



Conversational Resources for Clinical Practice with Families: Social Construction in Action

Pedro Pablo Sampaio Martins¹, Sheila McNamee², and Carla Guanaes-Lorenzi¹

¹ University of São Paulo, Ribeirão Preto

² University of New Hampshire, Durham

Social constructionism offers an account of therapeutic process that focuses on conversation and relationships as the space where people jointly create understandings about themselves, their lives, and their problems. Conversational resources are guides that focus practitioners' attention on the ways they interact, relate, and talk to patients and amongst themselves. Focus is also placed on the effects that these conversations create in interaction. This article describes three conversational resources: 'inviting the social into the individual,' 'weaving family dialogue,' and 'knowing oneself in other voices', which help bring about change in the context of a clinical practice with families in mental health. It analyses the transcripts of 33 family therapy sessions (with three families) in a psychiatric day-hospital. This focuses on how resources are worked out in conversation and describes practical therapeutic resources for professionals who are interested in working within a critical and transformative frame with families in mental health care.

Keywords: family therapy, family, health, social constructionism, conversation

Key Points

- 1 Conversational resources focus practitioners' attention on the interactive moment of meaning-making in therapeutic practice.
- 2 'Inviting the social into the individual' is sensible to the influence of social factors in the construction of individual problems.
- 3 'Weaving family dialogue' focuses on reconstructing family communication in the form of dialogue.
- 4 'Knowing oneself in other voices' positions participants to appreciate the multiple ways a person can be described.
- 5 Therapeutic conversation helps people make sense of their problems in novel ways, so they have expanded options of action at their disposal.

Social constructionism is a critical movement in science that focuses on issues of epistemology, i.e., on understanding how knowledge is created through social practices. For the constructionist, language is not representative, but constitutive of the world. In processes of interaction, we jointly create the terms through which we come to understand everything (Gergen, 1985). According to McNamee (2004, p. 230), 'therapy is a dialogic process whereby participants – therapist and clients – actively create meaning (and thereby possibilities and constraints) *together*.' Understanding therapy as social construction focuses on how different theories and resources are brought into

*Address for correspondence: A/C Carla Guanaes-Lorenzi, Avenida dos Bandeirantes, 3900, Monte Alegre, Ribeirão Preto, Brasil. CEP: 14040-901. Universidade de São Paulo. Departamento de Psicologia, Bloco 5 (CPA), sala 33A. E-mail: carlaguanaes@gmail.com

conversation. The focus is on process, not content; on how, not what; on what people do together, and not on individual actions or intentions.

There is no particular set of techniques that define, or are associated with, social constructionist therapeutic practices (Gergen & Ness, 2016). On the one hand, social construction positions us to understand that any theory can be a resource for practice (McNamee, 2004). On the other hand, certain kinds of resources seem to be more in line with a constructionist epistemology than others. Typically, these resources focus on the co-construction of meaning through relationships and conversation in therapeutic settings. Words gain meaning in their use in situated linguistic practices (Gergen, 1985), and meanings are a central aspect of therapeutic processes (McNamee, 2004). Through the active negotiation that transpires in the therapy setting, 'we are able to construct both problems themselves, and the ways in which we "explain" and "treat" them' (Drewery & Monk, 1994, p. 308).

Thus, one way social constructionism contributes to the practice of family therapy is by describing *conversational resources* that focus on microsocial processes of meaning-making. Resources are not techniques, but reminders of aspects to which practitioners can be sensitive when talking to clients and patients (Katz & Alegría, 2009; McNamee & Gergen, 1999). They are possibilities for engaging in conversation in specific ways. Conversational resources guide practitioners' attention to the ways they interact, relate, and talk to patients and amongst themselves, and to the effects that certain ways of being in conversation produce while speakers create particular understandings about their life issues.

Sprenkle and Piercy (2005) have argued that family therapy has historically grown more on the basis of 'intuitive appeal' than on empirical research. However, the research foundation for the field has significantly developed both in terms of evidence-based practices (Stratton, 2016), and qualitative research methods that study therapeutic interactions in detail (Tseliou, 2013). Social constructionism is frequently associated with the latter.

In this article, we offer practical resources for therapists working within a social constructionist clinical perspective. The broad context of our research is clinical work within the Brazilian public mental health care system. The article examines the process of meaning-making in therapeutic practice and aims to describe three conversational resources that helped to bring about change when used by mental health professionals in the context of practice with families. We explore *how* a focus on the particulars of therapeutic conversation, that is, the moment-by-moment movements of professionals and clients in a given interaction, brings about change in family therapy. This is based on an empirical, qualitative analysis of interactions in real-life practice (as opposed to controlled research settings). The paper describes resources for professionals working with persons living with mental health issues and their families, and thus helps bridge theoretical knowledge and practical wisdom.

Context, Participants, and Materials

A psychiatric day hospital was the local context for data collection. This institution is a unit of the general hospital that belongs to the Faculty of Medicine at the University of São Paulo, Ribeirão Preto, Brazil. Intensive, voluntary daycare treatment is offered for patients who have previously not responded well to outpatient services. Focus is placed on psychosocial rehabilitation, with psychopharmacological

complementation (Contel, 2012). In this facility, there is a program of family care that aims to offer therapeutic support for the family members of patients. Different modalities of care are offered to the families, e.g., multifamily and caregiver groups, home visits, and family meetings. The latter is characterised by therapeutic sessions with families, and it is these sessions that serve as the immediate context for the qualitative research reported in this article.

In this study, we audio-recorded therapy sessions with three families, which were transcribed verbatim in Portuguese, and later translated to English. Each family had been seen by a team of therapists in the institution during 2014 and 2015. These professionals are members of the institution who have different backgrounds in mental health care. A 100-hour course on social constructionist epistemology and therapeutic resources had been offered to these professionals in 2011 as part of their training to work with families.

Andersen's (1987) reflecting processes provided the framework for the sessions. This way of organising the conversation aims to promote an expansion of the meaning-making process through the turn-taking between positions of speaking and listening. In practice, two separate systems are created in the same room. Family and field therapists together compound the 'therapeutic system,' and they start the conversation amongst themselves. Two other therapists, as part of the reflecting team, are positioned to quietly listen to this conversation. When invited to speak, members of the reflecting team talk between themselves about aspects of the previous conversation that seemed relevant to them. Family and field therapists listen quietly to this conversation. When they are done, the therapeutic system takes their speaking turn. The first author of this article participated in every session as part of the reflecting team. He works within a social constructionist orientation in science and therapy, and had been part of family sessions in the institution for 4 years when the study happened.

Table 1 summarises the information about research participants, whose names were changed for identity protection.

The 1120 pages of transcripts constitute the research *corpus*, with a total of 33 sessions (approximately 45 hours of audio-recording). All cases had an approximate duration of 3 months, and an average of 11 sessions. Research procedures were followed and approved by the responsible Ethics Committees, in accordance with Brazilian law. Research participants gave written consent for the study, and publishing of cases.

TABLE 1

Participants' description

	Joel's family	Raquel's family	Olivia's family
Patient, age	Joel, 38	Raquel, 24	Olivia, 24
Family members	Heloísa, 62, mother	Esther, 48, mother	Miriam, 63, mother Felipe, 52, father
Field therapists, profession	Tom, psychologist	Helena, nurse Lana, psychologist	Silvia, OT Daniel, MD

Methods

The materials were analysed by drawing on techniques from social constructionist discourse analysis, which understands language in its performative character. A Relational Theory of Meaning is the conceptual basis of the analysis (Gergen, 1985). The focus of analysis is the situated nature and action orientation of participants' talk (Speer & Potter, 2000). In the present case, discourse analysis aided the empirical understanding of how conversational resources are worked in the dialogical aspects of human interaction, and what effects they create for the ongoing therapeutic relationship.

Strong, Busch, and Couture (2008) have made a case for considering the kind of evidence that can be empirically analysed through discourse analysis as conversational evidence in therapeutic dialogue. According to these authors, 'conversational evidence is a tangible, empirical, and justifiable form of outcome evidence useful for examining therapeutic change' (p. 388). The presentation of careful transcriptions of the materials alongside interpretations allows readers and reviewers to be the judges of the adequacy of the claims.

One question guided the analysis: *What was the main resource that helped bring about change in meanings in the course of therapy?* An answer to this question was based on analysis of the ways professionals managed interventions, and what guided the transition from the construction of a problem in a certain way toward new alternatives of action. This analytical procedure had the aim of making sense of the therapeutic process after the fact, i.e., it was a procedure of *assigning names* for resources that were constructed as part of an ongoing therapeutic conversation, and only later identified. For the conversations with each family, we have described: (1) how something was constructed as a problem; (2) how that problem was worked out throughout therapy, via the employment of a particular conversational resource; and (3) what kinds of effects were created in conversation as a result of this process. Table 2 provides an overview of each of these aspects of the process.

TABLE 2

Conversational resources and therapeutic process

	Joel's family	Raquel's family	Olivia's family
Initial construction of the problem	Joel's lack of acceptance as homosexual	Communication issues between Raquel and Esther	Olivia's difficulty to open up (she is quiet and reserved)
Main conversational resource constructed in interaction	Inviting the social into the individual	Weaving family dialogue	Knowing oneself in other voices
Effects of the use of the resource	Decentering the problem from the individual Rise of social awareness about prejudice	Improvement of communication, from monologue to dialogue	Blurring the distinction between helping others and oneself Using the voices of others as resources

Conversational Resources in Practice

Inviting the social into the individual

Inviting the social into the individual is a conversational resource that shows how the problems of a particular person are related to the problems of the society in which that person lives. This is realised by promoting conversations that both implicitly and explicitly question the traditional separation between the in- and outside of a person, i.e., between individual and society. These conversations call attention to an observation that people live their dilemmas as part of particular arrangements of social life (Winslade, 2005). The resource provides the micro level of therapeutic conversation with a sensibility to the way social factors play an important role in the construction of individual problems.

The analysis of the conversations with this family focuses on the process of meaning-making about a problem that both the patient, Joel, and his mother, Heloísa, described as central to his life: the fact that Joel was homosexual, and did not accept this well. A definition of Joel's problem as self-acceptance was initially constructed in the first session between him, his mother, and the team, and this definition provoked conversations about how Joel could learn to love himself, and feel good about who he was. This kind of understanding is based on a psychological discourse coming from an individualist tradition; a discourse that favours a quest for self-knowledge, self-esteem, and self-acceptance as central to therapeutic practices as well as to people's ways of living their lives. However, as we shall argue in this session, the main process of change with this family was brought about by promoting an expansion of the definition of the problem, from an individual possession of Joel, toward an understanding of how difficulties of self-acceptance were a product of a larger social issue, namely, discourses of prejudice about homosexuality.

This shift in meaning started to be worked out in session 2, when Joel said that the word 'exclusion' summarised his problem; a problem that had also previously been described as a struggle to find a place of belonging, of loving, and of acceptance. Heloísa seemed intrigued to understand where that feeling of exclusion came from. Tom (the therapist) proposed to hear the reflecting team about the subject.

Pedro (reflecting team): And there was a question, right? Which was: "Where does this feeling of exclusion come from?"... I feel like talking a little bit about that. How being born a white, heterosexual, rich man in this world... It makes it easier to accept yourself when you are born that way, as opposed to any other. (...)

Joel: First, I would like to thank you immensely for understanding this. It really is hard for me. It is exactly like Pedro said, which is that thing of you ... not respecting yourself. (...) It is the vision that you are constantly being judged. (...) But I judge myself. (...) Sometimes, it is about wanting people to understand you, but you don't understand yourself.

In the extract above, a conversation about exclusion is started from the reflecting team. In Pedro's account, he does not focus on the individual aspects of a feeling of exclusion (as if it were Joel's individual possession), but rather, on social issues that make certain people (homosexuals, as opposed to others) feel excluded. This was the beginning of a blurring between the social and individual aspects of Joel's experience

with homosexuality. Session 9 is a good illustration of how this shift of meaning was brought about as a product of conversation.

Tom: About this thing of closing yourself down to experiences, and how much it seems to get us out of place. (...)

Joel: I have to look at ... the illness, treatment, and the fact of homosexuality with different eyes. I can no longer use this idea with so much prejudice. I have to be freer with myself. (...) It's hard to anyone. Because it's out of the so-called expected behaviour, right? I have always had the need to follow standards. (...) I think that my experiences were never a life of standards. (...)

Tom: The so-called "expected," sometimes, imprisons us, right? Because when the unexpected happens, it's like it comes with a feeling that it is wrong ...

In this interaction, Tom returns to the point that Joel's problem with self-acceptance had to do with the fact that he did not really know what it meant to be a homosexual, because he had closed himself down to this kind of experience. Joel agrees with this understanding, and he concludes that he should deal with the matter with less prejudice, in order to be free. In doing so, speakers jointly generate an understanding that the standards imposed by this kind of prejudice to homosexuals (in general) creates difficulties for Joel (in particular) to experiment with different possibilities. In the session after that, Joel was telling the others that he has suffered through prejudice ever since he was a child, particularly during his adolescence. Heloísa said that she was shocked to learn that.

Joel: I have suffered a lot of prejudice from other people. And, I think that this was internalised in me ...

Heloísa: Did they treat you like this?

Joel: Yeah ... Like, mostly during adolescence. (...)

Heloísa: Joel, but you never came to your mother ...

Joel [interrupting]: Mum, I was never very talkative!

Heloísa: You never brought the subject up! This is awful!

Joel: Yes! I was suffering in silence.

Heloísa: Man, this is the first time he is saying that!

Joel: For me, it was very hard.

This moment of interaction is important for at least two reasons. First, it works in the relationship to reinforce the point that Joel's suffering with his personal experiences as a homosexual is related to his experiences of prejudice from a young age. Second, the extract illustrates the importance that this conversation bares for Heloísa as well, who for the first time realises that her son had gone through experiences of prejudice, and that this has put him through a lot of suffering.

This understanding of the problem as an emergent product of prejudice separates the isolated responsibility of Joel having to accept himself from residing within himself, and therefore participates in the dissolution of the problem as 'self-acceptance.' Furthermore, the presence of an important interlocutor to Joel, such as his mother, in

the construction of this meaning to the problem is a way to legitimise it in a different context beyond the therapy room, in his own family.

Joel: I have to stop with this thing of treating the matter with so much doubt, so much prejudice. I think that's it. In the end, I have to really love myself. (...) I really love people who suffer through some kind of prejudice.

In the last extract, Joel reconstructs the link between prejudice and self-acceptance, by means of saying that dealing with his own sexuality with less prejudice is a way to learn how to love himself. This allows him to discursively go through a reality for the problem that invited social issues into his individual experience, in saying that he 'internalised' prejudice. At that point, Joel realised that it was not a simple change he would face ahead, and that it would probably take some time; however, the conversations created a broader understanding that, in order for him to accept himself, he would also have to get over prejudice.

This understanding allowed Joel to occupy discursive positions in relation to discourses about homosexuality (Winslade, 2005) that were different from those he traditionally had available for himself. From the standpoint of these positions, Joel's difficulties of self-acceptance were no longer as central to his life as they once had been. Additionally, different alternatives of action opened up from these negotiations. The possibility of getting other family members involved in his life as a homosexual (starting with his mother), was a difference that started from therapeutic process.

Weaving family dialogue

Weaving family dialogue is a conversational resource that shows how therapeutic conversations with families can work to reconstruct their interactions in the form of dialogue. These definitions are taken in the sense presented by philosopher Mikhail Bakhtin, who understands dialogue as a particular kind of conversation where people are invested in fluidly and contextually redefining who they are, and jointly crafting futures together. In contrast, monological interactions (a.k.a., monologues) are those where one speaker finalises the other, i.e., the relationships become static and closed, and they do not provide mutual enrichment of meanings for participants (Littlejohn & Foss, 2008). From this definition, not every conversation is a dialogue. *Weaving family dialogue* is a resource that understands dialogue as an ideal to be worked out through thoughtful, ethical decisions (Stewart & Zediker, 2000).

Therapy with this family was about a transformation of the way Raquel and Esther (daughter and mother) communicated with each other in the context of their interactions. Issues with family communication that led to difficulties in their relationship were named as the central problem to be worked on from the onset of the conversations. Session 7 presents the clearest example of two distinct modes of conversation between Raquel and Esther, as well as an intervention between them. The first mode, monologue, refers to a pattern of interaction that they described to be the norm in their house: communicating in such a way that they did not seem to understand each other and that often ended up in a fight. What follows is an analysis of *how* the shift from monologue to dialogue happened in session. Esther later described this particular event as a turning point for their communication.

All of the excerpts that follow are part of this particular session, which started with Esther saying that she would like to talk about her relationship with Raquel. She said she feared talking to her daughter, because she realised Raquel carried hard feelings

whenever they had difficult conversations. This starting point led to a rather tense conversation about how they had thought of moving to separate households as a possible solution, but that this was not possible both financially, and because Raquel's parents feared that she was not ready to be alone all the time. Raquel said that she had been by herself at the house sometimes, and she felt better about that. This led to a strong disagreement between her and her mother, who claimed that Raquel was barely ever alone at the house.

Raquel: (...) About my being alone [at the house], like, it wasn't hard for me to be alone in these past few weeks, because I really was feeling better ...

Esther: [crying hard] Jezz, I ... When she looked at me and said, "I've been alone many times." I don't leave her alone ...

Raquel: I didn't say I've been alone many times, I said that sometimes I've been alone ...

Esther [still crying]: Whenever I say something, she doesn't understand, she retorts ... How are we going to resolve this if I'm sure things are one way, and she is sure they are another way? (...) I am being accused of things that did not happen!

Raquel: I am not accusing you of anything.

The interaction is part an evolving pattern of communication in the session that was creating an argument between Raquel and Esther. The repeated turns in their conversation, where they would strongly hold on to their own opposite positions, talk in a louder voice than usual, and overlap each others' utterances was the kind of interaction they had often described as being willing to overcome. This monological interaction created a feeling that Esther named as their inability to understand each other. The interaction escalated to this point, when Helena intervened, and reframed the context of the conversation.

Helena: Wait a minute, people ... I think we can't keep on with this movement of accusations. (...) This is how I am listening to Raquel, okay? That she wanted to show you that, in spite of her being alone for some time in some moments (...) she was trying to show you is that she has been fine with this. Isn't that it, Raquel? (...) And I listen to you, Esther, (...) with the many things that you already have to do. (...) It's like Raquel had said it in an aggressive manner, in an accusatory manner. Does that make sense, Esther?

Esther: It does.

Helena: How do you listen to this, Lana? Is this how you listen to it?

Lana: Yes ... And it seems to me that (...) anything that may sound like neglect, like leaving the house for a while, you already feel like: "No, but I did not neglect her like that," right? (...) And, I think that what we see here is that Raquel does not consider that as neglect either.

Esther: When she says "you've been out," it sounds to me as if I've been going out every week, every day of every week, you see? That's why our conversation is so difficult, because when I say something, she interprets it in a way; when she says something, I interpret it in another way ...

Helena: (...) What this communication needs is for a better listening.

Helena interrupts the pattern of communication by saying they should stop making accusations. She proceeds to describe her own understanding of what Raquel was saying, as not being accusative of her mother, but as a statement of her own progress on being able to be alone. Helena then focuses on Esther's perspective. She gives recognition to Esther as having many responsibilities, and uses this description to propose that Esther did not understand her daughter right on that situation. Esther agrees with that. Helena also invites Lana's perspective into the conversation. Like Helena, Lana gives recognition to Esther's efforts in her daily life, but she also draws on that recognition to propose that Esther might be feeling like she was being accused of neglect. This utterance reframes the matter under discussion, going away from a need to understand if and how many times Esther actually left the house, toward an understanding of what leaving the house meant for each of the speakers in that context. Esther responds to this by explaining what it meant to her when Raquel said that she'd been alone: it sounded to her as if she was being accused of never being there. This is a remarkable piece of interaction because its results completely shifted the conversation into another direction.

Esther: Yes, the listening is the hard part. Just like you said . . .

Raquel: (. . .) What I understand now is that she intensifies things too, right? (. . .) I am not accusing you, Mum, it's just an observation.

Esther: Yes . . . It's important that you say it.

Raquel: You make things more intense than they are, like, about what I say . . .

Esther: The way you said it . . . I get it now . . . Now I get that I made it more intense too, because when you say "You've been out, you've been out several times," I wonder how many times, because I don't remember, you know?

Raquel: It doesn't mean it's 50 times a week, Mum. (. . .)

In the extract above, Esther and Raquel continue their conversation about Raquel being alone in the house in a completely different manner than before. First, Esther says that the way they listen to each other is a great part of the problem. Raquel responds to that saying she always knew she was an intense person, but she realises now that her mother is the same. This is not a particularly easy or pleasant statement for one to hear. However, as a byproduct of being in a dialogue, it works to keep the relationship going. Their tones of voice had returned to regular levels. Raquel explains that she was not accusing her mother, but simply saying something she thought. Esther reaffirms her daughter's statement as an important one. She then steps back into the subject of her leaving their house at times, and explains what she understood of Raquel's statement. In turn, this gives Raquel the opportunity to explain her own perspective.

Later in the same session, Raquel explained that she was still wondering what she and her mother could do together to talk in a different way. What she probably did not realise at the time was that, while wondering about it, they were actually already performing dialogue differently. The high point of this happened toward the end of the session, when they were able to discuss a very sensitive topic to the family in a respectful manner.

Throughout the remainder of the sessions, demands for negotiating specific family issues were brought to the conversation by both mother and daughter on a number of occasions. By focusing on the process of dialogue, and not on particular

issues at hand, the therapists helped construct a position for family members as resourceful persons who are able to deal with their demands in a variety of ways.

Knowing oneself in other voices

Knowing oneself in other voices is a conversational resource that is sensible to the multiple possibilities of being for a single person. The resource promotes conversations that are focused on exploring how a person's sense of self is constructed as part of networks of 'reciprocating identities' (Gergen, 1991). When therapists broaden the range of relationships they talk about with patients in session, they also broaden the possibilities of people making sense of who they are. When a sense of a unified self becomes problematic, *knowing oneself in other voices* fosters conversations where renewed options for action are brought about. In practice, therapists will be attentive to how participants' talk positions each other (Winslade, 2005), and this attention allows therapists to question how they could position participants differently, by talking about them through their participation in different social relationships.

The interactions with this family show how Olivia (patient) and her parents (Miriam and Felipe) worked away from a description of Olivia being a shy and reserved person, toward the possibility of looking at her through the lenses of various relationships of which she is a part. *Knowing oneself in other voices*, as a conversational resource, was first articulated in session 3, when participants were talking about progress Olivia saw herself making as part of her treatment in the day-hospital.

Olivia: It's been good. Coming here. I've been trying to . . . take advantage of all that I learn here. I mean, to put it to practice in my life. I've been able to loosen up a bit more.

Miriam: So, it's progress.

Olivia: I know! My father, he is a sure laugh. He jokes with everyone around. With people at work, with family, anyone. He's not much of a talker, but when he speaks . . . it's a joke, a laugh. So, I've learned that from him, you know. (. . .) It gets me thinking. I think about it everyday. Every hour of the day. "What can I do to help that person? What is it that I could do to help them?" (. . .) I thought: "I'm going to go to them and say: Stand up! Come here, give me a hug!" You know? To see if it changes something. To get them more confident, and to open up.

Daniel: You've been able to see what's going on with other people, haven't you, Olivia?

Olivia: Yes.

Miriam: A lot! (. . .) She's been looking at others, and she actually sees them. And that is very enriching to her; it's been an amazing help. (. . .)

Daniel: I am under the impression, Olivia, that your ability to see what's going on with other people has to do with an ability to better see what's going on with yourself too. Does that make sense? Or, does it not?

Olivia: It does. It's not just about helping other people. When I help others, I also do something for me, because I am helping myself too. And, I no longer think about not being able to be myself anymore. Because I am a sure laugh too.

The conversation starts with a description of what Olivia considered to be improvements for her daily life, which she had learned as part of her time in the day-hospital. These improvements had to do with finding ways of helping other people through what she already knew about herself, that is, her being a 'sure laugh,' like her father. Daniel names that progress as Olivia being able to see what is going on with other people. Both Olivia and Miriam agree with Daniel.

Next, Daniel creates a connection between Olivia's ability to see what is going on with other people, and her ability to see what is going on with herself. In her response, Olivia further strengthens the connection Daniel first proposed, because she blurs the limits between these two abilities. She does so in two ways: first by saying that when she helps others she also helps herself, and second by showing that her fear of 'not being able to be herself' is disappearing as she interacts with other patients and starts to realise that, like her father, she is a 'sure laugh.'

This interaction realised the possibility of Olivia knowing herself in other voices, because it created a discursive position for her where the limits between what it meant to 'know Olivia,' and to 'know the others' are blurred. The use of this conversational resource helps dissolve Olivia's shyness as a problem, because she realises that when she interacts with others, she also learns about who she is. Additionally, throughout the following sessions, the conversational resource worked in favour of constructing the voices of other people as possibilities for Olivia to deal with life in different ways.

Session 7 provides the most prominent example of these effects. A conversation about differences between Olivia's families – Miriam's and Felipe's – gave rise to a question, proposed by Pedro, about how those different ways of looking at, and living life, had influenced Olivia's own way of being in the world. The whole family worked together on answers for this question. From Felipe and his family, Olivia had a strong sense of ethics and her need for routine. From Miriam and her family, Olivia inherited some of the things that she mostly appreciated in life: talking, being around beloved ones, reading, and her faith.

Describing who Olivia is from the perspective of her insertion in two different families is a way of letting Olivia *know herself in other voices*. The conversational resource helped construct more complex understandings about who Olivia is, which is in contrast to the initial, simpler construction of the problem that described Olivia as someone who had problems to open up. The conversation provided a relational understanding for Olivia's self: Olivia exists in the midst of various voices, whether they are her own, her families', or other significant persons' around her. The sessions worked to position Olivia as someone who could not only learn by observing other people's experiences, but also use these experiences as resources of her own.

Conclusions

Through an analysis of detailed interactive moments of reallife practice, this article has explored how therapeutic change is crafted in conversations from a social constructionist perspective. This provides interesting resources for therapists practicing from a relational and social sensibility.

Our conversational resources show how therapists actively invite the construction of realities to the problem in the particulars of micro interaction. The problem is not a given, but rather it depends on meaning-making processes. Different ways of engaging create different constructions of reality. To a prejudicial discourse of individualism

(McNamee & Gergen, 1999), these conversational resources present relational and social alternatives for people to make sense of their lives. Whether these problems are seen as arising from societal issues, family communication, or particular ways of looking to one's relationships to the others around him/her, these alternative meanings favour the construction of different actions.

However, there are limits to the conclusions we have presented. First, qualitative research does not aim to create generalisable knowledge. On the contrary, the point is to provide an in-depth description of the specificities of a situation. We realise that various aspects of our research (e.g., small sample size, therapists' personal histories and styles of work, family particularities, and the presence of the first author as a member of the reflecting team) have consequences for the construction of the resources as described. Our conversational resources were named as part of an analytical effort to make sense of therapeutic processes after they were finished. In practice, conversations are always unpredictable, because speakers depend on the responses of others in order to create meaning (Gergen, 1985). It is what makes interactions so interesting. Resources can be, and in fact were, used in broken and mixed versions, as part of multiple processes that happen in therapy. We thus wish to make it clear that conversational resources are not recipes: they are not 'the way things are done,' or 'how therapists should act;' rather, they are articulations of aspects of therapeutic processes to which professionals may be attentive when engaging in conversations with families.

While this article describes how three conversational resources have worked in a particular context, practitioners' clinical wisdom is central when putting them into practice in sensible ways in other contexts (Ness & Strong, 2013). We hope this article is a resourceful and flexible contribution to practices with families, as well an invitation for further development of social construction in different scenarios.

Acknowledgments

We would like to thank the São Paulo Research Foundation (FAPESP) for financial support under grant numbers 2013/15185-6 and 2015/11483-8. We also thank L. Donald Flynn for the review of formal aspects of the manuscript.

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