

# Solace studies in therapeutic work with refugees and asylum- seekers

No. 8

Blocks of Meaning. A Case Study About  
Refugee Loss and the Use of Minecraft to  
Build Hope

Hernan Sosa-Canal

**Editor's note:** This is the latest in a series of working papers reflecting on aspects of therapeutic work with refugees and asylum seekers undertaken by therapists and others working for SOLACE, a regional organisation based in Leeds ([www.solaceuk.org.uk](http://www.solaceuk.org.uk)) and others associated with it.

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The views expressed here are those of the author. Anyone working in this area is welcome to submit outlines or drafts of short papers (3000-5000 words) to the series editor at [gary.craig@galtres8.co.uk](mailto:gary.craig@galtres8.co.uk)

# Blocks of Meaning. A Case Study About Refugee Loss and the Use of Minecraft to Build Hope

## Introduction

At the end of the film 'Cocoon' (Ron Howard, 1985) [Spoiler Alert, if you don't want to read about the ending of the film you can jump to the next paragraph], a group of elderly people decide to be taken by aliens to another planet where they will live forever without getting sick or feeling pain. In an emotive goodbye scene, Ben, a 70 year-old, explains to his grandson David that himself and grandma are going away soon, and they won't see each other again. He says that when they get there, they 'will never be sick, won't get any older and they won't ever die'. He shares with excitement that they will be going to outer space but he is not telling his mum because she will think he is crazy. He also tells David he will miss him. The last scene in the film takes place at Ben's funeral, only his grandson knows he has gone to space, and while everyone is crying disconsolately, his grandson looks at the sky and smiles.

This article is a case study about loss, and about how we relate to the different stories we hold about death and mourning. I will be exploring the beliefs and 'knowledges' - "this plural form is used here to reflect the multiplicity of potential narratives that we construct to inform out thinking and actions" (Fredman, 1997: xxiv) - that are created in relationship with family, culture, religion, etc. It examines how we identify preferred ideas about how we grieve, and how we create ways to connect with who/what we have lost. I am aware that there is a lot to say about grief and loss from many different perspectives so I will be focusing on my work with this client and the theories that influence my thinking and practice. Let's start with the latter.

# Context and ideas

## Agency settings

I work as a Systemic Family Therapist at the Child and Family Wellbeing Project at Solace. In this project we provide specialist child and family therapy for refugees under the government's Vulnerable Child/Person Resettlement Schemes (VPRS and VCRS). The families we work with come mainly (but not always) from Syria and have often experienced loss of loved ones, of their homes, their identity, and loss of their life as it was. These families are multiply traumatised from fleeing their war-torn country, spending time in refugee camps and attempting to resettle in the UK, where they sometimes encounter racism and rejection.

## Ideas underpinning practice:

There are a few ideas I have found useful while working in this project. First, many descriptions of refugees focus on the effects of trauma, and the refugee experience is almost conceptualised as a pathological condition. A systemic approach tends to move away from pathologising, drawing on strengths and resilience. In this way, there is also a conceptualisation of refugees as “normal people reacting to abnormal circumstances” (Papadopoulos 1997: 214). Seeing refugees only through the lens of being traumatised is to miss numerous acts of resilience and sources of strength. For example, the resources required to have left Syria in the first place, high levels of commitment to family, ability to search and find support, etc.

Secondly, a family therapy approach would look into the relational impacts of trauma. This means looking into how trauma affects family relationships and relationships with the wider system (e.g. school staff). Moving away from an individualised focus can open space for a multiplicity of voices held by clients and therapist, and the co-construction of new narratives that incorporate the broader cultural and sociopolitical dimensions, as well as complex relationships, including the therapeutic relationship (Lannamann and McNamee 2020). A dialogical approach is an example of family therapy approach that avoids the individualising and 'objectifying definitions of pathology' (De Haene et al., 2012: 393). When working with resettled refugees, existing Western-based models of family therapy must be adapted to account for cultural differences. A study by Karageorge et al. (2018) suggests that more

directive, practical and less reflective and insight-oriented approaches are more useful for this client group as often found mismatches in the therapist and client expectations on the therapy, favouring more modern rather than postmodern approaches.

However, from a dialogical and postmodern point of view, the directivity is questioned as it could be potentially disempowering, arguing that an expert position can evoke the relational resonating of power imbalance (De Haene et al. 2012). An expert and directive position like the medical model could potentially reinforce a pathologising and individualising narrative (Lannamann and McNamee op. cit.). In my opinion, the flexibility of movement between those positions can be helpful, somewhere between the polarities of modern and postmodern approaches (a para-modern stance described by Larner, 2009), and holding some epistemological tensions that doesn't necessarily have to be resolved (Bertrando 2007), but allowing different language-based ideas to emerge in conversation (Wilson 2007). As I understand it, what comes up in the relationship is specific to each relationship. This way, we may be able to escape the paradox of postmodernism's extreme relativism (Pocock 2015).

Finally, in connection to the therapist's position, I find important to reflect on the therapist's own awareness of "complex intersectional processes of oppression and marginalisation" (Seponski et al. 2013, cited in Gangamma et al., 2018: 208). Literature and research shows that ethnic/racial and religious differences between therapists and clients influences the therapy resulting in different challenges and strengths (Arshad and Falconier 2018). For example, and in relation to Karageorge et al.'s study, the challenge of managing the client's expectations of therapy is one to address, as the client might expect the therapist to provide a fast and step-by-step prescriptive solution to the problem. In addition, acknowledging visible and invisible differences (cultural, ethnic, religious, language...) and making them available for conversation can help with engagement (Karamat Ali 2004; Arshad and Falconier 2018), and reducing the gap between the roles of professional and client. It's important to reflect on the roles mentioned and the difference in power. Johnella Bird talks about the possible imposition of power and that normally the person with less social power in the relationship will experience this imposition through emotions like irritation, anger or silence. And the person with more social power (the therapist in this case) might not notice this. In particular, "If a therapist is white and male, he is very vulnerable to a failure to notice that he is imposing meaning" (Bird 2004: 164).

One of the things unique to this client group is working with interpreters as another person 'being' in the room, and developing a relationship with the system. The interpreter can be a therapeutic colleague, an advocate, an intermediary or a conciliator (Woodcock 1995; Raval 2003).

## About loss and grieving

I believe in the idea that there is no right or wrong way of grieving. Some theorists, like Kubler-Ross (1970), would assume there are stages and prescriptive tasks that the grieving person must master or adjust to in order to 'move forward' or 'complete' the process of grieving. These ideas may imply that there is a universal way of responding to loss, therefore a universal way of coping, or a set treatment to adjust to the change. While this model might be applicable for many, it may not always do justice to the process of others. The adjustment to a life without a loved one is an immensely personal and complex process of adaptation to a changed reality. It's also relational and cultural. For that reason, approaching this process of 'meaning reconstruction' (Neimeyer 1999) from a 'non-expert' position (Anderson and Goolishian 1992) would allow more connection with the client's unique experience and stories without imposing meaning, or giving advice based on our own preferred theories and hypotheses (Fredman 1997). Many examples of this way of working can be found in Glenda Fredman's work. In one of the examples she describes in her book 'Death Talk', she explores the concepts of 'acceptance' and 'denial', and how sometimes professionals may find it necessary to go "through pain to get the grief done", that people could "get stuck in the grieving process if they do not accept the death". This 'irrational denial' could be seen as a "cause or symptom of pathological bereavement" (Fredman 1997: 44). However, this 'denial' could also be seen as a different way of coping, or making meaning of the experience, that the client holds and shows for the time being, therefore appreciating the multiple perspectives that the client can have in his or her unique relationship with grief.

The language used can also have an influence on which descriptions and theories we privilege. As mentioned above, I wonder if talking in terms of 'moving forward', 'moving on', 'saying goodbye' or 'leaving behind' could also imply a too rigid change in the client's relationship and connection with the loved one, possibly negating other ways of connecting with the person in the present. This is particularly relevant in this case study, as part of the conversations were about forming new, unique and meaningful connections with the loss, and with what remains not lost. This connection is related to the idea of bringing the person back to life through the stories told about them, which often brings comfort to the bereaved person (Hedtke 2014). I often see that for some clients, moving on is not fair to their loss or to the injustice of the situation. Therefore, if a therapist speaks in terms of cherishing memories, living with loss and honouring the person who has passed away, s/he is more likely to be working in the client's preferred timeframe.

I find it useful to try to strike a balance between hope and hopelessness (Flaskas 2007), and not being too disconnected to the sorrow. On the one hand, making an acknowledgement and validation of pain and loss, and on the other, offering an exploration and acknowledgement of the useful existing resources that the person has available, empowering agency and connection with what remains not lost.

## About video games and therapy

There is plenty of research about the effects of video games on mental health, both positives and negatives, and especially around the classic debate about the relationship between violent behaviour and video games. However, for the purpose of this article, I will be more interested in the use of video games as a tool in psychotherapy to explore different narratives of self-agency, the use of metaphors to facilitate engagement and social interaction, for example.

Online video games are increasingly popular among all ages, genders and cultures. It's a multi-billion dollar industry (Cork 2007 cited in Jordan 2014b) that is more accessible than ever with the introduction of fast broadband and smart phones. Gaming is not anymore about lonely teenagers: there are lots of adults playing Candy Crush on their phones. Relational gaming seems to be here to stay, with technology adding more options to share and play in community (Jordan 2014b). Similarly to sports like football or rugby, there are big gaming tournaments or 'e-sports' (electronic sports) with professional players and offline and online audiences, and there are video game live streaming services (like Twitch TV: <https://www.twitch.tv>) with millions of followers where users share gaming knowledge or broadcast creative content. These community platforms provide space for relationships to form and have great potential for the development of social and interpersonal skills, community support and a sense of belonging. These relationships can then move to offline too. Interestingly, Gen Zers, the first generation born with the internet, around 1995, seem to "blend their offline and online worlds" (Katz et al. 2021). Therefore, online and offline worlds being integrated for so many, makes me think about the importance of debunking the generalised image of the isolated internet junkie.

Statistics made by the Entertainment Software Association (EAS) shows that many parents see video games as a positive part of their child's life and think they allow families to spend time together (Entertainment Software Association 2013 cited in Jordan, 2014b). On the other hand, some of the dangers related to video games can include addiction, isolation, cyber-bullying or promotion of damaging social constructions and expectations on identity, among others. It's important for the therapist to be aware of these dangers and help families make informed decisions regarding the use of video games, as well as explore game content in connection to their personal values (Jordan 2014a). Having in mind the rapid growth of this industry and its presence in many people's lives (children, adolescents, adults), with millions of people connecting together over interactive story-telling or role play, I believe it is also important for therapists to explore the potential of this tool.

"Video game play allows the therapist to go where a child is" (Ceranoglu 2010: 144). In the same way therapists use board games, cards or even film characters, music or other forms of art to explore different metaphors and narratives of identity, video games can open new possibilities for creativity and difference in the therapy room (or in online therapy). This is not only thinking about the therapist necessarily playing with the client, but for the therapist to be curious and interested in the client's gaming world, including the social constructions, language, discourses, meanings and relationships that are generated in this world when interacting with it. In the case of working with trauma, for example, "When creating a trauma narrative, one is creating a story about their trauma experience" (Gerhardt and Smith 2020: 371): "Games that contain a narrative in which players are assigned a role or handed control of a specific character can facilitate a sense of vicarious self-perception" (Klimmt et al., 2010:332, in Gerhardt and Smith Ibid.).

Minecraft (<https://www.minecraft.net/en-us/about-minecraft>) is a 'sand box game', a virtual space which allows players to explore and create different worlds using building blocks. It's incredibly flexible, there are no rules, so players can recreate existing fantasy or real world constructions as well as imaginary ones. It can be played alone or online with others, it admits any level of skills to create on an infinite virtual land. You can even create your own character. There are two main playing modes: survival and creative. In survival, the player must extract materials and resources to build, and has to protect against 'mobs' and other players. In creative, there are unlimited resources to build and there are no threats. The interactions with other players allow collaboration to create together and an open and flexible space for relationships to develop.



## Case study: Ahmed

[Some details, including names, have been changed for maintaining the anonymity of the family]

Ahmed is a 15 year-old male that was referred by the Refugee Council after his mother raised concerns about a change in his behaviour since coming to the UK. Ahmed has been very low in his mood and finding it difficult to concentrate. Fatima, Ahmed's mother, is very worried about him and she feels there is not much she can do to help him. His sister Miriam is 18. The three of them travelled from Syria to resettle in the UK recently. The family came to the UK seeking safety from the war and with the wish of providing a better future for the children, a better education, and more opportunities in general

Ahmed's father, Khaled, died a year ago of a stroke while they were in Syria. It was sudden, and a shock for the family. Since resettling in the UK, Ahmed is finding very difficult to adjust and has communicated on many occasions that he wants to go back to Syria. This is creating lots of tensions in the family resulting in arguments and frustration. Fatima's way of coping with loss was to 'move on with her life'. Fatima would try to hide her feelings from her son and daughter to protect them. She also lost her father when she was little, and her mother always said that she 'has to be strong for her son and daughter', as she herself did for Fatima. This value, passed on from generations, seemed to not work as well for Ahmed, who may need more attention to the feelings, a slower pace, and flexibility in the meaning of the word 'strong' in this context.

They are Muslim and speak Arabic. Ahmed's and Miriam's level of English improved rapidly during the first few months of being in school. However, there were initially several months without school, and even when school started it was particularly hard having in mind the language barrier. Ahmed was feeling isolated, frustrated and hopeless. He was stuck: no friends, not many chances of meeting them and not much agency over the situation.

The therapy sessions were online on Zoom, and there was a combination of individual and family work throughout the process of therapy. Our work started during the periods of lockdown of the COVID-19 pandemic and continued online afterwards.

When I first met the family with Sleman, the interpreter, I felt warmly welcomed and we acknowledged how much connection was between them as a family. They were very supportive of each other and were comfortable talking about themselves and their story. Fatima shared that when Ahmed's father passed away, the pain was immense, and they hugely valued the support of the home and community. She experienced this as a big difference when coming to the UK and saw Ahmed struggling more with their loss. The loss was amplified as the hole left by Khaled's death was bigger with the loss of their context, their town, their friends and so on.

Ahmed was also missing his lifestyle while his mother and sister were rapidly making new lives in the UK. This reminded me of the idea of 'oppositional discourses' (Papadopoulos, 2002). There is often a difference in the speed of adaptation to the new life between different members of the family. Therefore, families are often torn between these 'oppositional discourses', on one side being loyal to their culture and on the other wanting to take the opportunities offered in the new country with different balances between these aspects amongst members of the family. In addition to this, there might also be differences in the speed of acceptance or grief for the loss of the family as it was, as it was thought it would be or wanted it to be (Weingarten 2013). As mentioned before, Fatima and Ahmed had different ways of grieving. I was mindful of the importance of building new narratives about individual own and family identities, and at the same time valuing the family's culture and legacy. This balance of building on both sides was a metaphor we used throughout our work together.

During our sessions, Ahmed talked about his relationship with his Dad and about how much he missed him. He sometimes felt so low that he had wanted to end his life. He said he would never do that as that is in the hands of God. However, he wants to end the part of himself that doesn't have a Dad. We started exploring the things or moments that make him feel more connected to his Dad. He shared that he often sees his father in his dreams, and that he talks to him. When he wakes up, there are mixed feelings of sadness and missing him, and overall happiness as he was able to see him. Ahmed also added that he always wakes up early. His father used to wake him up early to take him to work (he was helping his Dad at work), so Ahmed had decided to continue this tradition as a valued and familiar connection.

When they were in Syria, he used to visit his father's grave every week. Ahmed reported that visiting his grave was something very useful for him to unload all his feelings, and even though his father wouldn't answer back, he was talking to him, and knew he was listening.

We considered other ways in which he could find a medium to talk to his Dad or to find something that represents his memory in the way the grave does. I suggested writing letters to his Dad or finding an object or place that could hold similar meaning. The session after this conversation, Ahmed shared that he had talked to a friend in Syria and arranged for his friend to go to his father's grave and did a video call so Ahmed could talk to his Dad. This had a very positive effect on him. I thought that Ahmed was very creative and resourceful in reaching out for help, and in his use of technology.

I learned that Ahmed was highly skilled at Minecraft, and he enthusiastically explained the game to me and Sleman. He also had a Youtube channel in which he and his cousin, who lives in Holland, made videos about Minecraft. Ahmed was able to move out of a place where he felt events and circumstances were distressing to one where he had control and personal agency. Video games and technology were a central part of Ahmed's identity of power, agency and expertise. Ahmed shared his projects in Minecraft with excitement and pride, not only with us but in family sessions too. The positive feedback brought by Fatima and Miriam as 'outsider witnesses' (White 2005) helped to strengthen this preferred identity. They commented on his creativity and skills. Seeing his resourcefulness and commenting on it brought forth an aspect of him that had been obscured by the family focus on the grieving side. He was building castles, houses and streets. We introduced the memory of his Dad in these conversations: 'what would his Dad say about his skills in Minecraft?' Ahmed said his Dad would be proud of him and that even sometimes he felt as though his Dad was sitting beside him, looking at the screen at what he was building. In a family session in which he shared his projects in the game, I asked Fatima and Miriam if they had any suggestions for Ahmed to build in his fantasy city. They suggested places they liked from their home town that now were destroyed by the war. Together, they talked about their town so proudly.

We continued the connection between Minecraft and the memory of Khaled. We considered building something for him in this fictional town: naming a street after him, building a memorial. Ahmed came up with the idea of building a graveyard for him to be able to visit his father in the game. This was a turning point. He used an apparently hidden resource of himself to develop a personal and unique relationship and connection with his loss. Now he could visit his father anytime he wanted. And he didn't stop there. Ahmed opened the graveyard to his online friends and family to bury their missed loved ones there. With his cousin in Holland, they opened a server in Minecraft to rebuild parts of Syria. Our sessions were a space to talk about this process and to reflect on the effects that this new 'meaning making' in a virtual world had on the non virtual world. Ahmed reported that by talking he was "bringing the feeling from inside to outside", and about what was useful from his project in Minecraft: "you can bring your own ideas, you can feel good remembering, having something physical to visit and honour, and also the group aspect (socialising, community)". He also added: "visiting his grave [in Minecraft] helps with the pain, I feel more connected to him, closer." He named the castle and the town after his Dad.

Ahmed's grief was in a lonely place before this. He used to find it very difficult to talk about his feelings to his mother because he didn't want to upset her. This reminded me of Peggy Penn's ideas about 'breaking the silence' (Penn 2001). Her work with chronic illness incorporates writing as a way of strengthening and surfacing inner voices that can be silenced by the social dilemma of illness. She explains that, when suffering with chronic illness "you can no longer be protected [...] so your best course is to protect others from the struggles that you must make alone" (p. 26). She also advocates for finding a 'new story about illness' as it is not a coherent story. Certainly for Ahmed, losing his Dad didn't make sense. The story was not coherent for him and his family. "Yet a narrative of silence and isolation is not acceptable" (p. 38). This way, using Minecraft was a way of generating and co-constructing preferred stories about mourning and connecting with his Dad, voicing them in a non evaluative space, and witnessed by his family, which helped to strengthen them. Witnessing made Ahmed's stories more coherent and connected with others, as Peggy Penn shared: "witnessing means I am here with you without judgement and with hope" (Ibid.: 43).

In following sessions, Ahmed shared he was building a temple. He had taken an interest in Egyptian history (from school). This was an opportunity to explore religious and cultural ideas about mourning practices, ceremonies and beliefs. He taught us about Islamic traditions and we made connections with the ancient Egyptian beliefs about afterlife and immortality. We generated an ecology of ideas and practices and then we identified preferred ones (Fredman 1997). For Ahmed, thinking that his father is still watching them, that his soul is alive, and believing they will see each other again in the future, was a good fit for him.

There was a recollection of his knowledge and learning from his experience in using Minecraft to explore his feelings and relationship with grief. I hugely value his contribution and what Ahmed taught me through our sessions. I asked for his permission to use this new-found knowledge about grieving to help other families or children that may be struggling in a similar situation. We even considered the idea of creating an online group for resettled refugees and use Minecraft to rebuild their towns and favourite places destroyed by the war. This reinforces the narrative of his agency.

Ahmed continued building on Minecraft, with friends and family, and at the same time building relationships and his own identity in the UK. Time, opportunities in school and socially, and his outgoing character helped with the latter. He misses his Dad terribly and the pain from losing him was there although in a different way. Ahmed described having “more control over the connection with him”.



## Conclusion

Video games are often dismissed and disregarded by responsible and powerful adults around a client. There is often a problem-saturated narrative about video games, and even though it's important to be aware of the negative effects, at times we may be missing a tool with great potential to help creating positive and meaningful change. Video games have the capacity of communicating complex and multilinear storylines, and for the player to encounter and develop alternative narratives about self and others.

By attending to the client's preferred way of dealing with grief and moving from solitary to shared experience with the family, we were able to find a space to reconstruct meaning in relation to loss and pain, and to amplify resources and strengths. The use of Minecraft helped finding this space.

Although nowadays more women of all ages play video games (Ferguson and Killburn [2009], in Jordan, 2014\*), as a white male in my 30's, it has been easier for me to connect to this world and to use video games as a creative tool in therapy. I have experienced first-hand the positives that video games can offer in terms of keeping connected to family and friends, especially in the context of living abroad, or through the COVID-19 pandemic. I do live away from my family and I have used games like Scrabble on my phone to play with my mother in Spain as a way of connecting and being present in our daily lives, which otherwise wouldn't happen as we don't ring each other often. Similarly, I do this with friends with whom, interestingly, I wouldn't talk if it was not over playing video games. These are meaningful relationships and interactions that, to me, are equally important online and offline. I often find that many of my clients, normally the younger ones, keep connected with their friends and family in Syria and other countries through playing video games.

Younger generations like Gen Zers lead the way of the digital age with their tech savvy (Katz et al. 2021). Sometimes my feelings of wariness of a digital world, or skepticism about the use of technology come from my lack of knowledge or expertise in the area, where younger generations prove to be much more proficient. I believe they have lots to teach us, and for us as therapists to be curious about their experience would be useful and enlightening. More research is needed to explore the ways in which video games can be used in psychotherapy, and possibly in educational contexts. Some of my clients that have experienced the horrors of war, play war video games, and this makes me wonder about the effects that this kind of video games can have in relation to the experiences lived and in connection with trauma and PTSD. Other kinds of video games defined as 'serious video games', are designed for educational purposes and not only for entertainment. Some serious video games would focus on the area of social change, for example, some will introduce the player to the experiences of refugees, helping to understand its complexities and challenges (eg. 'Frontiers', 'Against All Odds' or 'Cloud Chasers') (Sou 2017). This can be a different way of exploring narratives of identity that are often, in the case of refugees, simplified by traditional media, and reduced to traumatised, vulnerable people with no agency, voice or identity).



# Bibliography

Anderson, H. and Goolishian, H. (1992) The client is the expert: a not-knowing approach to therapy. *Therapy as Social Construction*, esp. pp. 25-39.

Arshad, Z. and Falconier, M. K. (2019) 'The experiences of non-Muslim, Caucasian, licensed marriage and family therapist working with South Asian and Middle Eastern Muslim clients', *Journal of Family Therapy* 41: 54-79.

Bertrando, P. (2007) *The Dialogical Therapist; dialogue in systemic practice*. London: Karnac

Bird, J. (2004) *Talk That Sings. Therapy in a New Linguistic Key*. New Zealand: Edge Press.

Ceranoglu, T. A. (2010) 'Video Games in Psychotherapy'. *Review of General Psychology* 14 (2): 141-146.

Cocoon (1985) [Film] Ron Howard. dir. USA: Zanuck/Brown.

De Haene, L. et al. (2012) 'Voices of Dialogue and Directivity in Family Therapy with Refugees: Evolving Ideas About Dialogical Refugee Care', *Family Process* 51: 391-404.

Flaskas, C. (2007) 'Holding hope and hopelessness: therapeutic engagements with the balance of hope', *Journal of Family Therapy* 29: 186–202.

Fredman, G. (1997) *Death Talk. Conversations with Children and Families*. London: Karnac.

Gangamma, R. and Shipman, D. (2017) 'Transnational intersectionality in family therapy with resettled refugees', *Journal of Marital and Family Therapy* 44(2): 206-219.

Gerhardt, L. and Smith, J. (2020) 'The use of Minecraft in the treatment of trauma for a child with Autism Spectrum Disorder'. *Journal of Family Therapy* 42: 365-384.

Hedtke, L. (2014) 'Creating Stories of Hope: A Narrative Approach to Illness, Death and Grief. *Australian and New Zealand Journal of Family Therapy* 35: 4-19.

Jordan, N. (2014a) 'Video games: support for the evolving family therapist', *Journal of Family Therapy* 36: 359-370.



Jordan, N. (2014b) 'World of Warcraft: A Family Therapist's Journey into Scapegoat Culture', *The Qualitative Report* 19 (31): 1-19.

Karageorge, A. et al. (2018) 'Relationship and Family Therapy for Newly Resettled Refugees: An Interpretative Description of Staff Experiences'. *Australian and New Zealand Journal of Family Therapy* 39: 303-319.

Karamat Ali, R. (2004) 'Bilingualism and Systemic Psychotherapy: some formulations and explorations'. *Journal of Family Therapy* 26: 340-357.

Katz, R. et al. (2021) *Gen Z, Explained. The Art of Living in a Digital Age*. Chicago: University of Chicago Press.

Kubler-Ross, E. (1970) *On Death and Dying*. New York: Macmillan.

Lannamann, J. and McNamee, S. (2020) 'Unsettling trauma: from individual pathology to social pathology', *Journal of Family Therapy* 42: 328-346.

Larner, G. (2009) 'Integrative Family Therapy With Childhood Chronic Illness: And Ethics of Practice'. *The Australian and New Zealand Journal of Family Therapy* 30 (1): 51-56.

Neimeyer, R. (1999) 'Narrative Strategies in Grief Therapy'. *Journal of Constructivist Psychology* 12: 65-85.

Papadopoulos, R. K. and Byng-Hall, J. (eds.) (1997) *Multiple Voices. Narrative in Systemic Family Psychotherapy*. London: Routledge.

Papadopoulos, R. K. (2002) *Therapeutic care fore refugees. No place like home*. London: Karnac.

Penn, P. (2001) 'Chronic Illness: Trauma, Language and Writing: Breaking the Silence', *Family Process* 40 (1): 33-52.

Pocock, D. (2013). 'A philosophy of practice for systemic psychotherapy: the case for critical realism'. *Journal of Family Therapy*, 37(2), 167-183.

Raval, H. (2013) 'Issues in the work with interpreters' In Tribe, R. and Raval, H. (2013), Working with interpreters in mental health, London: Routledge: 8-29.

Weingarten, K. (2013) 'The "Cruel Radiance of What Is": helping couples live with chronic illness', Family Process 52: 83-101.

White, M. (2005) Workshop Notes. Published on [www.dulwichcentre.com.au](http://www.dulwichcentre.com.au)

Wilson, J. (2007) The performance of practice. London: Karnac.

Woodcock, J. (1995) 'Family Therapy and Human Rights: Working with Refugees', Mental Health Nursing 15 (5): 20-22.