GALVANIZING FAMILY THERAPY: RECLAIMING AND REVITALIZING COLLABORATIVE PRACTICES

INTRODUCTION TO THE SPECIAL SECTION

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Although relational/social constructionist-oriented therapeutic approaches (e.g., McNamee & Gergen, 1992) have been practiced for years by mental health clinicians, these are still living in the margins of our professions (e.g., Hibel et al., 2017). Perhaps evidence of their marginal condition is that these approaches do not seem to have a shared language: Is it social constructionist (McNamee & Gergen, 1992), postmodern/collaborative (Anderson & Gehart, 2007), postructuralist/narrative (Duvall & Béres, 2011; Duvall & Young 2007; Freedman & Combs, 1996; White, 2007), solution-focused (de Jong & Berg, 2002), Discursive (Lock & Strong, 2012), client-directed (Duncan, Miller, & Sparks, 2004), Bringforthist (Tomm, St. George, Wulff, & Strong, 2014), or rhizomic (Hoffman, 2007)?

On the other hand, therapists from these approaches experience a sense of kinship within their diversity, like relatives separated by distance and time who meet and are excited by their common roots and shared stories—but may disagree vigorously about events or their meaning. When the call came to “galvanize family therapy” in Galveston, Texas, May 4–5, 2016, about 50 of us (therapists, academics, researchers, and advocates) from eight different countries, ranging from Chile to Denmark, were willing to join some caudillos¹ in the field (Jim Duvall, Jill Freedman, Gene

¹Caudillo is a Spanish term to describe a charismatic leader who guides and inspires others to follow a cause.

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Combs, Karen Young, Harlene Anderson, and David Paré) in the Galvanizing Family Therapy event. We were there! We felt more than ready to reclaim and revitalize our practices, and ensure their future in the field of mental health. We had no idea how we were going to do this, but we had no doubt that this was some sort of revolutionary call from the caudillos—a call to become caudillos ourselves, and we wanted to be there.

Usually, mental health practitioners who ascribe to relational, non-pathologizing therapeutic approaches feel pressure to position themselves and their work defensively in the face of what “evidence-based treatment” advocates, despite evidence of the effectiveness of these approaches (e.g., Franklin, Trepper, Gingerich, & McCollum, 2012). Being a collaborative therapist, these days seems to involve justifying (to employers, colleagues, academics, agencies, educational institutions, clients) each and every action or movement, as if to explain and defend the mere existence of this professional identity. Fortunately, as Taylor (1994) aptly put it, identities are “partly shaped by recognition or its absence, often by misrecognition of others” (p. 25, our emphasis). Similar to a case of misrecognition (Taylor, 1994), in which a preferred identity is not acknowledged by a community of “Masters,” collaborative therapists spend a good portion of their time trying to make space for themselves in a community that is persistent in not recognizing them as equals. A perfect recipe for a revolution, one might think.

It is not new for collaborative practitioners to feel the need to respond to misrecognition (see, for example, Chang, 2013; Strong, 2009). Continuing with what seems to be a tradition, during the Galvanizing Family Therapy event we (the authors) participated with others in addressing political and professional trends influencing and stagnating the practice of collaborative, non-pathologizing approaches to working with people. We worked in small groups, and bigger ones. We had intense fervent dialogues, and allowed ourselves to go with the flow. We shared many ideas, sentiments, and stories—the ways in which we worked in our different settings and (international) communities, our different practices, how we dealt with being, for the most part, an “alternative” or non-dominant group within the mental health professions. We were eager to see what came out of our conversations, what we could bring forth together as a group of therapists concerned about the future of our profession(s).

The Galvanizing Family Therapy event was fruitful in many ways. For some of us, it was our first time meeting some who have written history in our field. For others, it was meeting again with old colleagues. It had the flavor of a family reunion. Although we had lived in our silos for a while (Chang & Nylund, 2013), we experienced each other as kin. At times, we were invited into pessimism about the future of our collaborative therapeutic approaches, feeling as Michael White (1996, personal communication) so aptly put it that we are “swimming together in a sea of disrespect”—the world of pathologizing mental health practices. Perhaps “sneaky oppression” found its way into our conversations. Many felt dually marginalized—as collaborative therapists, we are not in the mainstream of mental
health practice, and as family therapists we find ourselves snowed under by the individualizing trends of medicalization (e.g., Strong, 2017; Strong, Gaete Silva, Sametband, French, & Eeson, 2012). Other times, conversations were flooded with hope, and we were back on our horses, being led by and ourselves being caudillos. Participants shared precious, unique stories or small acts of resistance (Wade, 1997). Ideas were challenged, and new ones started to form. We connected with each other, we shared academic/professional resources; we learned from each other, shared laughs, tears, and music, all of this while trying to articulate new ways of describing, understanding, and questioning our practice.

From the conversations that took place during the Galvanizing Family Therapy event came the articles we present in this special section, selected from our call for papers to the group. These articles, in our view, represent our joining with the caudillos in a peaceful, bold, slow but persistent revolution we hope to be helping ensue. First, Faye Gosnell, Mark McKergow, Blaine Moore, Tanya Mudry, and Karl Tomm (our banner carriers) present “A Galveston Declaration” (our banner), a bold and tenacious statement inviting readers to take a stand and support the shared values that came out of the Galvanizing event. Next, Jan DeFehr offers her “Navigating Psychiatric Truth Claims in Collaborative Practice: A Proposal for Radical Critical Mental Health Awareness.” Similar to the philosophes of the 18th-century Enlightenment, she invites readers to critically examine the dominant discourses in psychiatry and how these influence mental health professions. Lastly, Emily Doyle invites us to reflect on our professional involvement with “Proposing an Ethic of Responsiveness,” focusing on the implications of our responses in the work we do. We hope you enjoy reading this special section, and that you join us in making space for our voices to be recognized.

REFERENCES


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