Special Issue on International Group Work and Psychotherapy

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The special issue of the *Clinical Journal of Social Work*, which deals international group work and therapy, reflects two trends in the helping professions. The first trend derives from globalization that challenges the entire world. The second trend relates to the provision of assistance as a result of greater connectedness across boundaries—news bulletins about regional calamities stream instantly to distant corners of the world. According to Lawrence et al. (1996), in terms of need, the world of the twenty-first century is without borders. On the one hand, this world is characterized by the potentiality for sharing information, and for promoting mutual growth and prosperity, and for increasing migration as people chose to seek better lives. On the other hand, there are existential threats to humanity from natural disasters, terror and war, as climatic changes have raised levels of poverty and forced immigration. At the same time, a growing number of researchers have focused on issues relating to political, economic, and cultural changes in an attempt to better understand the reality in which we live, and to expand the range of psychosocial responses to contemporary problems (e.g., Dominelli 1997, 2002; Midgley 2008; Sheets-Johnstone 2012; Razack 2009). Studies have enhanced awareness of global issues, such as the growing incidence of poverty, disease, and malnutrition, as well as family and community violence, racism, sexism, and ethnocentrism. The waves of refugees, asylum seekers, and guest workers in the wake of these events have changed the civil and political composition of many countries, and led to destabilizing their social and political structures.

The social implications of globalization pose a major challenge for the helping professions, both in terms of

defining the boundaries of responsibility, and in terms of finding effective interventions that can improve the situation of disadvantaged and excluded traumatized populations that are frequently victims of discrimination, distress, and trauma (Bransford 2011; Dean 2001). A review of the literature indicates that the professional social work establishment attributes importance to professional engagement in this area. Against that background, the Council on Social Work Education has changed its professional standards to include programs that provide training in international social work:

The Council on Social Work Education revised standards for reaffirmation of educational programs which clearly manifest the recognition of the growing interest in the impact of globalizing forces on welfare services and on professional practice has led to increasing recognition of the importance of an international component in social work practice and professional education (Educational Policy, Article 1.2; Council of Social Work Education 2004).

Furthermore, in recent years, helping professionals from developed (northern) countries have become involved in routine and emergency activity in resource-poor (southern) countries. This assistance has taken the form of concrete contributions, including psychosocial assistance in the midst of distress and emergency situations training human resources. There have been an increasing number of group interventions, and training programs in group therapy has been established or expanded throughout the world. At the same time, though, there is general agreement that the need for group-based help and training of group workers greatly outstrips the availability of such services and opportunities.

Educators and policy-makers increasingly see globalization as an important focus of training for the helping professions (e.g., Nuttman-Shwartz and Berger 2012). New

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models are being designed to shed facilitate the processes of accommodation and assimilation that respond to oppression and colonialism. Professionals face the challenge of creating a therapeutic frame of reference that integrates local and universal dimensions. In this reality, it is essential to adapt traditional models such as PIE (person in environment) (Karles and Wandrei 1994) and group psychodynamic and other theories that contextualize culture at the social, group and individual levels (Le Roy 1994; Toseland and McClive-Reed 2009; Gray 2005; Healy 2007).

Against this background, the present issue of the *Clinical Journal of Social Work* includes seven articles by scholars from different countries: the United States (2), Brazil (1), Israel (2), Croatia (1), and Germany (1). The authors are professionals from various disciplines—psychologists, social workers, and psychiatrists—who have facilitated therapeutic group interventions in Israel, the United States, Brazil, Croatia, Guatemala, and India. The articles attempt to shed light on issues relating to therapeutic group interventions within different cultures and circumstances. The group interventions were adapted from accepted approaches and applied in new regions of the world among populations that have never participated in such a process. The groups consisted of impoverished populations, refugees, victims of war, family, social and political violence. In addition, the articles in this issue describe attempts to facilitate therapeutic groups in strife-torn regions by professionals from resource-rich northern countries.

Unfortunately, this issue does not include articles relating to a broader range of sociocultural contexts. The difficulty in finding additional papers may reflect language problems encountered by professionals in developing countries, and the difficulty they have in conforming to the Western style that guides the publication of professional clinical literature (Payne and Askeland 2008). The challenge in gathering more articles may be that methods of group intervention are not appropriate in the professional and therapeutic contexts of many countries. This theory raises questions about the suitability of therapeutic group intervention in different cultures. Limited submissions to journals may also reflect opposition to perceived colonialism inherent in the nature of the assistance provided today by the Westernized helping professionals. We still face the challenge of designing a model through collaboration across cultures and economic, social, and geographical boundaries, in a context of inadequately resolved conflictual history (Midgley 2009; Singh et al. 2010).

The search for appropriate group intervention methods is evidenced in the decision to include articles dealing with a diverse range of groups: structured, dynamic, short-term, and long-term; groups based on traditional verbal discourse; other groups based on artistic methods; groups that

are facilitated among foreign populations in their countries; and among groups form specific populations. This broad spectrum of articles is intended to reflect the range of interventions that are being conducted throughout the world. It shows how the group medium has expanded, and highlights the vital need to adapt methods of therapeutic group intervention to different life situations and cultures. Thus, it is important to find a method that is appropriate for the time and place of the intervention, and for the population that needs assistance.

Interestingly, we also found that even though they were not asked to do so, most of the authors submitted articles dealing with traumatic personal, social, and political situations. This reflects the need to address social and economic problems, while emphasizing professionalism and effectiveness. Despite the current demand for evaluative studies of interventions, no evaluation studies are presented in this issue. It is possible that the innovative nature of group work with traumatized populations and the dispersed locations where it takes place proved to be limiting factors. Nonetheless, the authors sought to infer what was learned from their application of group approaches. For example, in several instances issues were raised regarding the use of common diagnostic tools and the adaptation of those tools to clients from different regions and countries. In addition, hypotheses were provided regarding the use of well-known paradigms. Therapists have displayed flexibility in implementing group interventions, and have sought to involving clients in programmatic assessments. In this connection, Peled and Perel present a structured model for facilitating groups, based on collaboration and evaluation. Another attempt to implement traditional analytical group therapy in a public service among groups of poor populations is presented in the article by Pires and Penna from Brazil. This issue also includes articles by Shah, Rohr and George that shed light on the complexity of working in situations that require not only cultural sensitivity but also caution because of political and safety concerns.

The articles in this issue have divided into two categories: articles that reflect attempts to conduct group therapy and interventions within a given society and culture; and articles that reflect attempts to conduct therapeutic group interventions by therapists/facilitators and clients from different cultures.

The opening article by Peled and Perel presents two models for structured group interventions conducted among men and women who experienced domestic violence in Israel. The groups focused on developing an open and ongoing dialogue among the clients. Even though the participants were a classic population of welfare clients, Peled and Perel included violent men in the therapeutic discourse, and involved clients in constructing and designing the group intervention process.

The second article, written by Huss, Elhuzayel and Marcus from Israel, proposes a theoretical model for group work based on a feminist perspective, and integrates the personal and social domains within the context of domestic trauma. The contribution of this article lies in the integration of the personal and social domains. It examines the impact of society on psychological processes rather than dealing specifically with the experiences of individuals. Beyond that, the article highlights the attempt to identify effective methods of intervention in situations where trauma is not only personal but also has an underlying social component. Up until this point, the social component has not been adequately discussed. The use of artistic methods is seen as an alternative way of working on the personal and social conscious and unconscious. Whereas feminist theory acknowledges social constructs that produce pathology and that keep women in their difficult situations, art provides an outlet for breaking classic social structures and encouraging the empowerment of women. The models presented in the articles by Peled and Perel and Huss and her colleagues differ from traditional perspectives of group work as expressed in the article by Pires and Penna from Brazil, even though all of the populations described in the articles are characterized as welfare populations with emotional and social problems. Pires and Penna present an example of analytical group work conducted in Brazil, which also reflects the change in mental health perspectives in that area and the penetration of those perspectives into the domain of public services. The article shows how disadvantaged populations can benefit from long-term analytical group therapy, and reveals how the concepts of time, duration of therapy, and other aspects differ from those proposed in the models presented by Peled and Perel and Huss et al.

Another perspective on integrating group therapy in established professional-therapeutic services is presented in the article by Urlic and Britvic on a group that was conducted after the war in Croatia. Their paper deals with issues related to refugees, relocation, post-combat soldiers, prisoners of war, and civilian prisoners. Thus, the article broadens the domain of group therapy and reflects a common global reality that combines work with government organizations as well as with civil society organizations and international organizations. The article includes research findings on the consequences of the war, with particular emphasis on the implications of working with trauma victims and their families. It not only highlights the benefits of these interventions for clients, but also aims to justify the extensive change that has taken place in the therapeutic establishment in Croatia following the war, including the introduction of long-term analytic treatment. In the present context, the article also describes organized efforts to conduct group interventions and the formation of

task groups to cope with the difficult challenges posed by this reality.

Urlic and Britvic's article leads the way to another group of papers that describe work with professionals. Against that background, the second part of this special issue includes articles that focus on group therapy in the context of globalization, and on the challenges that therapists face when they deal with issues that go beyond their own cultural homes. The section opens with an article by Miriam George, that clarifies the new challenges faced by mental health practitioners at the local level—the need to help the growing populations of refugees. This population is frequently responding to trauma and a social climate that is not always supportive. George proposes an integrative approach to group work which is based on cultural competency, spirituality, and strengths. This strategy enables therapists to respect religious and other cultural differences, and to empower those populations. In this context as well, the classic clinical paradigm of working through the trauma in the encounter with a new place has been changed to an approach which relies on the reality that the clients lived in before they became refugees.

The next article by Shah redefines social work in other cultures, and highlights the need to adapt the methods used by mental health practitioners in new and unfamiliar regions, particularly following disasters such as the Tsunami in Southern Asia. It is so easy to make mistakes because of cultural differences, and it is difficult to adapt the conventional language of intervention to a different reality. This situation raises questions about the ethics and quality of intervention, as well as questions about the ability to describe therapeutic mistakes and set ethical standards. These concerns pose a major challenge for organizations that offer professional assistance, particularly in light of the trends described above, and in light of the need to render assistance in different countries and in different life situations.

The article that closes this issue, by Elizabeth Rohr, presents an example of professionals from developed nations providing assistance to colleagues in developing countries. Rohr details a model for training group therapists within a country (Guatemala) that experienced a social trauma that came to light in the group process and had an impact on attempts to help participants return to a “normal” life. She describes the complexity of developing a sensitive, empathic approach that helps the participants in this kind of unstructured activity understand each other. Her approach focuses on the needs of the participants in the group but does not ignore the representation of the facilitator—a German with an extreme national historic traumatic background. Together, the components of the model provide a basis for better understanding of the challenge involved in working with perpetrators and victims in countries characterized by social conflict. The model also paves the way for resolving

indigenous group conflicts as well as intergroup conflicts. On the whole, the article shows that in the contemporary world it is necessary to understand various manifestations of trauma, including social and political trauma, as one plans and provides group interventions, including group therapy.

To summarize, our aim has been to update the reader about group therapy conducted in different parts of the world today and how this new platform incorporates knowledge of cultural diversity and trauma. Therapy in international work combines traditional clinical methods with new ways to encourage client involvement. Moreover, the range of clients who benefit from group therapy has expanded over time, and includes disadvantaged populations that suffer from socio-political and global tragedies. Initial attempts are being made to expand knowledge beyond familiar boundaries—particularly in the process of assimilating Western approaches in new areas of the world. We hope that the global community of professionals will increasingly adapt traditional group interventions to new settings and to address emerging needs. And prepare the next generation of mental health workers to provide relief to the inevitable victims of poverty, disaster and conflict where so few mental health resources currently exist.

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