The aim of the project has been to explore ways in which we can create meaningful conversations with refugee families and their helpers. We have found it very useful to include parts of the helping systems surrounding the families, as they often represent central parts of the presented problems, and often are the agents by whom family-conversations are arranged.

An important issue has been to enter this field in a very open, curious and exploring way. We have tried to orient ourselves within the literature on family therapy with traumatized families and also in the literature describing refugee-families and the process they live through with regards to migration, loss, acculturation and so on.
What strikes us in the literature here mentioned is:
- the focus and the terms by which families are described are basically problem and pathology oriented
- the descriptions of the families are often in structural terms, that is, describing the family in terms of hierarchy and structure

Examples: Families are described as being enmeshed, as having role-confusion or role-distortions, as having rigid boundaries towards the surrounding world, being in emotional chaos and having children that are parentified.

We reject neither problem descriptions nor structural family thinking. But at times this perspective becomes closing and narrowing to our perspective of the families. What may thus easily happen is that the defined goal in family therapy with refugee families may be related to change and reestablishing structure - perhaps too automatically.

Psychosocial centre for refugees receives mostly individual adults at the out-patient clinic. But often referral agencies mention family and family problems.

In these cases we invite both referral agents, other helpers and the family members to a conversation at the centre. We try to do this regardless of the problem described in order to have a broad understanding of how the presented problem
affects everybody involved. In some cases helpers join in only the first time, in other cases they come more often, always in accordance with the referred family. The following are "typical" examples of problems as they are presented by the parties involved:

1. Helper wants to get rid of a problem and thinks that the "specialists" may do a better job either with the individual and/or with the family as a whole.

2. Helper is "stuck" with a family and needs consultation or a second opinion on the family.

3. The family has a problem they want to deal with - either in the family context, in relation to the helping system or linked to something practical, like housing, welfare, family reunion and so on.

4. One of the spouses may see the other as ill and urge for professional help to make him or her well again.

Some comments about how we work
We interview all present on their thoughts about the problem, how it presents itself now, how everyone thinks that the others see the problem. But most of all we concentrate on the way in which they think we may be of any help - both the
family and the helpers. "In what way have you imagined we could be of any help to you", "How would coming here to see us be useful to you" etc. The main point is time and patience in order to listen to each one individually, avoid a general and abstract description everybody can sign, but that does not actually belong to anybody. By interviewing helpers with the family members present, the families get the possibility of becoming acquainted with the helpers' way of understanding the problem(s), and also of their ideas about solutions. We may also clarify who in the system is actually asking for help, and whether the different participants have quite similar or different objectives or ideas about being there.

Examples:
Helper may say: The family is traumatized and needs to work through their traumatic experiences. The family needs assistance to solve their present family-conflict. The family must try to reduce some of the claims raised towards the helping system and try to accept our limitations.
Family may say: Our main problem is that our close family members are still in a refugee camp, and we want them to be here with us. They moved us to a place where we are the only ones from our country, we are used to living in big cities and we want to move. Our helpers do not help us, and we do not think they understand our situation.
When we speak to families with or without their helpers, we always have one therapist in the therapy room together with an interpreter, and the other therapist behind the one-way mirror. Every session is video-taped, on the families' consent.

Creating common ground
The construct of family therapy exists in our heads, and perhaps in the minds of the helper. Families may often come without this as a notion or a desire. Because of the differences in perspectives and motives for the conversations, it has seemed to us that we have found ourselves on very different grounds than the families - often on different planets, metaphorically speaking. Especially by studying the videotapes we have observed that many of our dialogues with the families may sometimes be described as senseless - where questions and answers have not corresponded.

How to bring ourselves and families onto the same meaningful ground has been one of our main themes of exploration. We have found that we have had little success with the following: - drag them onto our ground, that is try to convince them that family therapy may be useful to them. Even if this can lead to a kind of contract about family therapy, there will easily be a sort of powerstruggle as to which ground or planet one is to deal with. The conversations may easily become incohesive and
without meaning. This happens both when we try to redefine a wish about practical help into something that has to do with cooperation in the family and when we try to redefine what they see as individual problems into relational problems.

The problem may also be related to the fact that it is often quite confusing to the family what kind of responsibilities the different parts of the systems have. We have therefore felt us closer to creating meaningful conversations when we have

- invited all implicated persons and interviewed them as above mentioned, and agreed upon a division of responsibilities
- listened very closely to the problem presented by the family and gone into their field, with regard to making statements, mediate contact with other professionals (medical personell, social workers etc.).
- when we have used practical problems or situations that the family has presented - f.ex. school situations for the children - and explored these in a way that emphasizes the family's way of dealing with the situations
- explored thoroughly what kind of help the family feels that it needs, and discussed the implications of this help, what we think we can do, what others can do etc.

Time is very essential. We set off more time than most other helpers for every session and this helps in clarifying
misunderstandings and in creating a situation with a good communication.

How to stay on common ground?
Even if we have made a contract about what to work with, the focus may often move away from this, and we find ourselves in less meaningful conversation, with little correspondence between their themes and ours.
We find it useful to
- analyze or understand the situations in which this occurs, and instead of insisting on our questions we metacommunicate on the "discrepancies"
- we make simple visualizations to secure common ground, clarify borders and operationalize the goals of the family members.
That is: Simple paper and pencil drawings may clarify the family members in relation to each other, with regard to distance, movements and so on. Visualizing this on a paper, helps show differences and similarities in a family, and helps both family and therapist stay with themes of for instance proximity and distance, themes which otherwise may seem abstract and perhaps even irrelevant. We have noticed that children have often spontaneously shown eagerness and cleverness in drawing relations between family members. We have also felt that our common, modest drawings have been a way of bridging a possible cultural gap between us and the family members.
- we are very concrete and detailed when we explore a certain topic
- we cooperate closely with the interpreter and experiment with the usual role of the interpreter

That is: When the conversation seems stuck or repeatedly going off the track, we may feel that the ordinary "pauses" - that is - when one message is being translated into the other language, are used either to "take off" into another theme or to go on with the continuing reasoning. When the person says something the next time, the former message is history, and new messages are delivered. This disrupts the continuing flow in the conversation, as we see it. In order to prevent this, the interpreter is instructed to conduct part of the conversation, especially by exploring certain topics that seem of vital importance. In such cases we inform the family that we will ask the interpreter to ask the questions herself, and that she will give the therapists a summary of what is said. When the therapist finds the exploration sufficient, we explicitly announce that we will return to the "ordinary" way of doing it. In some instances we have asked the interpreter to conduct a conversation between members of a subsystem in the family, if regular interpretation is made difficult by the participants interrupting each other etc. All this is carefully planned and worked out with the interpreter prior to the session. We find that this way of experimenting with the interpreter's role may be an important step in the development of family therapy with families with another mother-tongue than the therapists.
Our strategy has dealt very much with asking good questions about the family as a whole, about the individual family members and about their thoughts on the problem and its solution. Furthermore we have interviewed the helpers about their ideas in relation to the family. By doing this we hope to open up and widen the common ground on which both families and helpers may move. Our aim is to help the family decide in what way they want to solve their difficulties. Sometimes this may contradict the ideas of the majority society as to what families are and how the roles in the family should be.

We eagerly try to find situations where the families have managed to solve a problem, or anything near this. Constructive ideas can be explored further, and by doing so, the notion of the family itself as a locus of good ideas and solutions is strengthened. This again may move the family out of a "stuck" complaint-position and into a more responsible and independent position, both in relation to the therapist and to their environment.
LITERATURE


