feel deprived of parent's love and care. Therefore, it would be important to figure out how to maintain optimal boundaries between the subsystems for this family. What works for them

might differ from other families, since Adam will require more attention and care, and other

siblings might be asked to take parental roles at times when necessary (e.g., when parents are

absent at home, etc). It would also be important to make sure that the spousal subsystem is not

sacrificed for the parental subsystem, and that the siblings understand Adam's situation and what

would be expected of them (and that excessive attention and care for Adam does not mean they

are not loved by their parents!).

2. Broader System Contexts

There are broader systems that affect (and to some extent affected by) the individuals and

their families. I will discuss the school system first, since it is likely to be the most important

system other than the family system. Then I will shift the focus to the cultural system, which is

the largest system that influences all the other systems embedded in it.

The school system is where children spend most of their time other than home. Various

learning takes place through classes, after school activities, and play with peers. Attending school

for the first time is a major transition both for parents and children. There is more structure at

school than at home (e.g., there are more rules to follows), and the curriculum is set to match

children who are more or less around the average level of academic competence (although the

ideal would be to tailor the curriculum for each child). Children who fall behind significantly

may experience academic and emotional difficulties. For parents, sending their children to school

may be the first chance to compare their children's performance (both in terms of academic

achievement and emotional maturity) to other children. Michael was forced to face the

seriousness of Adam's deficiency through school feedback. Before, he constantly denied Adam's

slow development by blaming his not having received sufficient care at the foster home.

Although Michael kept refusing to take into account the possibility of his son having a problem

for quite a while despite consistent feedback from school, this shows how different systems

interact with each other on common issues.

Adam, who needs more supervision than other children of his age, experiences

difficulties behaving himself in the way that the school system expects of him. Michael shows

efforts to communicate with the school system (not in an optimal way for the most of the time,

since he keeps on arguing furiously that his son is just a little slow in development and that he

will catch up), but he finally reaches conclusion that he should send Adam to a different school

that trains students for jobs. This shows the importance of communication between systems and

the hierarchy of systems where a smaller system (not meaning that it is less important) may have

to make compromise (e.g., by moving school) to match a larger system.

Next, I would like to discuss the cultural system, which affects all the systems discussed

above in significant ways. In Adam's case, it is important to note that he is Native American, a

group in which drinking has been a longstanding problem. There is strong pressure to participate

in drinking in this subculture (especially on the reservation), and even infants drank alcohol (I

was shocked to learn this!). Why do Native Americans drink alcohol? Is there more to know other

than poverty (which is an important factor to consider too because the author mentions that

Native American women give birth to FAS children to receive more money from the government),

discrimination from the mainstream society, and the history of broken promises?

Understanding what underlies Native American's positive attitude towards alcohol is

essential for effective intervention. Farella(1990) explains Native American's excessive drinking

through spiritual framework. According to him, drinking (especially for men) has positive

spiritual connotations, in which men are allowed to be dependent on older woman (a mother-like

figure) and maintain close link with his family of origin. This shows that there is a "good" reason

for Native Americans to engage in drinking. It is unclear from his article why women drink,

which will be important information to know in relation to FAS. Nevertheless, understanding

why Native Americans engage in drinking with positive attitude should be considered when

planning intervention strategies. More on this topic will be discussed below in the next section.

Going back to the issue of FAS and culture, the author mentioned that the about one in

every four children on Native American reservations are born with FAS. The fact that FAS is

overrepresented in this particular group may bring about some subtle political and economic

issues. For example, is FAS receiving enough attention from policy makers and funding from the government? How are these related to the fact that FAS is more common in Native Americans compared to other racial groups? Although FAS being overrepresented in Native Americans have little to do with policy making and funding for the intervention of FAS, I thought it would be worthwhile to consider such possibility.

The last issue I would like to raise in respect to the cultural system is how an individual can affect a larger system like culture. Adam is unlikely to function like the other members of the society without the disorder. For example, he will not be able to hold a job and become economically independent. This means that the society will more or less have to take care of him. The author mentioned that 69% of the mothers of the children with FAS deceased, which leaves the "burden" to the society. Although the impact of one Adam is not very significant, the impact of many Adams will be, and this is the reason why the society should actively participate in the intervention of FAS and other disorders.

III. The implications for the Intervention and the Role of Clinical Psychology

<u>1. The implications of the Systems Analysis for the Intervention</u>

The most important implication of examining FAS from a multiple systems perspective for intervention is that FAS is not a problem just for the affected individual but also for his or her

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family, school, and culture as well. Therefore, all systems must be actively involved in the intervention although their specific role would differ. For example, the family system is responsible for taking care of the individual in daily life, the school system can help the individual to learn as much as s/he can, and the society/culture may participate by making policies and providing resources (e.g., funding).

Since FAS is best prevented (although prevention is important for all disorders) and can be prevented if women do not drink during their pregnancy, public education is especially important. I was surprised to learn that drinking small amount of alcohol is said to be okay in medical textbooks (at the time this novel was written). All systems have their roles in the prevention as well. The family system and the school system can educate their members of the fatal effect drinking can have during pregnancy. The society/culture can contribute by public education through media, making policies that will affect other systems to better deliver information, etc.

The limitation is that it is difficult to have all relevant systems to communicate effectively and work together to achieve an optimal level of intervention. There are a great number of disorders (and other issues) and the amount of resources is limited for all systems. Therefore, the question remains as to whether FAS is enough of an importance for all systems (although all systems may agree that FAS is an important issue to attend to, they might differ in

the degree of importance they put on the issue of FAS).

2. The Role of Clinical Psychology

There are several ways clinical psychologists can help a child with FAS. First of all,

clinical psychologists can help the child with FAS and his or her family to cope with the

condition better. Practical advice and emotional support can be given. For example, clinical

psychologists can help answer questions such as: what are the child's potentials? What level of

autonomy can be expected of the child? What are some strategies to help the child better manage

his or her daily life? Secondly, clinical psychologists can play roles in broader system contexts

such as participating in school intervention, becoming involved in policy making, and carrying

out prevention programs on reservations. Clinical psychologists are not bound to any one system

or the other. They can contribute to more effective intervention of FAS with their level and

domain of expertise to all systems, the family, the school, and the society/culture.

IV. Conclusion

As discussed above, FAS can be better understood and intervened from a systems

perspective rather than from an individual perspective. An individual with FAS is affecting and is

affected by all the systems he or she belongs to, including the family, the school, and the

society/culture. It is interesting that the diagnosis of FAS requires clinicians to take a systems

perspective from the outset. That is, the information that the child's mother drank during her

pregnancy is essential in diagnosing the child with FAS. Although it is distressing that children

suffering from FAS are predetermined to live with the condition even before they are born, I have

hope that with collaborative effort from multiple systems, FAS can be prevented and intervened

more effectively in the future.

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