

## **Transcultural perspective on group work: tendencies and perspectives**

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The purpose of this paper is to discuss results of the IAGP Transcultural Section worldwide survey on group work, promoted in 2007.

The survey was an electronic card, which was emailed to IAGP network. The content was in 3 languages (English, Spanish and Portuguese):

### **Group Connections - Transcultural perspective**

Who are you? What are you doing? What is your experience with groups?

IAGP wants to know about your experience with group processes.

You have been selected for a worldwide survey. Answering this enquiry, you will receive automatically the final consolidated report.

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Open questions have some limitations for scientific research. However, they brought important preliminary information. Although the information received from professionals of different nationalities and cultures was not enough to get a wider and deeper analysis about the transcultural experience, participants gave an impressive overview about their practice and theoretical background.

### **Who were the participants?**

They were from 26 countries (Argentina, Australia, Brazil, Canada, Chile, Costa Rica, Croatia, Denmark, Finland, France, Georgia, Germany, Greece, Israel, Italy, Mexico, New Zealand, Norway, Slovenia, Spain, Sweden, Switzerland, Turkey, UK, Uruguay, USA).

Even though IAGP network reaches worldwide group workers, we need to strengthen links with colleagues from Asia, Africa and some other regions to have a worldwide picture of group work practices. It may bring new knowledge for IAGP transcultural experience and competence.

There was 80% of Brazilians. We understand it as a consequence of the mailing list (from the previous IAGP International Congress on Brazil - most South Americans), and other factors: interest from hosting IAGP International Congress, support from Brazilian Associations as FEBRAP – Brazilian Federation of Psychodrama and colleagues from the former LOC (representatives of different theoretical approaches in Brazil who participated of the Congress Local Organizing Committee), etc.

They have different theoretical approaches: Psychodrama 38%; Group Analysis, Psychodynamic, and Psychoanalysis 40%, Systemic and Family Therapy 10%, others 12% (Communitarian, Gestalt, Jungian, Art Therapy, etc.). There is a tendency of integrating new theoretical and practical contributions to original training, suggesting cross fertilization among group work theories.

Most of them have a high degree of professional experience (University Faculty, Trainers and Supervisors), suggesting key persons in the training of new generations.

### **Where do they work?**

They expressed the diversity of theories and practices in different fields of application. Professionals working with group psychotherapy, group processes, group dynamics, training groups, and other modalities were represented.

Most of them work with Group Psychotherapy. However, the number working with Group Processes, alone or combined with Group Psychotherapy in their private practice, seems to be rising. Group Processes applied to:

- Specific populations: women / gender groups, child, adolescents, elderly, families, communities, etc.
- Populations in social vulnerability, conflict settings, and trauma
- Training and research, and other fields (educational, organizations, etc.).

The following tendencies were observed:

- On psychotherapy and other fields: time limited group practice, mostly with homogeneous groups (specific populations).
- Group Processes applied with the main goal of empowerment and social inclusion.
- Cultural diversity and unhealthy contexts

Only a few mentioned transcultural issues. However, the approach to social vulnerability populations (as well as other populations) expressed transcultural perspective awareness.

The concept of social vulnerability brings the link between people and their environment, considering social forces, institutions and cultural values.

Social vulnerability is a concept applied to poverty, conflict settings and trauma producing contexts, which makes the Brazilian experience very similar to others reported by colleagues from other countries. It seems that there is a worldwide growing field of group work with populations characterized by their cultural diversity, unhealthy contexts and social vulnerability.

Considering the Brazilian experience, traditional medical model / psychological treatment did not have a resonance on the population in social vulnerability. New references were necessary to deal with the complexity of the situation, characterized by a high influence from social and cultural dimensions.

### **The Brazilian experience**

This survey gave more information about the Brazilian experience on group work. I will add details necessary to contextualize some challenges that Brazilian group workers have been facing.

Brazil is a large country with many differences, in culture and geography. One of the regions of the country, the North East, is a very dry region. This condition, added to poor national programs for agricultural and other actions, has collaborated for a growing population in poverty in this region, leading them to migrate to big cities.

The experience of most migrants is characterized by a profound exclusion from job opportunities, health and educational assistance, nutrition and safe leaving. This condition places these migrants (and other populations leaving in poverty) in a vulnerable condition, defined by susceptibility to physical or emotional injury or attack.

Especially after the change from a dictatorial political system in Brazil, social movements were applying for new paradigms on social health. Universities, NGOs and Training Institutions were mobilized to look for social programs for health promotion.

In 1988, Brazilian Constitution defined new guidelines for communitarian participation on the definition of a participative model for health and social assistance programs.

Mental health professionals started to go to look for people on their context.

Interdisciplinary research and studies were looking for new practices to be applied to these settings, looking for the empowerment and education for citizenship of this population in social vulnerability.

### **Psychosocial interventions - Transcultural theoretical background**

Participants of the survey reported psychosocial interventions in the streets, in the community, everywhere; even in the city (São Paulo Mayor invited Psychodramatists for a city mobilization. In the

words of the coordinator, one of the participants of this survey, 153 simultaneous sociodramas around the city, reaching 10.000 citizens and 700 volunteers' psychodramatists – it was a political action made by the group).

In the Brazilian reports, many of these psychosocial interventions are happening in different contexts. Even though they seem to have differences on their theoretical approach, most of them have a relational perspective. They are based on the Brazilian culture, addressing collective needs.

Methods and theories seem to have adapted their practices to the emotionality and other peculiarities of the Brazilian culture. Interventions seem to aim the psychosocial and cultural domains.

The following theories/methods were the most reported:

- Sociodrama / Group (J L Moreno)
- Communitarian Therapy (A. Barreto)
- Systemic Family Therapy (Virginia Satir)
- Social Network Theory (Sluzki)
- Operative groups (Pichon-Rivière) / Reflexive groups /Focus groups.

### **Transcultural experience in theoretical cross fertilization**

Transcultural competence is the ability to create a synthesis, something which is neither "mine" nor "yours", but which is genuinely new.

For illustrating the transcultural experience in theoretical cross fertilization, I will exemplify contributions on the contemporaneous Brazilian sociodrama (or sociopsychodrama). It is the method created by JL Moreno. However, the way that the professional coordinates the group has been affected by other influences. He/she may be fertilized by the systemic theory, social network theory (social support), Pichon-Rivière theory (concept of task), psychoanalysis (centrality of the co-unconscious and co-conscious concepts), etc.

Which other contributions could be added to the sociodrama? Social unconscious concept, as has been discussed in the Transcultural Section discussion list? Studies about cultural trauma, medium and large groups?

Which contributions could improve worldwide group work in a transcultural perspective?

### **New perspectives**

New methodologies express increase of cultural sensitivity and social consciousness on group work with less privileged communities by Brazilians' health care professionals.

We believe that a similar movement is happening in other parts of the world.

Participants presented new approaches to conflict settings, populations with special needs, attention to results from research as a way to improve social health and social citizenship.

Health Assistance National Programs must address the population in social vulnerability in their own context and in their own cultural background. Cultural competence is mandatory on working with social health.

These results suggest that a new worldwide survey can be designed to collect more information regarding professional and organizational cultural diversity awareness. Information regarding cross fertilization among different theoretical approaches and also in the way that each professional apply the theory on his/ her practice may also open new possibilities for understanding the influence of social and cultural domains in group practice.

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