

Chapter 8

Drawing in or Ruling Out “Family?”

The Evolution of the Family Systems Approach in Sri Lanka



Evangeline S. Ekanayake and Nilanga Abeysinghe

Introduction

A few months ago, an old colleague contacted with a request to conduct a day training for her newly appointed counselling assistants. We had several discussions about the type and level of training they already had and what sort of training needs they were pressed for. These discussions confirmed the understanding we already had about the limitations of their overall training and the complex nature of the cases they deal with. She mentioned that these counsellors were not only working with limited training and supervision but dealt with a clientele with minimum support in their home and work environments. We had seen this pattern with other diverse client groups too. For example, in the area of labour migration, lesbian-gay-bi-transgender (LGBT) groups and people struggling with addictions are a few.

We tried to answer the big question: “What might be the most beneficial topic for this training?” By this time, Evan, who is co-authoring this chapter, had trained some government staff involved in counselling services and field staff of few community-based organisations on family systems therapy (FST) and was engaged in follow-up programmes. We discussed the challenges of these newly trained counsellors in comparison to the ones that Evan had already worked with. It was immediately apparent that a common factor loomed large in all groups and this was the significant and powerful “family factor” that compounded the nature of people’s problems in current Sri Lankan society. It was obvious then that this demanded a robust and creative methodology that would enable the Sri Lankan counsellor to skilfully navigate the factor of family to therapeutic advantage. Thus, we offered FST as a topic worth considering for this training among a few other topics, which they readily accepted.

E. S. Ekanayake · N. Abeysinghe (✉)
Faculty of Graduate Studies, University of Colombo, Colombo, Sri Lanka

On the one hand, there was relief in finding a means by which the visibly powerful influence of family could be addressed; on the other, trainees were keen to explore how family systems approaches (FSA) could (or not) work with the real-life cases that they had faced recently.

How would the concepts of FSA translate into practice in the absence of a clearly identifiable family or a system that was willing to collaborate? Can we practise FSA in the absence of key family members, who were sometimes perceived to be the cause of problems?

Is FSA supposed to replace the way we used to work with individuals?

Should we seek assistance from other officials (such as the police department) to ensure the compliance of families? Would FSA complicate our already complex case load?

These were some of the questions and concerns raised by our trainees. Interestingly some of the very same questions had been raised by trainees in the groups that Evan worked with. We knew we were on to something significant. Perhaps a strategic change in the way people understood their problems and their significant relationships was perhaps been drawn together in these therapeutic spaces.

Apart from this group of counsellors, we have had the opportunity to introduce FST to other groups of counsellors and others working in the psychosocial sector. Hence, in addition to the above concerns of the trainees, we, as trainers, had a few questions ourselves in terms of making FST relevant to each of the different groups we worked with. One predominant concern we constantly struggle with is language. How could we best translate the concepts of FST (or any other approach in psychosocial work for that matter) into our local languages, Sinhalese or Tamil,¹ preserving its meaning in the sociocultural contexts where it will be used? Some of the trainings were conducted in Sinhalese language, and we attempted to get the feedback of the trainees as to what it meant to them and their clients. However, some groups were trained in the English language, and we had trainees from both groups who worked in Sinhalese and Tamil. Thus, it was of significant concern to us that the concepts are translated accurately and effectively into both local languages and that they made real sense.

Why FST in Sri Lanka?

Why are we (or for that matter counsellors practising in Sri Lanka) interested in working through an FSA than to work with the individual who is faced with the problem? Though Sri Lanka has seen many rapid changes in this sociocultural milieu, the family remains a dominant social construct shaping, reshaping and giving meaning to people. The Sri Lankan family-social system has however been

¹Sri Lanka is considered a bilingual country where Sinhalese and both Indian and Sri Lankan Tamil dialects are spoken.

taking different forms and shapes during the last few decades. We see almost revolutionary changes in the way family members relate to each other. Twenty years ago, a family member who worked in one part of the county would hear from his/her family mainly through the “postal system” (snail mail), while he/she would be able to see them once in several months depending on transport and their financial status. However, with the technological advances, communication through phone and social media has become so common that families are connected to each other via video calls and many different ways on a daily and sometimes hourly basis. This has in fact extended to establish much more communication with overseas members. There are views that blame social media “taking over” of face-to-face communication. IT advancements are blamed for the deteriorating bonds between immediate family members as people tend to spend less time talking to each other. Yet, there are other positive factors such as how IT advances have connected people within families who would not have been in touch if not for the facilities available. The impact of the technological advancements on the family systems and dynamics has to be addressed in any effective form of systemic therapy.

In this milieu of the twenty-first century, the functionality of the family seems to have changed overtime, and it keeps on changing in all social strata. However, as a clinician or a lay person, you may agree that in whatever its state, each member of a family has a notable influence on the others. This influence may be positive in some instances while being negative in others. Thus, irrespective of the nature of “how” one relates to the other members in a family unit, we emphasise on the fact that one does “relate” to the family, one does influence and one ends up being influenced in return.

Just as it is in the family unit, there are also other units that we are part of. These include schools, work places, religious institutions, clubs, societies at grassroots level and much more. These organisations that are at the micro-system and meso-system (Bronfenbrenner, 1994) have a significant effect on the quality of one’s life. That is, there is reciprocal influence between us and others beyond our primary unit, which is the family. If so, is it possible and worthwhile for a clinician to use these connections or these other systems which sometimes evolve in to “family of choice”, rather than biological family to support a client in his/her journey towards recovery?

Mental Health and Psychosocial Support (MHPSS) in the Sri Lankan Context

As mentioned above, Sri Lanka has gone through many social and cultural changes as a result of the sociopolitical and economical changes (and challenges) it underwent since the 1950s. The development of the field of counselling and the broader MHPSS sector also had its genesis in the latter part of this period as a response to the demands of the said transformations. Wolfe (2012) discussing the historical development of the counselling sector in Britain attributes the developmental turning

points of the sector to the socio, economic and political changes that influenced the society, especially in the aftermath of World War II. He further compared this with the United States and points out how the same factors contributed to the development of the field and how the aftermath of the Vietnam War specifically contributed. The examples from these countries point out not only the impact of the larger society on the development of the field of MHPSS but also the role of the professionals in determining the standards, values and the best suited directions to respond to the inevitable changing process of the society.

In the case of Sri Lanka, the last decade is marked with a significant increase in the number of state and non-state sector mental health professionals as evident in the Sri Lanka Medical Council (SLMC) records for psychiatrists and clinical psychologists throughout 2007–2017. The same upward trend can be observed for counsellors too and in the state sector alone this was over 300 by 2015 (The Asia Foundation, 2015a, 2015b). At present it is estimated that the country has about 400 state sector counsellors attached to a couple of ministries (with the designations “counsellor” or “counselling assistant”). The level of training and knowledge of these counsellors varies from master’s-level (MA/MSc/MPhil in Clinical Psychology) qualifications to 1-year diplomas in counselling.

Along with few other colleagues, in 2012–2013 we conducted two island-wide surveys on the counselling services. Among many other research questions, we were particularly interested in finding out the most common problems that clients presented in counselling. These studies pointed out that “family problems” and “problems related to school education plus exam-related issues” are the commonest (Good Practice Group, 2013; The Institute for Health Policy, 2013). In addition to our findings, Sri Lanka has continued to have a high suicide rate since the 1990s. In 2014 it was indicated as 28.8 per 100,000 individuals by the WHO. There are arguments that these statistical data are somewhat overestimated due to the lack of actual data while acknowledging that suicide attempts or deliberate self-harm rates in Sri Lanka are one of the highest in the world (Knipe, Metcalfe, & Gunnell, 2015). A significant proportion of these attempts are linked to family conflicts. In addition, population projections for Sri Lanka indicate that there will be an increase in the population over 60 years of age over the next decades (De Silva, 2007). Furthermore, WHO projects that by 2030 the global carer burden of mental illnesses will be the highest among all other health issues and Sri Lanka is no exception. The impact of an ageing population on the construct of family is likewise profound, as elders are still largely looked after within the family. This is because there is still no adequate social support system to take care of the growing ageing population and its expansion. Additionally this is not complemented by increased services or facilities for elderly populations. This means that Sri Lankan family systems are going to be further impacted with its ageing population.

In the backdrop of these current and projected mental health-related issues, Sri Lanka is yet struggling to recover from the aftermath of the three-decade-long civil war. Thus, it is important to understand that the MHPSS sector in Sri Lanka is still short staffed to deal with the demand despite the increase in numbers during the past decade. At the moment there are a few state and non-state sector institutions and

universities that train counsellors. Nevertheless, it is unlikely that this process will be able to train sufficient numbers of counsellors who could cater to the increasing demand. Thus, we as professionals in the field of MHPSS at present are challenged with making necessary decisions to figure out ways of overcoming this issue.

Inevitable Challenges: A Different Approach and Chances of Success

Clinicians should ideally focus on many factors that affect their therapeutic success. These factors may range from characteristics of the therapist, the type and quality of therapy session, client’s problem situation or diagnosis (if there is one), willingness to take part in therapy, etc. These can be broadly categorised as follows:

1. Characteristics related to the therapist
2. Characteristics related to the therapeutic environment
3. Characteristics related to the client

In the light of the available resources in the MHPSS sector, the limitations related to realistically increasing the number of counsellors and the facilities for therapy are apparent. Therefore it has become imperative that we consider using the limited time that could be allocated for a single client more efficiently by introducing a therapeutic model that draws in and utilises those people who are immediately around the client as a system that facilitates the recovery and better management of the client’s condition. Those in the closest proximity to the client may be a conventional family or a family system of choice, which incorporates neighbours unrelated family friends, faith families (groups of religious worshippers who take care of each other) or an institution in which the client is positioned, such as a home for elders, a school, some form of a care home or any other institution. And so, we have been challenged to consider whether it would make sense to understand, reinterpret and utilise FST in a way that best fits a rapidly changing social context of Sri Lanka.

We will share our experiences and our dilemmas in introducing and training existing and novice counsellors in FST. Thus, the rest of this chapter will be a reflection of how we have proceeded so far and our thoughts on possible causes.

Family Systems Approach in Sri Lanka

An FSA Class on a Saturday Afternoon

The scenario is an air-conditioned classroom where 25 adult postgraduate students gather on a hot Saturday afternoon. The group is a mixed bunch of professionals from a wide and wild range of professions from teachers, media people, the military,

religious orders, state-employed counsellors and development workers. The topic of the day is working with families. There's a keenness in the air. Almost all in the class, regardless of their field of work, are required to deal with families in difficulties or conflict. Almost all share a sense of frustration in finding adequate and effective means of navigating the complexity of such work. In the first 3 h, we have gone through the theory of FSA. Something makes the afternoon seem hotter and wills battle with eyelids to keep alert. Then we shift gear.

The class changes position to make a circle and every one gathers round. Five volunteers are invited to step forward in to the space in the middle. The case of a family which was presented earlier is about to be brought to life. The FS approach is about to be tested. The moment of truth is here. All eyes wide open.

1. The volunteers each take a role as a family member. They are given bits of paper with a brief description of their role in the family and given time to assimilate this role.
2. The problem is presented to the whole class including the volunteer actors and those observing. It is a situation of family conflict.

Case Study

Thiyalini, a 42 year old mother is a returning migrant worker. She finds her family doing financially well, but her relationship with her husband Thileepan is strained and conflictual. He is withdrawn and hardly comes home, from fishing at sea which is his livelihood. Thileepan feels inadequate as his role as a provider is being challenged. Further, his wife's expectations of a man have become more sophisticated. He therefore, withdraws into himself and his fishing. Thiyalini is disappointed and is frustrated as despite her years of hard labour for the family and faithfulness to Thileepan, he is still not happy with her and even accuses her falsely. There's conflict in the family on so many little things that their son Thangesh has started to vanish into his virtual world on his smart phone and doesn't connect with anyone. Their daughter Sutha loudly expresses her disappointment in her parents, says that things were much better before mother left even if they were poor and declares that she will never marry which is a terrible shock to her grandmother (Thileepan's mother) who looked after the children in Thiyalini's absence. She now lives to see Sutha become a bride one day. The family is distraught and cannot figure out how their bonds have splintered.

3. The facilitator invites the family members to assume their roles and take their seats where ever they are comfortable.
4. The facilitator asks the observers what possible therapeutic goals can be made realistically for a first session. It is established that the first goal could be that of allowing the family to articulate their difficulties and the second might be to help them see that the difficulty is not merely personal but is systemic in that it involves them all and their pattern of relationship to each other.

5. The facilitator next asks the observers if they were to intervene with this family whom they might want to start with in order to move towards the first two goals. They select the grandmother (Thileepan’s mother) and, for purposes of a case, assume she has sought assistance in helping to convince her granddaughter that she should consider marriage despite her disappointment with her parents’ marriage.
6. The facilitator first models engagement with the grandmother and how the conversation moves from the stated (felt) problem (wanting to convince her granddaughter of marriage) to the wider context of the systemic issues in their family.
7. At this point the role play is paused, and a very brief discussion of the use of different tools and strategies used ensues between the observers and the facilitator. The observers are now taking the role of a “reflection team” which watches the process and gives feedback. The next goal is outlined. This goal is to explain the FSA and encourage the family member (in this case the grandmother) to invite the rest of the family to participate in a few sessions.
8. This step is attempted by one of the “reflecting teams” (observers) who assumes the role of the counsellor (taking over from the facilitator). The rest observe how she navigates the conversation and brings the grandmother to a point of recognising that the real issues are broader than getting her granddaughter to agree to marriage and that a systemic approach might be worth considering.
By this time the class is completely engaged. They group themselves into fours and fives and observe the interaction in the centre of the room closely to pick out the following:

Observations: A Quick Discussion by the Reflecting Team Follows at this Stage

- (a) What is the interaction like? How easy or difficult is this conversation for the client and for the counsellor?
- (b) What specific FSA strategies or other techniques do you perceive being used? How effective are they?
- (c) What are your observations on the use of linear questions and circular questions?
- (d) To what extent do you think that conversation was successful in gleaning information, in bringing insight and in motivating client for the next step?
- (e) Are there things you might have done/said differently?

9. We proceed even further. This time it’s to run the first session with some family members together. We have the mother Thiyalini, the grandmother and the daughter Sutha agreeing to attend. The facilitator once again resumes the counsellor role to model the following:
 - (a) Convening a session and explaining the process boundaries and collaborative nature of the exercise.

- (b) Facilitating goal setting by the family and assisting their process of agreeing on what they want to achieve among themselves.
- (c) Creating a helpful enabling atmosphere.

The Reflection Team and the Learning Process

In this phase of the exercise, the “reflection team” (who are the observers or the rest of the class) is encouraged to pay attention to the process: They are asked to reflect on what way FSA has in common with group therapy facilitation in general and in what ways FSA is unique. They are asked to reflect or watch out for how the facilitator uses the family roles and relationships, the existing dynamics such as the power balance within the family, the patterns of behaviour the beliefs that each has about the other and what strategies the facilitator uses to navigate the presenting family dynamics to therapeutic advantage.

10. The facilitator begins by addressing Thiyalini, her mother and Sutha her daughter; recognising them, their role and contribution within the family; and also raising the issue of their role in the current situation. The facilitator soon begins to use circular questions to create a discussion by drawing the three women in to the conversation and especially strategising to enable them to talking directly to each other. Awkwardly, reluctantly and almost angrily, at first we see Thiyalini, her mother and her daughter begin to respond to the circular questioning. The facilitator steps back slightly enabling them to speak and watches their dynamics play its self out while remaining the voice that draws everyone’s attention to specific qualities, significant moments, tones, words or exchanges in the interactions. In this way the facilitator enables insight within the family to recognise the unique qualities and characteristics of their family system.

Observations

The observers are encouraged to pay attention in their groups to the following.

- What are the most prominent features of the facilitator’s role in this interaction? What are the most important things she does to enable the process?
- How effective was this enabling?
- What are the visible dynamics between the members of the family present at this session?
- How well does the facilitator recognise and draw on these dynamics to therapeutic advantage?
- What were the significant points in the conversation? What was useful to bring about those significant moves?

The role plays up to this point have been both educative and entertaining. The class is now buzzing. Some want to see more and go to the next exercise, some want to discuss their questions and yet others want to try it out for themselves. Many voices are heard together. (This is common in Sri Lanka for many people to talk at once!) The facilitator decides to strike while the iron is hot and take a quick Q&A break! Questions are recorded on the board so the next hour can work towards getting some realistic answers:

Key Questions Raised by the Reflection Team

“How do you decide when to use FSA? What are the indicators that this would be the best approach?”

“How can it be combined with other therapies?”

“It’s complicated enough to manage one client, but isn’t it just unnecessarily complex to manage many?”

“What if there are competing priorities and/or the family cannot agree on what the goals ought to be?”

“What if some family members are not cooperative? Or disruptive?”

“Many families are fragmented these days? Can FSA work in the context of fragmented families with one or more members unable to or not willing to join?”

These questions were noted, and since the class time was insufficient to go into them all, it was agreed that we would all watch out for answers to these questions in the ensuing exercises. For the purpose of this document however, we will use some further examples of working with FSA both in the classroom and in the field to illustrate how we have responded to these questions. But before we leave the post-graduate class and their Saturday afternoon reveries, we do one last exercise. This was a burning issue, the one that demanded immediate answers.

“Many families are fragmented these days. How will FSA work in the context of fragmented families where one or more members are unable to or unwilling to join?”

11. The facilitator invites the volunteer actors once again to take their roles and places, and we all return to the story of Thiyalini and Thileepan. She addresses the reflection team asking if we could all reflect on why two members of this family are estranged or disconnected. She asks the team to have a think about how they each might engage the present family members on the issue of the absent family members and how they might think of strategies to enable Thiyalini, grandmother and Sutha to think about, understand and find a way to reconnect with Thileepan and son Thangesh. She next engages each family member on this issue.

“One of the things that strikes me strongly is how committed your family is to each other. I see this in how you have set time apart to come and meet like this and to be together. You seem to have a very strong desire to be together as a family. (Pause. Watch. Wait for response.) She proceeds noting their uncomfortable silence. “Yet, there seems to be a gap. You are talking about, and, in fact, our whole conversation before this has been referring to two people, two beloved people (she smiles) who are not even here” (waits, looking around).

Sutha: “I told my grandmother. I told her this is not going to work they will never come. They don’t even come to eat, how will they come to talk about problems? I told you (looking at grandmother)”.

Facilitator: “Yes Sutha, but let’s look at this again. They are not physically here. Yes we know that. But that is one of our goals. To help you all reach each other as a family. So let’s start by accepting that they are not here. Do you think it will be useful for us to take some time to really go in to ‘why’ they are not here?”

Thiyalini: “Why?” We all know why! He is just not bothered about us. He cares more about his net and boat than about if we are living or dead. That’s why! And the boy, of course the boy is following right after the father! For him that phone is everything. Oh why, why did I ever give him an expensive phone like that!

Grandmother: “Aiyo children, men are like that! We know this. Why are we expecting that these two will be any different? I think we should talk about this girl’s future and...”

Sutha: Please grandmother! If you say men are like that, then why would I want to marry a man like that?

Facilitator: Ok so, we each have these beliefs about why the two men in your family are so distant, we have some explanations for this in our own minds. But my question to you now is, can we look at what Thileepan and Thangesh must also be thinking and feeling at this time?

Sutha: But how they are not here!

Dealing with Absent Family

Facilitator: “OK. Let’s try something like this (She places a chair in the circle. Yes! An empty chair.). This chair represents Thileepan! For the next few minutes let’s all try and bring Thileepan into this room through our knowledge of him. For the purpose of our goals, let’s try and honestly and as accurately as possible try and understand and articulate his feelings, his thoughts and why he is staying away from home”.

(There is a pause. It is as if everyone is almost recognising another person in the room and trying to connect with his thoughts and feelings. The facilitator entertains the silence.) Then she repeats.

“We are all going to honestly and accurately try to focus on what Thileepan must be feeling and thinking. This is how we will do it. It is as if we will each get in to his head and bring out what we think is in there. But of course this must not be what we want to say but what we honestly think he is feeling or thinking even if we are uncomfortable with what we find, in his mind.

When we are ready with what we think Thileepan is feeling and thinking, each of us will get a chance to slip in to this chair and simply say in his words. What we think he is feeling, thinking and why he is doing what he is doing. It’s as if we become him for a minute. Who likes to...”

(Sutha is already on her feet and headed for the chair. Her mother and grandmother are wide eyed. Meanwhile, the reflection teams are watching in rapt attention. Those who were scribbling notes have forgotten this altogether! The scene unfolds.)

In a surprisingly authentic way each member of the family takes turns at sitting in the empty chair and guided by the facilitator they first do around of what Thileepan must be feeling. They have to be helped to make the distinction between feelings and thoughts, but they catch on. They bring up feelings such as:

“Things have changed so much around this house. I’m not comfortable”.

“It’s more peaceful out at sea. Let them do what the hell they want”.

“We were all happy and content before she left”.

“I’m not sure if my wife is happy with our home since she came back”.

“I’m not sure if she is happy with me. I worry that she will leave us again”.

The facilitator next summarises and checks for accuracy and clarity. The facilitator checks if everyone feels they can agree with what the others mentioned as Thileepan’s feelings and thoughts and if there is any discrepancy, they mention it now.

“Do you really think Thileepan is feeling like that? Thinking those thoughts? How realistic is this?”

Once general concurrence is established, we realise it has led to a remarkable simulation of Thileepan’s feelings and thoughts which is making everyone consider the perspective of the absent family member. This is then helping the family to gain insight in to why this family member is responding as he does and reconsider the way they each need to respond to him, leading to a recognition and reconsidering of unhelpful dynamics. All this emerges in a brief discussion. The facilitator next guides towards the next exercise.

Facilitator: “In this step having heard what Thileepan has said to us, we each take turns to respond to him and tell him something in response to the things we heard as his thoughts and feelings. What do you wish to say to Thileepan in response to his thoughts and feelings? Once again it must be honest but helpful too. Helpful towards reaching the goals we have decided for ourselves”.

Each member gradually speaks up.

“Why didn’t you ever tell me?”

“I’m making raal (prawn) curry on Wednesday OK? Come early”.

“If you stayed home, you would know better than to think like this”.

“Running away won’t help”.

“Sorry”.

“Would I go through all this if I wasn’t thinking of you and the family?”

The facilitator draws the exercise to a close, asking each one how they felt and what they had experienced and what they were taking away with them. She also explains what will happen in future sessions. The exercise is ended.

The class breaks into a round of applause which is very welcome to break from the intensity of the roles that each one had gotten in to. The reflection teams (each with 4–5 members) are given time to discuss their observations and learnings. After a break, they will share their observations of the whole process. Here’s a peek at some excerpts:

“What I found useful was to know that you can start with just one family member and you don’t necessarily need all”.

“It’s not as complicated as I thought! I really had no idea of how to get about this, but it’s much clearer what can be done with FSA”.

“It’s very entertaining to watch our classmates, but I’m still worried if real-life things may not go so smoothly”.

“I always wondered if it might be unrealistic and too contrived to just imagine what an absent family member will be thinking, but I see that borrowing the Gestalt empty chair within this exercise and creating the right atmosphere can make something of an authentic setting which helps people be real”.

The Final Exercise of the Day

The reflection groups which all have around 4–5 members are asked to select a space for themselves and regroup. They are each given a small and relatively uncomplicated scenario which they will use to practise with. One member at a time in each group takes one aspect of therapy (as practised above) and facilitates the conversation, while the others take on the roles of family members. The different aspects they practise are:

- (a) Helping a family or an individual seeking help to consider FSA and making a case for FSA
- (b) Negotiating the first conversation by bringing a few members of a family together introducing FSA and its process
- (c) Setting goals
- (d) Using linear and circular questions for their different purposes
- (e) Navigating the issue of absent family members
- (f) Recapping and summarising learnings with a family

The class is abuzz with many intense pockets of conversation taking place together; every member is now immersed hands on in grappling with FSA; as the sun slowly slides down on our class, we leave them to the lengthening shadows.

FSA and the Evolving Concept of “Family”

As in much of the world, the concept of family in Sri Lanka too is an evolving one. Not only has this change meant that just a generation ago our parents had six, seven or even ten siblings but now we only have one or at the most two other siblings. It’s also true that our families tend to move apart sooner and more often with children leaving home and parents far more often than earlier. Almost every family in the

country now has someone who has left to either go to a major city or to other countries for work or migrate for safety reasons due to ethnic conflict, political unrest or in pursuit of international education. The 30-year-old armed conflict has left its own bloodstained mark on family systems. The 40,000 lives lost to this war each leave behind a shattered family and a fragmented family system which has had to evolve in to what we have today in female-headed households and a thriving diaspora across the globe which nurtures fragile connections with a splintered motherland. Psychosocial practitioners are now picking up the pieces of a wounded family culture.

On the economic front, the open-market economy threw open doors. A bloating job market for cheap Sri Lankan labour has meant that the stronger, healthier and younger family members often have had to leave their elderly and children in the care of each other to earn a living away from home. More women in Sri Lanka engage in labour migration, making them principal breadwinners and turning family power structures on their head. With the absence of fathers and sons due to war and the absence of mothers and daughters due to labour migration and education, families have had to co-opt members. Grandmothers and grandfathers, single “aunts” or other distant relatives and even neighbours and friends have joined the remaining family to help sustain it. Though the current laws are unfavourable towards LGBT communities and families, there are signs that evolving family structures in Sri Lanka will eventually include LGBT families as well.

This is all in sharp contrast to our parents’ generation when it was common for families to be large, for children to marry and stay in the same house with their parents or in an adjoining house in the same compound, for communication to be face to face, for males to be the sole breadwinners and for a patriarchal hierarchy to be maintained.

With current trends, the geographic and emotional distance between family members has profoundly affected family dynamics. This we already saw played out in the “family systems” classroom learning activity. And yet there are many more ways that evolving concept of family impinges on the way families now live, love and link.

FSA in the Community

I pour myself a cup of tea, freshly brewed with unblended leaf tea straight from the hills of central Sri Lanka. The aroma takes me back to the green slopes where this tea came from and where we met the amazing community workers and psychosocial practitioners belonging to a local community-based organisation. They work with preschool children and their families to provide psychosocial services to troubled households “at risk”. We would visit them each quarter to share learning experiences, methods and tools to make their engagement with families more effective. Those recollections are as warm, pungent and stimulating as this steaming tea.

The group is a mix of young female preschool teachers and a smaller more senior group of “counsellors” with some basic diploma level counselling qualifications with years of field experience. Together they work as community mobilisers visiting and working with families of migrant workers. The preschool teachers have no formal training in counselling but are supervised by the “counsellors” with the diplomas. They work by identifying children of migrant workers who attend the preschool and exhibit some form of distress or family dysfunction. This is very common in these communities. Once identified preschool teachers do home visits and usually work with the grandmother or aunt at home. We listen to them review their work – mostly frustrating encounters.

“I used to love home visits, but now I feel my stomach tighten as I go down the road. It’s going to be another useless visit”.

We ask about specific problems they encounter and what is most difficult about working with families. Then we slowly explain some basic ideas of FSA. We are met with blank faces. We doggedly keep going trying to make it as basic as possible. “It’s an approach that acknowledges that family members affect each other and that their dynamics or relationships can be used to bring insight and change”, we assert trying to be enthusiastic. The blank faces now register creased foreheads.

“How to do that?”

“Well”, we plod on, “We have the family talk to each other, and we show them how we use linear and circular questions to get the members to pay attention to each other’s thoughts feelings and words”.

Silence. Blank looks. Creased foreheads. No progress.

“Do you think it will help you to try some of these?” we ask tentatively.

“But we can’t get everyone to sit together like this. They will never come!”

The silence is broken. The politeness of our trainees which prevented them from disagreeing with their trainers is now giving way to useful honest talk. All start talking together and exchanging their frustrations.

“OK, OK let’s try and put down some of the most difficult challenges you are facing in working with these families shall we? Shall we write them down so we can take each on and explore ways to deal with them?” Now the trainees quickly group themselves into four small clusters and pen down their daily demons.

- *We just go to inquire about the child we teach. Why they didn’t come to school or why they are crying in class all the time or something, and from the time we walk in the door way, it’s a load of problem after problem. It’s just so vast and overwhelming. We don’t know where to start.*
- *Most often when we learn of problems of the family, it looks like it can be improved with a good talk together as a family. Usually there is one person responsible who can make a huge difference in the situation, and most often that’s the one person who is not at home and who will not come for our conversations!*

(continued)

(continued)

- *It is hard to meet family members. They are out plucking tea or gone for their daily labour. They earn by the day so they are hardly home. When one is home the other isn't. We cannot get them to all stay home together.*
- *It is very hard to get them to talk to each other and listen to each other. It's not done much, and it's like part of the family culture that many fathers don't talk to their kids except about essential things. No one talks about feelings and fears, and few know how to comfort each other in the family. When a migrant mother leaves the family, they assign someone to feed the child and take her to school, but no one thinks that it's important to talk to the child and help to comfort her for the loss of her mother. We don't know how to get families to focus on emotional needs.*

Everyone feels better after the real issues are put down. Now they are all keen to know the following:

“What is this family systems approach about? Can it really help us in addressing the above issues? Would it still be robust and flexible to fit in to the ground realities of the families we work with?”

I quickly readjust our training targets for the day. “Shall we look at the four problems you have mentioned here and see if FSA can be used in these situations”

- **Difficulty focussing on one single problem** as there are so many in a family. We take some time briefly role playing a conversation between family members and the counsellor/preschool teacher about selecting one issue that most of the family would agree on as priority. The key factor in deciding on this or anything else is that the views/feelings of all are considered even if they are not physically there.
- Questions like the following are used:
- “What do you think would be the most important thing or the first thing appa (dad) would like to get sorted?”
- “Do you really think this would be the most important thing for him?”
- **Dealing with absent family members.** Here we share our role plays combining the empty chair technique together with the circular questions to get as close as possible to understanding perspectives of an absent family member and to practise how to engage this family member from a distance. We share with these trainees our other experiences of using this technique on other villages and in the Saturday afternoon class. Our tea country group is now really engaging! We role play a couple of short scenarios, the first done by us the trainers and the second by them.

We take the next two issues together and combine them in the next discussion and round of exercises.

- **Inability to sit and talk due to work commitments and the lack of a culture of talking openly about feelings and thoughts among older family members and younger ones.**

“So do we all agree that these are issues and that we need to work out a method of helping our families through these difficulties?”

“Well if you say it’s possible, let’s see!”

“OK. Would it help if we took a particular case to help us discuss this? Any one has a story we can work with?” One of the counsellors offers us a case she is currently working on:

“I’m working with a family who is on the verge of having their mother leave the country for employment... I have been trying to help them prepare well before the departure. They prepare for the physical needs, but I just can’t get them to recognise the emotional needs”.

Kanthi 34 and her husband Ranjan 37 are in agreement about her leaving for 4 years. They want to get out of years of strangulating in financial debt. They have brought Kanthi’s mom to live with them so she can look after the children for the next 4 years. Ranjan has agreed to come home early from his three-wheel driving job. They have opened an account for the new money she will earn. They feel that they have prepared well. However, from the day they started to talk about her leaving, their daughter of 7 years has been sick. She has been vomiting, refusing food and was even taken to hospital for a saline drip. Their son of 11 has been reported fighting in school, and Ranjan hasn’t been able to sleep at night. He feels sleepy during the day and nearly had an accident while driving. There’s constant tension and bickering in the house as never before”.

Me (the trainer): Which of the family members do you think will agree to sit down and talk or work in collaboration with you?

The counsellor/trainee: I think Ranjan and Kanthi’s mother are too caught up in work. They consider it a waste of time.

Me : What about the children?

The counsellor/trainee: Yes, I think I can engage them both in some activity which will help them talk.

Me: Can you help them understand the concepts of feelings and thoughts? And then the concept of fear and hope?

The counsellor/trainee: *Yes, I think we have done something similar about emotions before but why? What can this achieve?*

Me: *Do you think it will help this family recognise their distress and tension and each other’s distress and tension and how it shows up (is manifest) in our physical health and our interactions? Would it be possible to have them share their feelings*

with each other some way? I’m hoping this will help them all feel more relieved and more aware of how they can and need to support each other at this time?

The counsellor/trainee: *Yes, actually I think half the distress these children face is because they can’t speak about the mother’s leaving. It is not discussed. It is just happening. They are old enough to know she will leave and what that may feel like. But no one even asks them what they feel. I think the whole family might really feel better if they talk, but that will not happen.*

Me: Why?

The counsellor/trainee: *See I can never meet them all together anyways, and even if I did meet individually am not sure they will speak openly about feelings.*

Me: *Ok I see your difficulty. Is there a time in the day that they are all together? Any time? Is there a place in which they all meet at any point in the day or night?*

The counsellor/trainee: *Yes, I can find that out for sure. I think they all meet for dinner, and though they don’t talk much, they serve their food and then eat and listen to the news on the radio at 9:00 then they go to bed. There’s no way I can access them then.*

Me: *Yes, that is clear but I have another idea. You guys need to tell me if it will work. I have seen it work in other places. Here it is (everyone draws closer):*

So we have the two children who are accessible and who will work with us, may be after school. Can we start by making a suitable space (occasion) for them to talk freely about their feelings about their mother going away?

Several counsellors: *Yes, yes we have done things like that; we can use some toys and materials and help them to talk.*

Me: *Oh great. Can you also help them to talk about specific emotions they feel in relation to the impending departure? Like fears? And hopes/desire?*

Several counsellors: *Yes, we are familiar with talking to children about their emotions. It really helps them to understand themselves and even other children better.*

Me: *Wonderful! Now that we have that step also possible, here comes the tough part. What we want to try is to see if this whole family can be encouraged to speak about their true feelings and to hear each other and recognise each other’s distress. This will then help each one perhaps realise that they can relate to the other family members in a more sensitive way, when recognising the distress and hearing each other.*

One of the counsellors: That sounds great if we can do this for a family, but we can only do this with the children as we only have access to them. That’s the whole problem!

Me: (Pushing my luck a little further) Okay so here’s the thing! If we can talk to our children about their feelings related to their mother leaving, do you think we can do these next three steps as well?

1. Can we help them see a connection between talking about feelings and living more successfully? Talking about feelings and being able to be healthily and not get in to trouble so much? Talking about feelings and preparing for mom’s departure in a better way?

2. Can we help the children to see that if they do better after talking about their feelings, then their dad and grandmother also will probably do much better if they too get a chance to talk? Can we get them to see that dad and grandma might need a bit of encouragement or help because sometimes big people also need help to do this?
3. Can we challenge the children to try and actively help their dad by talking to him about their own feelings and asking him about his? Can we challenge/motivate them to do this also with their grandmother? We could make it a lot easier by giving them a tool to help them do this for themselves and for their parents as well?

At this point this chart is presented to them as a tool to help the children articulate their feelings and then also to at least try and have a simple conversation with their parents and fill in the chart for or with them.

The family fears and hopes chart

The family member	My biggest fear (about mom/wife/daughter leaving)	What can I do to prevent it?	My greatest desire (hope)	What can be done to achieve it
Migrating mother/father	My children will cry for me and not go to school My husband will waste our money	Call regularly and encourage them, giving them motivation Make a plan on how to manage the money with husband Send only what he can manage	See our house completed See my daughter to her O/Ls well	Ask my brother to help my husband to regularly finish the unfinished bits of the house. Call regularly and encourage my husband Keep in touch with the school teacher through my mother, and monitor her progress. Get extra help when she needs
Spouse	My wife will not send money on time My wife will not return	Discuss and set up bank instructions for regular debits Keep regularly in touch and build a close and loving bond by talking often and sharing feelings	To finish the house and buy a van for business To have wife home again and plan daughter's wedding	Regularly keep working at the unfinished house Save money so wife can return Keep close relationship so she will want to return, and work on how to maintain intimacy with wife in regular phone conversations

The family member	My biggest fear (about mom/wife/daughter leaving)	What can I do to prevent it?	My greatest desire (hope)	What can be done to achieve it
Children	No one will come to the school play to watch me Everyone in school will get to know my mother is doing housework in the Middle East	Discuss with family and ask grandmother or father to come for school functions Learn to tell them how brave mother is to go alone and work How much she loves us to do such a thing for us What great plans we have when she comes back	To have my own laptop To see mother at home when I come back from school	Trying to save money towards buying a laptop Finding ways to earn this money Keeping in touch with mother by talking to her and helping her decide to want to come back
Grandparent/ family member stepping in to assist	That I will be helpless if the children fall sick or if I fall sick If the money delays, I will be stuck	Discussing and making plans who will take over or give relief when grandmother needs a break Talking about options in case money is late Making spouse take responsibility to find options for money if the regular income is late	For my daughter to have a safe place to work To go on a pilgrimage to India	Discuss and find out what is possible about daughter’s working conditions and what options she has to get help, who she can contact and who we can contact if we need help for her Tell the family about this, and tell migrant daughter to contribute a bit regularly and save for this trip

The trainees irrupt in a chorus of words all talking on top of each other. Some say it’s possible, others say it’s not and others say let’s try. And there’s only one way to find out!

Yes! We run a couple of rounds of role plays to get the dialogues right. We get back to working in the four small groups. The observer group gives insightful comment on the process.

Groups 1 and 2: Practise role a role play on how we could help the children to do this exercise themselves. How we would introduce the exercise and its purpose to the child, show them the steps and go through it with them answering a child’s questions.

Groups 3 and 4: Work on how the counsellor could take the child a step further in talking about this exercise at home while doing normal day-to-day things. How a child can make the father and grandmother interested in slowly talking about their own feelings related to their mothers leaving the country for work. They practise

responding to different negative responses the adult may give the child and help the child understand why it's important to draw the adult in to the conversation and how they might be able to do this during their different snatches of time together while cooking or while being bathed or being taken to school or doing the marketing. The possible conversations are rehearsed till the child feels confident. The counsellors often remind the child of the purpose:

“We need to listen to each other as family members to see what each one is feeling and thinking about something big that affects us all. Then we can help each other feel better, and if we all feel better, we can all live a much more happy life without getting in to so much trouble, without fighting all the time, falling ill and being very unhappy generally”.

“Some people are not used to talking, so we need to help them slowly to feel OK about talking. We don't rush them, but by talking ourselves, we encourage them; we can also share with them what we have learned about sharing feelings and doing better”

“How can the child ask the parent about their feelings? Is that realistic?”

Will parents really respond?

Some snippets of those role play conversations cut through time and the aroma of my 2nd cup of tea as I recall and make notes.

Child: Appa, look what we did with my teacher today. She asked about amma and when amma is going and how I feel about it. I write here that I hope amma will send me a new school bag but that I cry every night, see?

Appa: What? What rubbish is this? What are you doing in school wasting your time like this? Don't you learn anything?

Child: No, no appa. Teacher said that it's good to talk about feelings because if you do you may not get so sick so often. Teacher showed me that when we don't realise what we feel, we can't even study properly. See appa, sister has been so sick lately no? Appa? Is this true?

Appa: (Thoughtfully) hmm... Anyways have you done your homework?

Child: I will do it appa, but I wanted to ask you first, what do you feel about amma leaving? Do you also get scared? What makes you most scared appa?

The observer group takes over and another active discussion and summary end the day:

“Can this work? Shall we try? It will! It may! Why not?”

“This method isn't limited or confined to sitting face to face in a room and having to talk about one's feelings. I think it can work!”

“But it demands too much from the children!”

“Well sometimes children are so honest, adults reciprocate very well to this. It may work if we work well with the children first!”

“We could also start with directly approaching the grandmother or someone else in the family if the children find it to difficult”.

“Anyways, we have something now at least that we can use to work with families who don't necessarily sit together. Some of our biggest hurdles are overcome with this! I'm going to try it for sure!”

“I think this exercise helps to modify our work to fit in to the ground realities of the families we work with”.

A mix of trepidation, anticipation and excitement filled the air in those closing moments of a day’s work with counsellors in that lush tea country.

I close my notebook. It had been good remembering. I pour myself one last cuppa and sit back relishing that familiar clink of china and the unmistakable aroma and taste of unblended leaf tea and gently fold away the rich memories of FSA in the hills.

Conclusion

Having discussed our experiences of introducing and promoting FST to the MHPSS sector in Sri Lanka, we would like to draw a parallel between the MHPSS sector and FST. A closer examination of the MHPSS sector reveals the diversity and interdependence within the field. Our field of work and our co-workers in this field are themselves analogous to a family system. Each actor in this sector contributes to and influences the others. The sound functioning of the others play a major part in the success of one actor or one set of actors to make the maximum contribution to the field.

The problem in one group of actors, such as lack of referral pathways or poor communication, eventually affects the other stakeholders and the overall functioning of the MHPSS system. Thus, any administrator attempting to uplift the MHPSS services will have to study the connections, communication pathways and their current status to enable the system to function better. This is pretty much like an FSA itself! These common principles and steps are vital in ensuring the smooth functioning of any system.

Thus, when using FSA as a therapeutic tool, it is important for the clinician to help the client and the members of the system who are involved to understand how the system operates at the moment and how it impacts each other. Who else in the system can contribute to a positive outcome and what strategies could be used to draw them in?

In the same way, we present this parallel as an example for trainers to explain the concept. In our experience this has been a practical and easy way of explaining to the trainees the concepts of FSA using an interactive discussion on how we all in this sector function as a system.

Recommendations

Our experience with using and training counsellors in FSA made us see the need to adapt it to fit the socio-economic and cultural realities we work within here in Sri Lanka. We present the following as some key learnings based on our reflective

discussions on what was successful or what seemed to put us on a track towards success.

- There is much diversity in the community of psychosocial practitioners, with varied levels and depths of training, exposure and skill. FSA can be and needs to be presented in a way that is comprehensible and practically applicable to the different levels of practitioners.
- It's very important to try and get the right balance of being faithful to the theoretical foundations and basic principles of FSA while creatively modifying its presentation to address field-level realities. This is particularly true in the case of dealing with "absent family members" and family members who can't for some reason do "sit-down", "face-to-face" conventional sessions.
- A key factor contributing to successful results is the skilful blending of FSA theory and techniques with other tools and approaches in practice so that practitioners are flexible enough to be relevant and successful without compromising FSA principles.
- Practitioners of FSA must keep in mind the evolving nature of the family system and not be constrained or limited merely to the biological family but to those who may form an inner "family of choice" of the client or the other networks that exert a greater influence than family in the life of client/s.
- We co-authors do have our own hesitations and worries that lead to continued reflections about being faithful to the FSA theories and principles. Yet, we still find that flexibility of style is powerful and creates FSA model(s) that is practically applicable in the local context.

Embarking on this journey of using FSA and also training diverse groups to use FSA in continuously changing family and social systems has been an exciting and challenging adventure. The experiences we shared in this chapter are some that we thought will benefit practitioners and reviewers of FSA attempting to draw out practical ways of enhancing and promoting the use of FSA in different contexts. We look for other experiences eagerly to draw out and strengthen our own approaches while hoping our experiences will contribute to your endeavours in teaching, learning and practising FSA in this varied and wonderful global social system we are all a part of.

References

- Bronfenbrenner, U. (1994). Ecological models of human development. In *International encyclopedia of education* (Vol. 3, 2nd ed.). Oxford, UK: Elsevier Reprinted in: Gauvain, M. & Cole, M. (Eds.), *Readings on the development of children*, 2nd Ed. (1193, pp. 37-43). NY: Freeman.
- De Silva, W. I. (2007). *A population projection of Sri Lanka for the new millennium, 2001-2101: Trends and implications*. Colombo, Srilanka: Institute for Health Policy.
- Kinpe, D. W., Metcalfe, C., & Gunnell, D. (2015). WHO suicide statistics - a cautionary tale. *Ceylon Medical Journal*, 60 (1): 35.

- The Asia Foundation (2015a). *Mapping Study of the Work and Capacity of Counselling Assistants of the Ministry of Child Development and Women's Affairs*. Colombo: The Asia Foundation.
- The Asia Foundation (2015b). *Mapping Study of the Work and Capacity of Counselling Assistants of the Ministry of Social Services and Counselling Officers of the Ministry of Child Development and Women's Affairs*. Colombo: The Asia Foundation
- Woolfe, R. (2012). Risorgimento: A history of counselling psychology in Britain. *Counselling Psychology Review*, 27(4), 72–78.