Working with refugee families

Inscribing Suffering and Restoration in Personal and Communal Worlds

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Supporting Refugees in Coping with Life Histories of Violence and Exile: Locating the Therapeutic Relationship at the Intersection of Personal and Social Suffering and Healing

In the past few years, major transformations have occurred in relationships between Western societies and refugees seeking a home within their borders. A marked increase in the influx of refugees and asylum seekers into these host societies has coincided with polarization in receiving societies' collective representations of refugees, associated with socioeconomic and political dynamics shattering European and North American majorities' privileges in a globalizing world [1]. Policy responses to the growing demands of refugee reception have fueled polarized debates of both solidarity and exclusion within political discourses and local communities. This ongoing debate surrounding the increasing influx of refugees is shaped by split representations of refugees and asylum claimants, with on the one hand the more traditional figure of the refugee as a vulnerable individual in search of protection and solidarity, inherited from the Geneva Convention and prevalent after the Second World War until the 1980s, and on the other hand discourses depicting refugee individuals and communities as potentially dangerous, in which the perception of the refugee becomes permeated with images of threat and violence [2, 3]. The growing negative collective representations of refugees can be seen as an expression of a broader upsurge of xenophobia in post-9/11 Western societies [4–9]. Here, stereotyping and discriminatory views of refugees equally extend their imprint to the representation of refugee families, as for example in negative portrayals of familial gender role patterns or parental authority and support for children's school trajectories [10, 11].

In today's Western host societies, social responses of empathy and solidarity versus fear and hostility mark refugees' trajectories in resettlement where they seek protection in the aftermath of collective violence. This polarization of communal responses to refugees' resettlement calls for a reflection on how social conditions in exile may shape clinical work with refugees. In clinical literature, sensitivity to broader social predicaments encroaching upon the process and meaning of the clinical encounter with refugees forms a central therapeutic impetus [12–14]. Therapeutic processes are shaped by refugees' plights of violence and loss in their home societies as well as by social and cultural dynamics in resettlement. Therefore, supporting refugees in recovering from traumatic suffering and in mobilizing social and cultural adaptation in exile requires to take into account how clinical processes are imbued with these dynamics in refugees' social and cultural spaces within both

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home and host societies. In delineating how broader social predicaments enter the intimate space of the clinical encounter, several interacting layers of a profound and intricate imprint of social dynamics imbuing the clinical process can be identified.

First, clinical trajectories are profoundly marked by the meaning and sequelae of social conditions of persecution, war, human rights abuses, and man-made atrocities in refugees' home countries and flight trajectories. Working with refugees inherently revolves around processes of post-trauma reconstruction, in which refugees seek to restore a sense of safety, meaning, and connectedness in the aftermath of collective violence, persecution, or pervasive fear and abuse during flight [15]. In this process of post-trauma reconstruction involving stabilization, integration, and reconnection as core modalities of reparation, the iterative negotiation of the therapeutic relationship as a safe space of holding and mentalization aims at supporting refugees in shifting from the distrust of traumatic expectations, avoidance, and powerlessness towards an agentic re-engagement with meaningful life trajectories, developmental tasks, and future perspectives in exile.

Second, social conditions in exile affect clinical trajectories in their role as sources of distress and predictors of mental health problems in refugees. Post-migration stressors of isolation, discrimination, exclusion, ostracism, asylum insecurity, and detention have consistently been documented as major predictors of psychosocial vulnerability and psychopathological conditions of depression, anxiety, post-traumatic suffering, and psychosis [16]. Negative resettlement conditions may operate as a prolongation and reactivation of pre-migration experiences of injustice, impeding the re-establishment of safety that forms a necessary condition of healing in the aftermath of trauma and, therefore, of individuals' abilities to project life courses into meaningful future perspectives in exile [17, 18].

Third, the imprint of resettlement conditions of exclusion and marginalization extends into processes of power disparity and implicit exclusionary practices that may mark clinical relationships as well as refugees' positions within health care institutions. Studies in different Western host societies have documented refugee communities' limited mental health care access and participation [19, 20]. This is caused by the interplay of different barriers at the levels of refugee communities, clinicians, and mental health institutions. Refugees' access to health care is reduced by dynamics in refugee communities, including lack of information on the landscape of psychosocial provisions and experiences of stigma revolving around mental illness. Further, studies document clinicians' reluctance to work with refugee clients as well as practices marked by subtle forms of stereotyping and exclusion both within clinical processes and institutionalized regulations [21]. In the latter, the therapeutic space itself comes to operate as a microcosm that resonates with refugees' broader social predicaments in exile, invoking the clinician's encounter with the challenge of acknowledging how tensions or hesitations within therapeutic conversations with refugees may reflect their lived social experiences of marginalization and exclusion. In addressing institutional racism, where prejudice or exclusion permeates daily organizational and regulatory practices, clinicians are confronted with negotiating fragile trade-offs between denouncing these practices and safeguarding institutional positions that preserve refugee clients' access to care [14].

Fourth, clinical work with refugees most often entails an engagement with refugees' cultural change and continuity in navigating resettlement and re-shaping future perspectives. Clinical work may explore the meanings of cultural identifications as threads of continuity in coping with the fragmentation invoked by traumatic life histories, or support refugee clients in mourning the loss of cultural meaning systems for those

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communities where collective violence disrupted communal ties or where cultural meaning systems and repertoires were a source of trauma [13]. Further, engaging with culture in the clinical space may revolve around the meaning of cultural loss and change in ensuring future-oriented resettlement trajectories, the shaping of transnational family interaction, or the exploration of transgenerational family dynamics [22]. Throughout these processes, the therapeutic exploration may validate the multilayered role of cultural practices and meaning-making in coping with trauma and exile, support refugee clients in engaging with the intricate tensions involved in shaping hybrid identities across different social spaces, or address the role of narratives of cultural continuity and change in dynamics of cultural camouflage [23]. The therapeutic dialogue may also develop a reflection on how the therapeutic relationship itself becomes a vehicle of hybridization, where clinicians represent cultural change throughout their explicit and implicit adherence to knowledge and belief systems regarding, for example, notions of mental health suffering or gender role behaviours. Throughout these therapeutic processes, broader social dynamics of polarization in refugees' resettlement contexts encroach upon the therapeutic relationship. Social predicaments of exclusion may mark refugees' lived experience of shaping cultural belonging and creolization within personal and social spaces and therefore resonate with their stories of distress within the clinical space. Equally, polarization in the broader social climate may influence service delivery and clinicians' understanding of clients' shifting forms of belonging in gender role identifications, parenting practices, religious or racial identity markers, or reactive identity mobilization [24]. In those instances, the clinical position may either create a space of carefully expressing and exploring refugee clients' legitimate distrust in the person of the clinician as representative of the host society or become another space where subtle microinteractions between clinician and clients reiterate prejudice, the experience of marginalization, and retaliation.

Finally, resettlement conditions may profoundly shape the clinical encounter when clinicians become explicit partners in institutionalized practices influencing refugees' social position in exile. This occurs in those frequent situations where clinicians are invited to use their clinical expertise in challenging or condoning migratory procedures, as in requests for the provision of medico-legal reports in support of refugee clients' asylum claims or family reunification procedures. It is also at stake when clinicians have a role within intersectoral care networks where they interact with partners in housing, employment, or social participation. Finally, they may be involved in advocacy to mitigate the detrimental sequelae of detention, family separation, or the role of psychiatric knowledge in legal procedures determining rights to residence. In all those instances, clinicians are invited to step outside of the consultation room and to act within societal spaces in shaping resettlement conditions. For clinicians, these practices are often marked by ambiguities and fragile balances between preserving the protective shield of the therapeutic space and endorsing social positions of solidarity in the face of injustice.

In all these intersecting dimensions, social conditions are intricately part of the therapeutic process. The imprint of social predicaments on therapeutic trajectories is not only fundamentally present in supporting refugees in coping with the suffering invoked by collective violence and resettlement stressors. This imprint extends into the implicit markers of broader social dynamics encroaching upon the therapeutic process, invoking a therapeutic relationship that at times may echo broader social processes of solidarity or exclusion and that in a certain sense becomes part of those resettlement conditions in which

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refugees seek to find security, restore dignity, and develop testimonies of their life histories of structural violence in both home and host societies.

This interest in social predicaments encroaching upon therapeutic practice invites reflection on how refugees' care needs and help-seeking strategies cannot only be understood as mere strategies of symptom reduction at the level of personal functioning but may equally be understood as profound expressions of mobilizing support in coping with social predicaments: they form accounts of searching for meaningful, restorative ways of shaping belonging and community in the face of collective violence, loss, and exile [25]. They form part of seeking social spaces of remembrance and forgetfulness in engaging with the moral imperatives of surviving human rights abuses, and they aim to mobilize the reshaping of social fabric and social position as strategies of recovery and reconnection with meaningful future perspectives. This perspective invites clinicians to shape modalities of therapeutic intervention that locate refugees' suffering within social predicaments, create relational and social vocabularies to contain distress, and mobilize strategies for engaging communal, transgenerational, transnational, and cultural spaces of witnessing and social support. Furthermore, the imprint of broader social conditions in refugees' home and host societies upon clinical relationships invites a therapeutic position that engages with complex social and moral questions, compelling the clinician to enter the realm of action in social spaces beyond the private consultation room. Navigating these complexities implies an ongoing reflection on how engaging with social action may cross familiar borders of therapeutic neutrality and its related representations of a therapeutic position marked by benevolence and a safe distance from societal dynamics [14].

Working on the Threshold between Personal and Social Dimensions of Refugees' Suffering and Restoration: Systemic Perspectives on Refugee Care

The orientation towards engaging with the intersection between personal and social dimensions of suffering and reconstruction in therapeutic practice with refugees converges with the central impetus of systemic perspectives on refugee care in resettlement [26–29]. In the developing field of refugee rehabilitation, characterized by ongoing explorations of adequate modalities of refugee care and nascent stages of process- and outcome analysis [30], a growing body of systemic approaches addresses the pivotal role of moving beyond purely medicalizing and individualizing treatment models that consist of intervention protocols embedded in a medical model of diagnosis and related treatment and which most often focus on the reduction of post-traumatic stress disorder (PTSD) and co-morbid symptoms in refugees' individual mental health. In the systemic shift beyond such medicalizing approaches, clinical scholarship has addressed the at times limited ability of diagnostic constructs of PTSD and co-morbid conditions to provide an adequate vocabulary to account for refugees' suffering and distress in the aftermath of collective violence and exile [31, 32]. Here, it is argued that the language of PTSD may have a limited capacity to capture refugees' suffering, as it fails to address their multilayered lived experiences of distress in exile and may insufficiently engage with cultural idioms of distress and cultural parameters of suffering and healing [33]. Simultaneously, scholars have emphasized that a focus on PTSD and related individual treatments may miss or minimize the fundamentally social and political nature of refugees' suffering. Individualizing a social and political

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predicament may aggravate the individual's disconnection from the broader social fabric that evokes and continuously shapes suffering and coping [34–38]. These arguments are complemented by a growing emphasis on holistic approaches to psychosocial care for refugee populations [39, 40], in which a focus on healing post-trauma distress is complemented by interventions supporting refugees in coping with multiple resettlement stressors (e.g., social isolation, housing or employment difficulties), thereby explicitly engaging with the social and political dimensions of their new lives in exile.

In sum, these lines of scholarship develop a systemic approach to refugee care, locating the individual's suffering and healing within the complex interconnections of personal, social, cultural, and political realities embedded in meaning-making and integration processes [13, 15, 41]. Here, the therapeutic relationship becomes both a reflection and an active agent of refugees' intra-psychic, familial, and social reconstruction trajectory.

Putting a Systemic Perspective into Focus: The Role of Refugee Families in Coping with Trauma, Culture, and Social Conditions

Within systemic approaches to psychosocial refugee care, working with refugee families has received relatively scant attention in clinical literature. Yet, an in-depth exploration of family-oriented approaches seems particularly relevant, as different dimensions of family life are profoundly shaped by this intersection between intimate, social, cultural, and political meaning-making. Indeed, family relationships operate as a central vehicle of engaging and coping with trauma, culture, and social conditions in a life history of collective violence and exile [42, 43]. Within family relationships, family members are involved in meaning-making, communication, and coping processes that revolve around dealing with a traumatic family history interwoven with complex negotiations of cultural identification and social position in a context of exile and cultural change. A growing body of scholarship increasingly documents these three, interwoven dimensions of coping with trauma, culture, and social conditions within family relationships in exile.

First, in coping with trauma within refugee family relationships, specific trauma-related family processes have been documented. Scholarly literature has indicated how family relationships may be pervasively affected by the cumulative distress provoked by pre-migration trauma, flight, and post-migration stressors (e.g., decreased parental availability and responsiveness or the development of intra-family violence), but equally how family relationships can operate as a vital source of protection and re-establishment of security in exile [44–49]. Here, intra-family communication pertaining to trauma and exile is increasingly documented as a central dynamic within parent-child and spousal relationships. This process of trauma communication is underpinned by parental orientations to maintain a sense of security in exile, avoid family members' reactivation of distress, or adhere to cultural strategies of remembrance [50, 51]. Different (and potentially shifting) patterns of silencing, disclosure, or modulated disclosure within family relationships indicate divergent strategies of coping with the transgenerational transmission of traumatic life histories [52–56]. In this respect, studies have documented how shared or partially transmitted family histories of forced migration are often characterized by the interplay between personal and collective layers of meaning, interweaving intimate, social, moral, and political dimensions in family migration narratives in exile [57–60].

Second, in processes of cultural coping and meaning-making within refugee family relationships, studies have documented how cultural models of symptom expression, symptom

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interpretation, explanatory models, and strategies of coping are embedded (but also potentially contested) within family relationships [23]. Equally, refugee family members in exile become involved in a complex negotiation of cultural change and cultural continuity within family dynamics and in engaging with (changing) cultural meanings in coping with traumatic life histories [61–64]. This negotiation equally involves transgenerational and transnational family ties by which refugees relate to extended family networks and communal belonging in exile [65]. Furthermore, through this negotiation of cultural change and continuity, family members also actively cope with life experiences of discrimination and racism in exile [66].

Third, in processes of negotiating social condition in exile, scientific literature shows how, as a unit, the refugee family is involved in multiple interactions with actors in the diverse collective spaces of school, employment, and the cultural community, indicating that the family unit operates at the threshold where intimate lived experiences intersect with broader dynamics within the social fabric, cultural and host society communities [67–70]. The refugee family operates as a vehicle of (access to) resources and resilience in social relationships and participation, while, simultaneously, entering social spaces marked by processes of exclusion or ostracism may evoke a reiteration of injustice and disempowerment.

This emerging body of literature documents how the refugee family operates as a central systemic niche in trauma-related, cultural, and social coping and meaning-making. The refugee family system forms a dynamic ecology in which an intricate interplay of personal and broader collective meanings shapes and mobilizes personal and social resources in dealing with life histories of violence and exile.

From the perspective of a systemic approach to refugee care and its core emphasis on supporting refugees' reconstruction from within the complex intersections between personal and communal realities, the growing scholarship on the role of refugee family relationships invites us to explore the refugee family system as a core locus of intervention. This volume aims at furthering the growing interest in refugee family systems as a core nexus of personal, social, and cultural coping strategies in the face of collective violence and forced displacement. The edited collection builds on an integrative account of the role of refugee family relationships in shaping the sequelae of trauma and exile to develop an in-depth exploration of therapeutic, collaborative, and community-based approaches to working with refugee families. Throughout this exploration of refugee family systems in both research and clinical practice, this volume aims to strengthen a systemic approach to the provision of mental health care for refugees and further our understanding of working with refugee families as a vehicle of engaging with the intricate nexus of personal and social processes of restoration in the face of trauma and exile.

This Volume: Working with Refugee Families in Supporting Reconstruction in Exile

This volume develops an understanding of the role of refugee family relationships in promoting post-trauma reconstruction and explores modalities of therapeutic and community-based clinical work with refugee families. Throughout this exploration, the refugee family system is highlighted as a central niche in shaping trauma-related reconstruction, cultural belonging, and social position in exile, and explored as a core locus of intervention in transcultural psychosocial and clinical care. To this end, the volume brings together contributions that address the role of refugee family relationships in shaping reconstruction in exile from research and clinical perspectives, structured around three main sections.

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Part I presents an account of empirical research on key aspects of refugee family functioning and its role in reconstruction in the aftermath of organized violence. This section documents the refugee family unit as a dynamic system of interacting personal and collective meaning systems that shapes post-trauma reconstruction through relational and cultural dynamics of coping and resilience. In particular, contributions in this section address the impact of traumatization at the micro-level of parent-child and spousal relationships and extend this micro-focus to exploring intra-family cultural and collective meaning-making and practices in coping with trauma and exile as well as the role of transnational family relationships.

Analyzing the sequelae of trauma at the micro-level of parent-child and spousal relationships (see Chapter 1 by Hodes & Hussain; Chapter 2 by Thorup Dalgaard, Høgh Thøgersen, & Riber), contributions review the intra-family processes of attachment, separation, bereavement, and intra-family violence, addressing the impact of traumatization on refugee family relationships and their role in shaping the transgenerational transmission of trauma.

This focus on the micro-level of the parent-child and spousal dyad is extended with contributions that explore the refugee family system as an ecological niche of cultural practices and meaning-making, where cultural and collective meaning systems are mobilized and negotiated in shaping adaptation in the face of post-trauma suffering, bereavement, and exile-related distress. Here, contributions present original empirical accounts on dynamics of families coping with pre- and post-migration stressors and the role of cultural continuity and change in shaping family resilience (see Chapter 3 by Cissé, De Haene, Keatley, & Rasmussen) as well as the particular role of collective, political and cultural identifications in supporting post-trauma reconstruction within family functioning (see Chapter 4 by Kevers & Rober). These empirical analyses provide an insight into the multilayered role of cultural belonging in coping with trauma as well as with social predicaments in exile, inviting to reflect on how this mobilizing of cultural meaning systems may interact with the growing social dynamics of stereotyping and exclusion in Western host societies.

Finally, this section focuses on the role of transnational family relationships in exile, exploring the pivotal role of transnational family processes in shaping diasporic trajectories for both refugee families (see Chapter 5 by Shapiro & Montgomery) and unaccompanied minors (see Chapter 6 by Derluyn & Ang). These accounts of the pervasive impact of family separation and the ongoing relational complexities of transnational and transgenerational loyalties in exile underscore an understanding of the refugee family system as profoundly inscribed within extended family networks, related cultural notions of a relational self in communal belonging, and the complex interaction between trauma-related grief and ongoing separation.

In Part II and Part III, the volume builds on these empirical accounts to shift towards clinical practice with refugee family systems. Part II focuses on therapeutic approaches that engage with refugee families; Part III addresses modalities of intersectoral interventions as embedded within schools, communities, and collaborative care networks, operating within refugee families' broader collective spaces of resource and participation. Parts II and III are structured around three core transversal clinical themes of post-trauma rehabilitation, coping with bereavement and loss, and therapeutic positioning, substantiating these themes with clinical accounts that reflect a diversity of voices and approaches in different settings.

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The first transversal clinical theme addresses post-trauma rehabilitation modalities of stabilization, integration, and reconnection as they structure cyclic and interacting therapeutic processes around the restoration of safety, meaning, and social connectedness [52, 71, 72]. Through a differential emphasis on each of these core therapeutic processes, clinical contributions in this section share and develop an approach in which stabilization, integration, and reconnection is located and supported within family relationships.

Stabilization, or the process of regaining safety and control, is explored in reflections on the complexities of building alliance with refugee family systems, psychoeducation, enhancing parental sensitive responsivity and mentalization, and supporting adequate coping through the mobilization of social and cultural resources (see Chapter 7 by Mooren & Bala; Chapter 8 by El Husseini and Dozio, Mansouri, Feldman, & Moro). Further, a specific contribution focuses on reducing family conflict and violence as part of relational stabilization (see Chapter 12 by Almqvist).

Integration, or the reshaping of traumatic memories through the reconstruction of the trauma narrative as inscribed within a meaningful and coherent life history is addressed through an account of supporting relational processes of trauma narration in therapeutic practice with refugee families (see Chapter 9 by De Haene, Adriaenssens, Deruddere, & Rober). This process of relational trauma narration is further explored in its interconnections with refugee family members' trajectories of cultural belonging in exile: clinical accounts document the therapeutic space as a vehicle of cultural hybridization in relation to transgenerational trauma in refugee families (see Chapter 10 by Guzder) and address the mobilization of cultural and spiritual metaphors and symbols in revisiting trauma histories (see Chapter 8 and Chapter 11 by Fung, Mok, & Phorn).

Reconnection, or the mobilization of social participation and connectedness, is addressed in contributions documenting modalities of clinical work that explicitly engage refugees' social and cultural worlds and use intervention strategies that mirror the presence of extended family networks (see Chapter 7; Chapter 16 by Santhanam-Martin). Further, the thread of reconnection is equally present in this volume's exploration of school-based psychosocial care and collaborative care networks (see Chapter 17 by Fazel & O'Higgins; Chapter 18 by Papazian-Zohrabian, Mamprin, Turpin-Samson, & Lemire), which reflects an emphasis on mobilizing therapeutic trajectories as vehicles of social participation and integration in resettlement.

Second, the transversal clinical theme of coping with bereavement and loss in exile complements these core threads of stabilization, integration, and reconnection in post-trauma rehabilitation. Several contributions emphasize the central role of coping with bereavement and (ambiguous) loss in therapeutic trajectories with refugee family systems, addressing how working around trauma in the clinical space is often closely tied to supporting family members in coping with grief and bereavement. This involves multiple layers of loss, including cultural bereavement (see Chapter 8; Chapter 10), traumatic loss, ambiguous loss, transnational loss and grief (see Chapter 7; Chapter 9), and coping with forced separation and the reshaping of loss through family reunification (see Chapter 13 by Sveaass & Reichelt).

Finally, a third transversal clinical theme focuses on the clinical relationship itself, and develops an understanding of the therapeutic position in working with refugee families as an intricate space of both resonating and reconstructing refugees' post-trauma suffering. Contributions account for particular processes and meanings of reflexivity in working with refugees' traumatic life histories (see Chapter 15 by Jemmot & Krause), including a reflective stance on the complex role of providing

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medico-legal reports and the negotiation of this provision in ways that support refugee families' actorship rather than reiterating their powerlessness (see Chapter 14 by Stein, Raju, & Andermann). Further, contributions explore the role of refugee families' institutional trajectories in reshaping their communal belonging, with a specific focus on dynamics of traumatic re-enactment in refugee families' encounters with care systems (see Chapter 19 by Rousseau) or clinical processes that invoke colonizing power disparities through the neglect of cultural knowledge systems and vocabularies of self and community (see Chapter 10; Chapter 16). Finally, contributions adress how to avoid a diagnostic bias that fails to account for the complexity of transcultural assessment (see Chapter 17) and the role of the therapeutic encounter as a space of communal listening and witnessing (see Chapter 9). These reflections provide a window into the intricate role of the therapeutic relationship as a space for post-trauma reconstruction, balancing between the relational reiteration of violence or the reconstruction of safety and trust in the face of injustice.

Across contributions, these transversal clinical themes are explored in different forms of therapeutic and community-based practice, including family therapeutic work, infant-parent psychotherapy, multifamily therapy, school- and community-based care, and intersectoral care networks located in divergent national and cultural settings in Western host societies. Parts II and III aim to provide scholars and clinicians with a multilayered account of intervention modalities in supporting refugee families, combined with an in-depth understanding of transversal clinical themes that are key across different modalities.

Core Systemic Threads Throughout the Volume

With this empirical and clinical exploration of refugee family relationships and their role in coping with trauma, culture, and social conditions, this edited volume shows how working with refugee family systems as a core locus of intervention provides ample possibilities to engage with the intricate intersections between personal, social, cultural, and political realities in refugees' suffering and post-trauma reconstruction. In presenting this edited collection on working with refugee families as a particular operationalization of a systemic approach to refugee care, we identify several threads that may guide the reader. Below, an overview of these guiding systemic threads starts from a relational understanding of the sequelae of traumatic life histories and moves on to address a particular systemic notion of trauma as expression of social predicaments. This understanding of trauma invokes the systemic emphasis on understanding the clinical space as marked by an engagement with supporting refugees to cope with broader social predicaments and finally extends into an understanding of intervention modalities as well as the therapeutic position itself as imbued by intricate intersections between personal, relational, and social dimensions of healing.

This volume engages with a particular notion of post-trauma reconstruction, focusing on the relational impact of traumatization and the relational impetus of coping in its aftermath. Rather than an understanding of post-trauma reconstruction revolving around recovery from post-traumatic distress as individual suffering and vulnerability, this volume focuses on the relational sequelae of traumatization and displacement within family functioning and on how to mobilize relationships as vehicles of reconstruction. Across contributions, this interest is reflected in a shift from an individualizing approach to refugees' suffering towards a relational vocabulary in conceptualizing distress and recovery. This

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relational understanding of post-trauma suffering and coping is developed through addressing how refugees mobilize family relationships, in their interactions with their the broader social fabric, in reconstructing meaning and connectedness.

This focus on developing relational vocabularies in understanding post-trauma suffering and coping in refugee family systems locates suffering and healing at the nexus of personal and social dimensions. From this perspective, the notion of trauma does not merely refer to an individual, symptom-focused category of distress, but equally to expressions of social predicaments of atrocities, persecution, and collective violence [52]. Corresponding to this social perspective on trauma, post-trauma reconstruction is primarily situated as coping with communal social predicaments and the seeking of restoration in the face of social conditions of injustice and uprooting. This orientation towards understanding the sequelae of refugee families' social conditions explicitly includes ongoing resettlement stressors of isolation, marginalization, and increased discrimination, hereby shifting a reductive focus on pre-flight or flight-related traumatic stressors towards the inclusion of multiple forms of social, clean violence in exile [73].

This systemic perspective on locating post-trauma reconstruction at the nexus of personal and social dimensions of suffering and healing calls for an understanding of the therapeutic relationship as a space of validating refugees' suffering and help-seeking strategies as ways of coping with social conditions in home and host societies. It recognizes that relieving suffering through therapeutic practice will inherently entail the restoration of meaningful ways of belonging through the mobilization of resilience and resources in both personal and collective spaces. This orientation is amply developed throughout this volume with its iterative emphasis on the complex intersection between personal, social, cultural, and collective layers of reshaping meaning and supporting adaptation. Across the volume, this dynamic interaction of personal, familial, social, and cultural meaning-making is articulated at the level of refugee family systems and further developed in clinical explorations of intervention modalities and the therapeutic positioning itself. At the level of intervention modalities, the systemic interest in the intersection of personal, familial, social, cultural, and political coping and meaning-making explains the volume's cross-cutting emphasis on the multiplicity of voices that resonate within refugee families' stories of suffering and restoration within the therapeutic encounter: clinical accounts in this volume explore the intersection of personal and relational narratives; cultural notions of well-being, self, and community in relation to cultural practices of coping and healing; forms of communal belonging to and identification with ethnic, racial, or religious groups; and collective histories and legacies. Equally, the volume documents how transnational and transgenerational voices profoundly imbue therapeutic dialogue as well. Indeed, transnational family relationships continue to shape refugees' well-being and social integration in exile, and their stories of displacement may be part of transgenerational histories of collective violence or political oppression. From a systemic perspective, this multiplicity of voices is at stake at both intrapersonal and interpersonal levels within the therapeutic encounter [74]. As several contributions address, clinical work with refugee families involves the exploration of these multiple personal, relational, cultural, social, transnational, and transgenerational voices within individual family members' lived experiences of collective trauma and diaspora, and it engages in the creation of a dialogical space in which family members can explore, co-construct, and re-shape these multiple voices and their roles in relational stories of

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reconstruction. At the level of therapeutic positioning, the volume explores in several ways the interest of articulating the clinical encounter itself at the intersection between personal, familial, and social meaning. The therapeutic position is marked by transactions between the clinician's personal engagement with refugee families' distress and the resonating of broader social and cultural differences within the therapeutic encounter. This leads to an interest in exploring those relational complexities of revisiting or restoring trauma within the therapeutic relationship. Further, in engaging with the imprint of broader social predicaments in home and host societies, the therapeutic position is mobilized to cross the institutionalized boundaries of the clinical space and to become an actor within the broader sets of social relationships shaping refugee families' resettlement, engaging within intersectoral collaborations or advocacy.

These core systemic threads throughout the volume invite an understanding of how a systemic approach to working on the threshold of personal and social dimensions of suffering and healing evokes a therapeutic position that operates as a mirror image of this personal-social nexus. Through developing a therapeutic approach that explores and amplifies refugee families' intimate transgenerational and cultural engagement with social and political predicaments of violence and exile, the therapeutic space may provide a space for holding and mentalizing containment of the sequelae of atrocity, loss, and displacement [52]. In validating and witnessing refugee families' predicaments of a pervasive disruption of both personal and communal worlds, in mobilizing bridges between personal and communal worlds as spaces of restoration, the therapeutic space may support family members to reconnect to a sense of shared humanity, holding the promise of rebuilding those worlds.

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