

Dhurata Nixha
Family Psychotherapist

Family Therapy – As an Inclusive Approach

Abstract

Most of the Balkan regions with the last transitions that they faced, passing from the communist organization toward the democratic organization, still are struggling with the after-effects of these alterations of the social systems, which resulted on the rapid demographic, cultural and social changes running fast ahead of its political and economic development. These modifications impacted the Balkan regions such as Kosovo and Albania as well. Times are changing all around the world and all these multiple recent worldwide development have been unravelling the fabric of traditional societies which were characteristic of such Balkan regions (Ariel at al., 2014).

Lots of regional wars, lately new territorial separations, new countries, the downfall of authoritarian regimes, the flood of refugees from rural areas toward the urban areas, labor seekers from poverty-stricken, destroyed countries from ethnic and civil wars, globalization, the internet and lots of similar variations resulted to inter-ethnic tension and violence as well as on modification of social values (Ariel at al., 2014).

All of these have bringing significant economic, social and cultural changes, often with unfavorable side effects for families and communities. Traditional community and family support system have found themselves unable to cope with such consequences (Ariel at al., 2014).

The impact of all these changes on the functioning of the family is dramatic. That is exactly the kind of situation in which professional family therapy is called for. Furthermore, awareness for the need of cultural competency and sensitivity in family therapy theory and practice has been heightened in recent years, yet awareness of the existence and benefits of family therapy for potential beneficiaries is rather limited especially in Balkan regions (Ariel at al., 2014).

This paper will consist of presenting a case of the family and the work that was done with them based on the inclusive family therapy approach. During this period readers will be able to wider their view in systematic thinking of one problem by getting the insight on how the problem of one individual/ family is a result of wider system and visa versa how the problems of wider system impact the health and function of the individual/family.

Key words: Family Psychotherapy; Cultural Changes; Inclusion

1- Introduction

Family is an institution composed from two or more people who are biologically or psychologically connected and whom historical, emotional or economic bonds connect, thus they perceive themselves as a part of household (Gladding, 2007). Therefore the family members simultaneously and spontaneously offer to one another a stable and protective atmosphere (Strong, DeVault, & Sayad, 2005). This is the general concept of family, which Balkan countries hold as well. However, in our culture, this concept goes somehow further. The family is conceptualized as the holy institution that needs to be perfect in its own. It is something very special, where husband and wife are very respectful with one another, children are the ones that always well behave and are respectfully with their adults, everybody respects other members and where everything is perfectly functional. Most of the people in the region has the same image for the family life and has the believe system such: whoever has a family system like that is part of us and otherwise cannot belong to us, it must be something pathological on them, therefore needs to be judged and excluded from us. This may be the reason, why in general when families in Balcan regions face a problem they try to found a mysterious solutions to solve it. In order to keep the problem isolated, therefore not to be stigmatized form others, they might prefer more going to the spiritual hillers, than going to psychotherapy for their psychological problems.

However, this concept of family that was traditionally characteristic for Balkan region is rapidly changing, given the fact that this system is passing a transitions consequence of ethnic and civil wars, such as system modifications and transformations in all national, governmental and community level. Solders, different officers, technical experts, foreign universities, agencies, etc., come from all around the

world, to help these areas of Balkan and brought innovative concepts of the ways how the citizenships of these regions observed the family life and quality life in general. Migration was a new phenomenon: lots of peoples moved from rural areas toward urban areas; people had maybe for the first time a chance to go around European countries and to compare their concepts and life style with the others. Furthermore, social media, internet and globalization had its impact on shaking this concepts too (Arial at al., 2014).

It came a moment, where consciously or not, in most people's head, aroused the question: Why all people need to be same, when all are unique individuals that forms unique families? Everyone has different life history, different economic conditions, different interests, tradition, tastes, conceptions, value system, believes, different temperaments and personalities (Peseschkian, 1977). Moreover, family is a complex and interactive social system, whereas members of it are permanently and dynamically interlinked with their environment and all the historical, political, economic conditions that surround them, impacts them and their family's quality of life directly or not (Zastrow & Kirst-Ashma, 2010; Friend & Cook, 2002).

Glading (2007), in his book "Family Therapy History, Theory and Practice" discuss for the concept of differentiation as a core element of a person which has clear sense of self and others. He speaks for the importance of being flexible and adaptable with new life events, feeling comfortable with changes that they brings, finding new ways of functioning and most importantly for being able to differentiate yourselves from others. He explains that, besides for individual, flexibility is very important for the family wellbeing too. Flexible families' arable to keep healthiness in their family dynamic, whereas the ones that are inflexible are categorized as dysfunctional families, since they are not able to adjust themselves to changing

circumstances (Nicholas & Schwartz, 2007). In most of the books, healthy families are described as secure environments, where family members share experiences and are supported and encouraged by their members to be themselves (Nicholas & Schwartz, 2007). Furthermore, in the cases when something negative occurs, families are seen as a places that have enough resources, abilities and strength to resolve problems and keep the family dynamic functional (Gladding, 2007). This control mechanism of the family is otherwise known as hemostats, which is the indicator that the family has balance and is functional. On the other side, symptoms are observed as the thermometer that measures the family functioning. Therefore, families present with different symptoms in the moment when they lose their desired homeostasis, and when the system gets more and more out of balance state (Ariel, 1999).

As we mentioned above, in last two decades, our region experienced significant economic, social and cultural changes. Traditional community and family support system has found it unable to cope with such side effects (Ariel at al., 2014). Family concepts that people has formed in their childhood, or the ones that their parents or grandparents has still, for the life in family and life style in general are not anymore functional in the current life situation(Goncharov, 2014). Nevertheless, even that this current believes does not satisfy anymore their emotional needs, they find very hard to remove this believes and embrace the new ones. Therefore, people find themselves between the conflicts of their primary needs and expectations of their families and wider communities on the other side. Family members do not know how to deal with this inner conflicts and how to communicate it to other members within the family and outside their families. Consequently, the emotional tension of one member impacts the other ones in the family and creates a deadlocked situation, which arouse the general dissatisfaction within family, generally presented either

though aggression, withdrawn, other similar symptoms, or more severe emotional de-balances and disorders (Goncharov, 2014).

Even though some families are more resilient and mobilized (DeMarle, et al., 2001; Bennett, DeLuca, & Allen, 1996), some other families finds difficult to confront this kind of life crisis so easily and they may need some professional support (Osborne & Red, 2008). Some families, in such life crises experience mixture of emotional, mental and practical challenges (Barron, 2001), thus one problem within the community or wider social system, could impact dramatically the dynamic of family within, their interactions and overall function (Demarle & LeRoux, 2001). If one member of the family is suffering from any problem, this impact the family dynamic as a whole and triggers more stressful situation and tension on family (Ansthel & Joseph 2006). For this reason, when a person comes for professional support, for healthier recovering and sustainable results, interventions are better managed by incorporating all family members in treatment. Family therapy, is up-to-date modern approach which suppose that is not possible to treat the “whole patient” if it’s not present the family (Keith, 1980). In order to provide a comprehensive intervention for the “identified patient”, the family as a whole and each family member separately should be taken in consideration (Switzky, 2006).

2- Wordless is not worthless

Case of A., was treated from such integrative perspective. I was referred to the family therapist from the psychiatrist whom worked with the case around one year. She was thinking that A. (Identified Patient) may benefit more from the family therapy; since the physical examinations do not prove that he is epileptic as they had suspected. When A. together with his father arrived to the office of therapist, they still was not clear for the problem of A. Father was very sure that he has epilepsy, even though that doctors could not find its cause. He

started to explain the concerns of A. such as: severe headache, over activity, difficulty with breathing, aggression problem, stomach ache and bad behaviours, whereas the main concern of him was that from time to time A. faint.

Since the therapist asked, next session they come to therapy all the family members: mother, father, young brother of A. and him. Therapist took a deep presenting history and understood that A. borne with heart problem (noise and hole in the heart), which was treated completely when he was 10 years old. Moreover, when he was 8 years old he had a car accident. Afterwards, he started to present with headache, but not with other symptoms. On the later years, he got circumcised and he fainted. It was the first time that he lost his conscious and after that he had fainting attacks more frequently, almost in each situation that he had severe fright or was emotionally overload.

Therapist had a senses that something deeper is going on inside emotional life of A. In order to understand better the dynamic and structure of their family, and their interactions with one another, she took detailed family history: Mother and father had 16 years differences in their age. Mother was grown up in a family with 12 children. As an older sister, she needed to give up from her childhood and play a role of the mother within the family, in order to support the development of her siblings. She could not finish her high school, because she was not allowed for it. When she was 18 years old, she got married. After one year of their marriage A. come in the life, with lots of problem. She had all these years of suffering. And she seemed very exhausted and depressed. Father, pretty same like mother grow up in the environment with lots of children and responsibilities. He as an older brother had to be engaged since as a young in the working life, in order to help economy of his family. He has a brother who had

epileptic attacks on his childhood, even though the recovered later.

Unsurprisingly, as a matter of their developmental experience and family life, the concepts of both parents was that, they as a parent need to take care for the goods in the family. The role of father is to take care for the incomes of family, whereas the role of the mother is to feed children, care for their physically needs and be responsible for household chores. They were not paying at all attention to the emotional needs of their children, moreover they were not even aware for their importance and had a concept that love and good emotions does not need to be shown to much in family, otherwise children might get spoilt. Above and beyond, A. is 14 years old boy, and he is already an adult, therefor he needs to behave like a one, be responsible for his duties and obligations such as school and help his family, like they did when they were on his age. On the other side, experience of A. proved him for such years that being sick bring you some advantages as: attention, care fulfilment of your desires, warmth, and protection and so on. With his symptoms probably he was trying to attract attention of peoples around him, especially his parents. His main emotive was fear and anger for being neglected emotionally from his parents. His symptoms (headache, fainting, problems with breathing, etc.) were like communicating "I am not feeling good, I am worry and I suffer a lot. You need to see my sadness and you need to respond to my grief". Probably he was in insoluble conflict between his own desires and the expectations of the others in regards how he needed to behave. He wanted and needed something; however he knew that he was not allowed to do this, since he was required to behave such an adult. This frustrated moments triggered severe defensive emotional responses to him, which he could not managed and as a result fainted. Furthermore, he used this other symptoms such headache or getting angry, as a reserve defence responses. He initially tried with some of them, when they do not presented to

be successfully he come up with more severe ones. Moreover, his misbehaving and swearing toward his mother, was the result of a big anger that he feels toward her, and his need for her attention. He was feeling her depression and anxiety and probably he did not know how to cope and manage this situation. He found the way to attract her attention through making her crazy. However this aggravated their relationship further, since mother become even more disappointed toward him and avoided more herself from him. Obviously, the only problem of him was that he did not know how to communicate his emotions: desires, needs and fears, hence he found a way to communicate them nonverbally through his body. He just needed their proximity and love.

Therapist worked with all these structures and dynamics of family, their concepts and roles. She taught them, how they can ask for their desires, talk for their fears, explain their needs and share their emotions, likewise how they can ask from each other in more positive ways despite forcing one another. She worked sometimes alone with A. in order to understand his emotional state and to work with his breathing, managing the stress, anger, expressing his feeling as well as with his patience. Additionally, since both of the parents emphasized that they feel burnout, depressed and anxious, she worked with them as a couple, which helped them, being more effective as a team worker for their children and returning their satisfaction in their marital life.

All these process, helped the family on stabilizing their emotional vulnerability and working with their conflicts, whereas as a result they started to see their problem from different perspectives. They became more aware for their situation and somehow conscious for what is impacting the state of A. and what is keeping them in such conditions. The therapeutic process gave them an opportunity to try

their new innovative strategies of change in the safe environment, such as their culture of communication with one another. This journey helped them to gather more positive experiences during the therapy time, which hopefully helped them on creating a mechanism to sustain long lasting changes.

3- Discussion

In this article, author encouraged that is sometimes fruitful to see beyond the problems of the client that they present. In the above elaborated case, the problem was bio psychosocial and a lots of factors were combined. Consequently, besides focusing just on removing the symptoms, it is important to understand the function and the dynamic of the symptom. In the family therapy, therapist sees herself as a facilitator that goes with the flow of the client. The therapist is not the expert, but the client is and he will lead you toward the core of the problem and the solution (Rober, 2002). Family therapy is not always result oriented; therefore the process of therapy is more meaningful. The aim of this article was to bring in your attention that the progress on family therapy is driven spontaneously from the good therapeutic process and experience, moreover to emphasize that the family may have the dual function as plague bringer or the healer.

References

- Ansthel, K.M. & G.R. Joseph. (2006). Maternal stress in nonverbal learning disorder: A comparison with reading disorder. *Journal of Learning Disabilities* 39, no. 3: 194–205.
- Ariel, Sh. (1999). *Culturally Competent Family Therapy A General Model*. Greenwood Press Westport, Connecticut. London. ISBN 0-275-96655-0.
- Ariel, Sh., Keith, D., Martinez-Ortiz, D., Prosky, Ph., Shi, L., Tiurean, A., & Whiteside, R. (2014). Family Therapy Around the World. The Birth of Family Therapists: The Kosova Systemic Family Therapy Training Program. *Journal of Family Psychotherapy*, 25:225–245. Taylor & Francis Group, LLC ISSN: 0897-5353.
- Barron, K. (2001). Autonomy in everyday life, for whom? *Disability & Society* 16, no. 3: 431–47.
- Bennett, T., DeLuca, D.A., & Allen, R.W. (1996) Families of children with disabilities: positive adaptation across the life cycle. *Social Work in Education* 18, 31±44.
- Demarle, J.D. & LeRoux, P. (2001). The life cycle and disability: Experiences of discontinuity in child and family development. *Journal of Loss & Trauma*, 6: 29–43, Brunner-Routledge, 1081-1443/01.
- Friend, M. & Cook, L. (2002). *Interactions: Collaboration skills for school professionals*. Boston: Allyn & Bacon.
- Gladding, T.S. (2007). *Family Therapy. History, Theory and Practice* (4th ed.). Pearson Education, Inc., Upper Saddle River, New Jersey 07458. ISBN:0-13-172563-7.
- Goncharov, M. (2014). *Conflict Operationalization in Positive Psychotherapy*. Khabarovsk, Russia. ISBN: 978-5-9905455-1-9.
- Keith, D.V. (1980). The Case of Helen D: A Woman Who Learned to Suffer. *Family Process*, Inc. Vol, 19.
- Nicholas, M. P., & Schwartz, R.C. (2007). *The essentials of Family Therapy* (3rd ed.). Pearson Education, inc., United State of America.

Osborne, A. L., & Reed, P. (2008). Parents' perceptions of communication with professionals during the diagnosis of autism. *Autism*, 12 (3), 309-324.

Peseschkian, N. (1977). *Positive Psychotherapy Theory and Practice of a New Method*. Springer –Verlag Berlin Heidelberg New York. ISBN 3-540-15794-8.

Rober, P. (2002). Some Hypotheses about hesitations and their non-verbal expression in family therapy practice. 24: 187-204. *The Association for Family Therapy and Systematic Practice*. Blackwell Publishers, 108 Cowley Road, Oxford.

Strong, B., DeVault, C., & Sayad, B.W. (2005). *The marriage and family experience: Intimate relationship in a changing society* (9th ed.). Belmont, CA: Wadsworth.

Switzky, N.H. (2006). *International Review of Research in Mental Retardation. Mental Retardation, Personality, and Motivational System*. (1st ed.). Academic Press. ISBN: 0123662311.

Zastrow, Ch. & Kirst-Ashman, K. (2010). *Understanding Human Behavior and the Social Environment*. Cengage Learning, United State of America. ISBN – 13: 978-0-495-60374-0.