

AFTA SPRINGER BRIEFS IN FAMILY THERAPY

Laurie L. Charlés

Gameela Samarasinghe *Editors*

# Family Therapy in Global Humanitarian Contexts

## Voices and Issues from the Field

**AFTA**  
American Family Therapy Academy



Springer

# **AFTA SpringerBriefs in Family Therapy**

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Founded in 1977, the **American Family Therapy Academy** is a non-profit organization of leading family therapy teachers, clinicians, program directors, policymakers, researchers, and social scientists dedicated to advancing systemic thinking and practices for families in their social context.

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Laurie L. Charlés · Gameela Samarasinghe  
Editors

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# Series Foreword

The AFTA SpringerBriefs in Family Therapy is an official publication of the American Family Therapy Academy. Each volume focuses on the practice and policy implications of innovative systemic research and theory in family therapy and allied fields. Our goal is to make information about families and systemic practices in societal contexts widely accessible in a reader-friendly, conversational, and practical style. We have asked the authors to make their personal context, location, and experience visible in their writing. AFTA's core commitment to equality, social responsibility, and justice are represented in each volume.

*Family Therapy In Global Humanitarian Contexts: Voices And Issues from the Field* brings issues of social justice front and center as practitioners working in the midst of war, cultural revolution, or the aftermath of disasters illustrate what family therapy looks like across borders and contexts. The authors describe how they confront the moral and practical dilemmas when persons trained in high-income countries seek to help people in low-resource settings. How do “importers” of knowledge look at themselves and turn to and engage with local people and local knowledge in the service of mental health and psychosocial support? How may family therapy practice and training be modified to fit the setting and high level of needs? How does one creatively work “in vivo,” across multiple languages, while being sensitive to issues of colonization and transliteration of concepts developed in Western space, often when working outside their home country and in situations that can be dangerous?

The authors in this volume are from diverse cultural and sociopolitical contexts across the globe. They represent different disciplines and different levels of training and areas of expertise. Their accounts of their work are poignant. Readers are brought into the way the authors think, often transported into the setting itself as though you are there. The collection is a treasure of practical recommendations for anyone seeking to work across borders in humanitarian and conflict-ridden global contexts. It documents and explores complex issues of voice and language in the

telling of their stories. For those like me who do not typically work in these settings, the volume offers a powerful experience, not only in seeing how the authors apply family therapy in their unique situations, but also as a window onto ourselves, challenging us to think about who we are and what we do from larger, global perspective. I invite you to join in the journey.

Carmen Knudson-Martin, Series Editor  
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# Introduction to Family Therapy in Global Humanitarian Contexts: Voices and Issues from the Field

Laurie L. Charlés and Gameela Samarasinghe

This volume represents voices in family therapy—practitioners, trainees, and specialists in family and psychosocial health—in different parts of the globe, and from unique field perspectives. In this introductory chapter, we describe each contribution to the volume, focusing on its relevance to family therapy practice as a set of ideas, as well as its connection to the ideas about global mental health in humanitarian contexts. In this chapter, we situate each contribution within the discourse of family therapy, introduce who we are as coeditors, and discuss how we approached and worked with the authors. We also offer an analysis of how we view each chapter as an illustration of the unique complexities and challenges of family therapy programming in humanitarian settings, and also of the creativity involved—in designing and delivering such programs, both in the present and in the future.

## Introduction

Mental health and psychosocial support (MHPSS) needs in communities are radically different from place to place; this is especially so in a humanitarian setting, when it is the family who is the buffer against the stress of atrocities (Walsh 2007). Addressing barriers to psychosocial well-being in the low-resource setting of a humanitarian context requires creativity, humility, and, in structural terms, multi-sectoral partnerships (Tol et al. 2011). It requires local people and the local, tacit knowledge they hold about their community, as their definitions of health and

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healing are critical for any meaningful outcome. Professionals working in the humanitarian space must keep in mind the contextual realities of the region in which they work, and immerse themselves in understanding both “micro- and macro-level factors” that affect these communities (Catani et al. 2008, p. 173).

In this book, we hope to illustrate how family therapists think about and work in the humanitarian space. We present a set of chapters by authors who illustrate the use and relevance of family therapy work from a variety of voices, some originating in real time in a humanitarian setting (Ben Giaber; Charlés), others during or after a humanitarian disaster such as war (Killian; Samarasinghe; Shahini, Ahmeti, and Charlés). The voices and issues we have chosen to present in this volume also are reflective, critically examining the moral hazards of exporting family therapy to places and communities without sensitivity to history, that is, the historical appreciation of centuries of atrocities (Polanco; McDowell and Kabura; Palit and Levin). Yet families do not exist in a vacuum; nor do the practitioners who so often want to help them. Here we also present emerging voices in family therapy. In the final chapter, Perdomo, Healy, Ceja, Dunne, and Whitaker discuss, from their unique view as clinicians in family therapy training, the conceptual preparation, hopes, and curiosities about their future selves, working in global humanitarian settings.

As far as we know, this is the first book that addresses the role of family therapy in global humanitarian contexts. While we sought out a wide diverse group of authors, we found that there are many countries not included, many things we did not have the space to discuss, and many questions raised after we completed the editing of the volume.

Collectively, we see the volume as a platform that can enlighten all of us engaged in family therapy and global mental health in humanitarian contexts. Each chapter brings a different set of issues to the table. As coeditors, we are also part of the whole. We start this chapter with the context and ideas that brought us to work together in 2010.

## **Who We Are**

**Laurie** Several years ago, while I was a Fulbright Scholar in Colombo, Sri Lanka—where I met my coeditor Dr. Gameela Samarasinghe for the first time—I had the idea for a book on the use of family therapy ideas in humanitarian settings. I am a family therapist trained in the United States, who has found herself working several times over the past decade as a trainer of family therapy in low- and middle-income countries and fragile, conflict-affected states.

I had arrived in Colombo during a period of intense reflection and generative thinking about my work; in the previous year I had worked as a family therapist/consultant in Egypt, Burundi, and Democratic of Congo—all intellectually stimulating and challenging projects that had sent my family therapy mind spinning. Although I had already worked in several other countries before arriving in Sri Lanka, something about this place, this time, was different. A year after the end of their three-decade civil war, I found myself in the midst of a community of people living through their first year of peace. Sri Lanka, too, was spinning with ideas.

At my desk one weekend in Colombo, I proposed a book to a publishing house in the United Kingdom. My query was answered within 24 hours. Then, in a day or two, I was asked for a formal proposal, which I quickly wrote. Of course, I was not offered a contract. In hindsight, I can see that while I had a vision, I was not ready to put together such a book. But I was certain about this: It was a book I very much wanted to read. I suspected I was not the only one.

**Gameela** When Dr. Laurie Charlés asked me to coedit *Family Therapy in Global Humanitarian Contexts: Voices and Issues from the Field*, I was very honored; however, I was not very sure whether I would be the most suitable person for this task, as I am not a family therapist. I am a clinical psychologist by training, but shelved all my clinical training and experience obtained in Paris when I came to work in Sri Lanka more than 20 years ago, in the midst of the war. I felt that I did not know enough about Sri Lanka and the Sri Lankan people, not having ever lived in the country, to provide them with psychological support. I had to start from scratch, learning how Sri Lankan people and particularly people affected by the war talked about and gave meaning to their suffering. After many years, when I felt a little more comfortable working in a setting that was becoming gradually less intimidating, I decided to think about how best I could support these people in a way that would be meaningful and helpful to them.

Clinical psychology was certainly not the answer. People in Sri Lanka did not perceive their issues as psychological problems. They related their problems to not having food to feed their families, to not having schools to educate their children, or to having lost their property, or having no place to pray as these had been destroyed by bombs. They did not spontaneously seek help from psychologists or counselors as it meant that they would have to talk about issues that were not fundamental to them. These professionals would not be able to renovate their children's school that had been destroyed or give them loans to rebuild their house.

When reading through the articles for this issue, I asked myself how family therapy would be applicable in Sri Lanka. Certainly, family is very important in Sri Lanka. In fact, both the extended family and the community play a very important part in all decisions regarding the family, including children's upbringing, household chores, finances, and so forth. Therefore, family therapy could well be a therapy to consider importing to Sri Lanka. For now, however, family therapy as it is usually thought of (i.e., as a focus on the interactions among family members) may not be the most "practical" of interventions, given the dearth of local professionals (and the absence of family therapists) in the psychosocial field, and also given the way in which the majority of people in Sri Lanka think about their well-being, especially those living in postconflict areas. Value is given more to the impact of wider systems and social contexts on people's lives, and therefore to addressing collective-level needs before those of the family and the individual.

The issues described in the articles point to many of the challenges I had to face when starting work in Sri Lanka at the time of the war. I spoke no Tamil and struggled in Sinhala. I had never traveled to most of the locations where I eventually worked. I felt I knew nothing about the people I met. I asked myself how I could support them when they had found their own coping mechanisms.

I understood that I had to go to them and not expect them to come for therapy when this would mean depriving themselves of their daily wage, making arrangements for children to be taken care of during their absence, and traveling long distances where transport is not easily available. And if other family members had to come for family therapy and for many sessions, what consequences would this have for them and for the members of their family who remained at home? These are some questions that are common to the articles in this issue. Reading the articles has encouraged me to further consider ways of adapting family therapy to the context of postwar Sri Lanka, as family therapy has been found to be a very useful intervention in other humanitarian situations.

## **The Role of Family Therapy in Low-Resource Settings and with Humanitarian-Affected Populations**

In recent years, a number of family therapists have called for a more sophisticated approach to international aspects of family therapy training (Platt 2012; McDowell et al. 2012; Platt and Laszloffy 2010), including broader global perspectives on family therapy practice in academic and training settings (Wieling and Mittal 2002), and use of community-focused, strengths-based practice for families affected by war and violence (Landau and Saul 2004; Walsh 2007).

At the same time, however, while family therapists in the global North have often focused on curricula designed to meet requirements for licensure and regulation (Rivett 2010), a robust body of work in other disciplines, such as public health, international development, and behavioral economics, has focused on the effective delivery of services in humanitarian settings, including public mental health and psychosocial support services. Although the extant literature often illustrates an inherent systemic sensibility and strengths-based intention, family therapy, as a professional voice, has little presence.

In this volume we wanted to highlight family therapy voices and issues relevant to the practice of family methods in humanitarian contexts. The chapters represented in this volume reflect the diversity of multiple states (countries), and thus illustrate for us the unique contexts of family therapy in different parts of the globe. Not every chapter discusses a “case” of “how to do family therapy” in a global humanitarian setting, however. Rather, sometimes the “case” to discover is us, who we are as professionals, and the challenges we discover along the way.

This matter is particularly relevant for U.S.-based family therapists, who may hold limited knowledge of humanitarian settings, the effect of ongoing or previous atrocities on family and community life, and how these complex matters are cross-culturally relevant to the skill set they need in order to work proficiently in contemporary practice. As an example of the application of cross-cultural skill sets to a humanitarian-affected population in Houston, Texas, Palit and Levin (this volume) describe how they constructed and implemented a support group for Ethiopian refugees resettled in their city.

In humanitarian settings, there are often challenges to a country's (and a community's and a family's) infrastructure, resulting in basic needs for water, sanitation, functioning institutions (such as in the education, health, and financial sectors), and networks and community resources. Practicing traditional family therapy in such settings is often not conducive to meeting needs on the ground. That is, traditional family therapy practice is displaced to the background as community social supports and basic needs become more salient. Family therapists must adapt accordingly. And they do. As these chapters illustrate, family therapy is an approach that can be molded to the context, unlike other therapy models, which are often more prescriptive.

## **Analysis of the Forthcoming Chapters: Knowledge Transfer and Trade**

As we were editing chapters on Gameela's second-floor patio in Colombo, inspired by the fluorescent green parakeets whizzing across the sky at dusk, Sonny the dog's constant protective barking at passing cars and rickshaws, and our first reading of the initial draft of Marcela Polanco's chapter, we had an "A-ha!" moment. Dr. Polanco's chapter uses the phrase *fair trade* as part of its title, but in a sense, we realized, all of these chapters are a kind of trade. Theoretically, gains from international trade are supposed to benefit each party to the exchange (that is, each state), and also to be mutually beneficial for society as a whole (Kowalczyk 2006).

In the parlance of international trade, and specifically knowledge transfer (which is in a sense the trade of knowledge and technical skills across borders), there is an inherent assumption that knowledge is a good that "belongs to the world." Yet like all other goods, knowledge is not equally distributed across the globe: its allocation is inefficient. Further, its distribution is highly specific to conditions on the ground. Whom is the knowledge transferred *from*, and whom *to*, exactly? What does that transfer look like in the field? What conditions inhibit or promote it?

Unsurprisingly, social instability is one of the major deterrents to trade (Kowalczyk, personal communication 2011). In the midst of social instability, even the most beneficial exchange of goods and services—which is what trade is theoretically designed to be—will fail. In those circumstances, even the most efficient allocation of resources becomes irrelevant. Yet therein lies the rub: social instability is a constant factor in humanitarian settings.

Because international aid tends to flow from high-income countries to low- and middle-income countries or to fragile, conflict-affected states (FCS), the issues of knowledge transfer and its effect on the situation on the ground play out in different ways. Further, in knowledge transfer terms we could also ask, does the channel through which the MHPSS product is delivered matter? What type of infrastructure (such as the human resource capacity) is there? What is the state or organizational capacity to implement the resource or product? In Kosova this has a relevant effect

on the ability of war veterans to get family therapy services (as Shahini, Ahmeti, and Charlés suggest). Similarly, McDowell and Kabura discuss unfair and unequal distribution of mental health services in some of the communities they worked in in Uganda. They learned from the mistakes of others and modified their own work to try to avoid such conditions.

## Description of Each Chapter

The chapter, “Knowledge Fair Trade” by Marcela Polanco, is a critical essay on what it means to import knowledge and training from Western white culture to other cultures. In her case, the other is Colombia, and also, herself. A family therapist who practices from a narrative framework, Polanco’s chapter raises the questions one rarely hears in the midst of a humanitarian context, and it is the reason we present it first. Her chapter raises the specter of history, and of what we as family therapists think of as “context.” Her contextual focus spans the topics of international relations across decades and centuries, of how these relations inform the present day, and the implications of what it means to do work from a global perspective.

The chapter by Teresa McDowell and Paschal Kabura, “Humanitarianism, Colonization, and/or Collaboration? Working Together in Uganda and the United States,” centers on the question of how to engage in counseling-based humanitarianism across contexts shaped by unjust global power dynamics without compromising equity, fairness, and justice. McDowell and Kabura draw from their work across Uganda and the United States to offer a set of guidelines for engaging in what they term “collaborative humanitarianism.”

The authors describe their work thus: “While our work does not fall within the strict definition of humanitarianism, it crosses over into humanitarian action and is informed by humanitarian ideals. We continuously consider the ethics of humanitarianism and the power of colonizing processes as we collaborate, share field knowledge, and redistribute resources across the global North and global South.” They ask the question, “How do we engage in truly collaborative humanitarianism?” The metatext in the question, about the form and content of our efforts in the field of family therapy when it intersects with global mental health, is one that illuminates every chapter, but, as a prism, in very different ways.

The chapter “Collaborative Therapy with Women and Children Refugees in Houston: Moving toward Rehabilitation in the United States after Enduring Atrocities of War,” by Manjushree Palit and Sue Levin, discusses the use of collaborative therapy (Anderson and Goolishian 1988), in the form of a refugee support group, and how they developed and modified their approach as they learned the community’s needs and areas of interest. They also discuss elegantly their own growth and surprise as practitioners, and offer practical suggestions for how to do group work with refugees.