SOCIAL CONSTRUCTIONIST DISCOURSE IN THE CLINICAL PRACTICE OF FAMILY THERAPISTS[1]

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ABSTRACT. The field of family therapy (FT) consists of different theoretical and epistemological proposals. More recently, social constructionism has contributed for the creation of new practices in FT, leading to an emphasis on the communication processes in the therapeutic context. This study aims to comprehend dissemination forms of social constructionist discourse among Brazilian family therapists. We interviewed 14 family therapists, men and women, psychologists, who work with family counseling, and are responsible for teaching social constructionism in FT training institutes. All the interviews were recorded and literally transcribed. A thematic analysis was carried out based on social constructionism contributions for research practice. Throughout these themes, we discuss the participants' definitions of social constructionism and its implications for their positioning in daily practice. We conclude that the dissemination of social constructionist discourse is related to the utility that family therapists attach to these theoretical contributions, turning them into resources for their positioning as family therapists.
Keywords: Family therapy; social constructionism; clinical psychology; therapists.

O DISCURSO CONSTRUCIONISTA SOCIAL NA PRÁTICA CLÍNICA DE TERAPEUTAS FAMILIARES

RESUMO. O campo da terapia familiar (TF) é composto por diferentes propostas teóricas e epistemológicas. Recentemente, o construcionismo social tem contribuído para a configuração de novas práticas em TF, levando a uma maior ênfase nos processos de comunicação no contexto terapêutico. O objetivo deste estudo é investigar a difusão do construcionismo entre terapeutas familiares brasileiros. Participaram 14 terapeutas, homens e mulheres, psicólogos, que realizam atendimentos de famílias e são professores em cursos de formação em TF. Realizamos entrevistas semiestruturadas, que foram gravadas em áudio e transcritas literalmente. A partir das propostas construcionistas para a pesquisa científica, realizamos análise temática das informações. Nas cinco temáticas construídas, discutimos como os participantes descrevem o construcionismo e as implicações advindas em sua prática clínica. Concluímos que a difusão deste está atrelada à atribuição de utilidade aos conceitos teóricos, constituindo-se em porta de entrada para reflexões acerca da atuação clínica e cujas contribuições agregam novos elementos ao posicionamento do terapeuta.
Palavras-chave: Terapia familiar; construcionismo social; psicologia clínica; terapeutas.

EL DISCURSO CONSTRUCCIONISTA SOCIAL EN LA PRÁCTICA CLÍNICA DE TERAPEUTAS FAMILIARES

RESUMEN. El campo de la terapia familiar (TF) es constituido por diferentes propuestas teóricas y epistemológicas. Recientemente, el construccionismo social ha contribuido a la configuración de nuevas prácticas en TF, lo que lleva a un mayor énfasis en los procesos de comunicación en el contexto terapéutico. El objetivo del estudio es investigar la difusión del construccionismo entre terapeutas familiares brasileños. Participaron del estudio catorce terapeutas, hombres y mujeres, psicólogos, que realizan atendimientos familiares y son profesores en cursos de formación en TF. Se realizó entrevistas semiestructuradas, que fueron grabadas en audio y transcritas literalmente. Desde las propuestas construccionistas para la investigación científica, realizamos análisis temático de las informaciones. En los cinco temas creados, discutimos como los participantes describen el construccionismo y las implicaciones desde su práctica clínica. Se concluye que la difusión del construccionismo está vinculada a la distribución de utilidad a los conceptos teóricos, constituyéndose en puerta de entrada para reflexiones acerca de la actuación clínica y cuyas contribuciones abarcan nuevos elementos al posicionamiento del terapeuta.

Palabras-clave: Terapia familiar; construccionismo social; psicología clínica; terapeutas.

This study is placed within the knowledge field of family therapy (FT). We aimed at investigating the dissemination of the social constructionist discourse in a group of Brazilian family therapists, focusing on how that discourse is a useful contribution to the clinical practice. The social constructionist movement has influenced various fields of professional activities; it has inspired new practical possibilities, and, because of this, it is important to understand how professionals provide meanings to the exchange between the scientific production and the emergent practices.

The FT field may be considered interdisciplinary, for the different approaches that compose it rise without a shared beliefs system, resulting in multiple conceptual and theoretical models (Rhodes, 2012). The first proposals of FT field consolidated themselves from the 1950s; at that time, scholars groups in the United States and in Europe started to dedicate to expand the individual focus, which was dominant in psychotherapeutic practices and in mental health. During that period, studies carried out in the fields of exact and natural sciences molded systemic theories that overcame the fragmentation of science, exploring disciplinary borders. Such contributions aimed at shifting the focus from the elements of any complex to be studied to the relationship among them (Costa, 2010). In the scope of therapy, discourses about family stared to consider it as a system in which the members interact reciprocally and interdependently; the practices resulting from this understanding went toward the family dynamics totality and the interaction and communication patterns among the members (Costa, 2010; Féres-Carneiro, 1996; Macedo, 1994; Rapizo, 2002).

Between the decades of 1970 and 80, the FT field development was accompanied by discussions in a broader scientific context, related to questions on subjectivity and the researcher's neutrality when carrying out his/her studies and observations. From the constructionist contributions, family therapists started to consider themselves as crucial elements for the descriptions that they make about people and families (Flaskas, 2011).

From 1980s, the FT field was influenced by proposals that emphasized the role of language and the processes of the social construction of reality. The centrality that conversation acquired within FT approaches molded what some authors have called post-modern therapies or practices (Strong, 2002). The inclusion of those new understanding ways allowed social constructionist proposals to be useful for the understanding and practice in FT (Flaskas, 2010, 2011).

Social constructionism is a movement in the scientific scope that brought about transformations on fundamental assumptions of practices and theories of social sciences in general, and particularly on Psychology (Gergen, 1985). Its central premise claims that our knowledge has a historic and cultural root, turning the focus of investigations to social practices and to relations among people (Dickerson, 2010; Gergen, 1985). Bringing into question world concepts taken for granted, constructionism is placed in the context of post-modern rationality, which mainly aims at questioning the dominant narratives in different scopes of research practices and social life (Moscheta, 2014).

In accordance with post-modern proposals, constructionism is critical in relation to the representational view of language. The constructionist proposals see language from its performative and constitutive character; it understands that language forms acquire meanings from the way that they are used in the relationships, not in the correspondence with what they represent, as the representational view establishes (Strong, 2002). Therefore, the things that people consider as reality for them emerges from the insertion in social, historic, cultural contexts that circumscribe the production of meanings about the world. Those meanings, in their turn, can always be transformed as the relational and social contexts in which people live (Gergen, 1997).

According to Flaskas (2011), the social constructionist movement is a predominant influence on the contemporaneous perspectives of FT. From the 90s on, the practical and theoretical developments replaced the systems metaphors for the interest in language and the conversation processes of the therapeutic meetings (Anderson & Goolishian, 1988). Social constructionism changed the comprehension of the therapeutic process of that time because it challenged the therapist-scientist idea, whose actions are legitimized by his/her neutrality and objectivity (Dickerson, 2010; Strong, 2002).

Under the influence of social constructionism, the therapeutic relation is collaborative, marked by the exploration of the discourses that the clients bring when they are telling their stories (Anderson, 2012; Dickerson, 2010). In this process of joint construction of meanings, the therapist is also open to transform him/herself, trying to be attentive and responsive to the contributions offered to the conversation (Strong, 2002).

The problems are understood as being linked to discursive practices dominant in the social context, which define parameters of what is considered normal and pathological. Thus, the change processes are facilitated by the construction of conversations on potentialities and preferences, and the therapist's action does not aim at a specific result, once we cannot previously know the possibilities to be raised in the therapeutic relationship (Dickerson, 2010).

The social constructionist movement is committed with acting as a type of "social criticism" (Gergen, 1985, p. 267), once it questions discourses, practices and attitudes taken for granted in social relationships. In this sense, some authors emphasize its influence on the understanding of clinical practice as a way of social and political activism (Gergen & Warhuus, 2001). The meanings created in therapy are thus seen as ethical and political in their consequences. That sensitivity translates the constructionist critic to therapeutic proposals that claim to be neutral and free from social and ideological commitments.

It is important to highlight that the contributions of the social constructionist discourse do not delineate a "social constructionist approach" in therapy. Differently, they offer resources for the therapeutic field, emphasizing critical and reflexive practices that focus on discursive and relational aspects (Guanaes, 2006).

From what has been exposed, it is possible to notice that the historic path that originated FT is permeated by multiple approaches, schools, theorists and professionals, which make it a rich field, where multiplicity coexists. In this context, we present a study that aimed at investigating the diffusion of the social constructionist discourse among family therapists, focusing on how that discourse can be a useful support for the clinical practice.

Method

The planning and the realization of the research fulfilled the requirements of the Brazilian Resolution 196/96 (Resolução n. 196, 1996) on research with human beings, valid when the study was developed; the study was approved by an Ethics Research Committee before it was started.

Theoretical and methodological design

This study is a qualitative inquiry and was carried out from the social constructionist proposals for science, which offer specific contributions to the development of investigations in Psychology. Under this perspective, the research is considered a social practice, once the knowledge construction on the

research object depends on the idiosyncrasies of the researcher, the historical and cultural moment of investigation, and the rules instituted in the academic community (McNamee, 2014).

According to McNamee (2014), the focus of the scientific investigation is the use of language in human activities. Therefore, the researcher is interested in shared language forms and on how these forms are negotiated among people in their joint actions, enlightening implications that can influence on different social activities.

In the process of research evaluation, rigor is considered a subjective phenomenon connected to the inquiry process and its context. Therefore, rigor is related to the ways in which the analysis and interpretation steps are shown in the research socialization and sharing with the academic community (Strong & Gale, 2013).

Participants

In this study, we related two independent criteria for the inclusion of participants, i.e., each criteria generated invitations for participation:

- being a family therapist; being a psychologist; having the clinical practice as the main professional activity; having teaching responsibility in FT training institutes affiliated to the Associação Brasileira de Terapia Familiar (ABRATEF – "Brazilian Association of Family Therapy"), in São Paulo and Rio de Janeiro Brazilian states; the teaching activity had to be connected to teaching social constructionism. Those Brazilian states were delimited because of the study of Ponciano and Féres-Carneiro (2006), which points out that those two states register the biggest number of studies produced and the largest participation in congresses related to FT field.

- Being among the five authors that had more publications in the journal *Revista Nova Perspectiva Sistêmica* (NPS) in the last five years. This journal was selected for being read mostly by FT professionals and for aiming at presenting and reflecting on the evolution of systemic theories and their dialogues with other theories of the field, specially constructivism and social constructionism.

We believe that those criteria allowed us to investigate the diffusion of social constructionist ideas among the participants in the professional context of clinical practice, once authors and therapists with teaching responsibility are involved with the propagation of social constructionist ideas in the professional environment.

To each criterion established, we had a specific procedure for selecting the participants:

- Indication from the training institutes' coordinators of the professional(s) responsible for presenting social constructionist proposals. From the information found on ABRATEF *home page*, we analyzed the syllabuses of the training courses in São Paulo and Rio de Janeiro, verifying whether the constructionism was a subject taught. We selected the institutes whose programs discuss this perspective and sent the invitation for the participation, asking for ways to contact the professor responsible for teaching that subject.

- Analysis of the publications at the journal NPS. We contacted the journal NPS, which provided us the quantitative indexes of the authors who had published more times from 2008 and 2012. Three of the authors in the list were foreigners, and two were Brazilian. As the research aims at investigating the diffusion of social constructionism in national context, we decided to interview only the Brazilian authors. One of these authors had already participated on the research for being a professor at a training course affiliated with ABRATEF. The other author was invited to participate and agreed with it.

Considering the criteria established, 14 family therapists, men and women, took part of this study. In order to preserve the identity secrecy, the names used in this study are fictional. From the 14 participants, eight are linked to training institutes of São Paulo state, and five are linked to institutes in Rio de Janeiro. One of them is one of the authors that has published more times in Journal NPS from 2008 to 2012.

Constitution and analysis of the research *corpus*

The *corpus* information were obtained from semistructured interviews, in which we explored the contact of the participant with social constructionism, the influences of constructionism on their clinical practice and the challenges and possibilities that emerge from the use of such ideas. According to

Pinheiro (1999), we consider the interview a discursive practice, understanding it as a situated interaction, in which the meanings are produced and negotiated moment after moment. We carried out the interviews from February to May of 2013; they were audio-recorded and completely transcribed. Pages and lines were numbered to facilitate the material analysis.

As proposed by Guanaes (2006), we consider that the information analysis starts during the interviews' transcription. It is constituted as a way to be in contact with the material, approaching aspects like intonations and voice inflections, which offer the researcher important elements to the interpretative activity.

Afterwards, we read the transcriptions systematically and repeatedly to familiarize with the subjects and themes dealt with and to reflect on the similarities and differences among the interviews. The data systematization was based upon thematic analysis, inspired by the proposals of Spink (2010). This analysis allowed us to construct five themes, named: Social construction of reality; Performative character of language; Moral relativism; Relational self; and Therapy focused on family resources. Together with the thematic analysis, we described the implication that those descriptions of social constructionism have on the positioning of the participants as therapists. This focus is based upon the understanding that different descriptions of reality have implications on the relations among people, and of these with the phenomena around them (McNamee, 2014).

The main questions that guided this analysis were: How was the social constructionism described during the conversation with the participants? What is the place of the theoretical knowledge in this description of constructionism? What conceptual combinations and articulations are produced? How does this discussion allow us to construct meanings on the diffusion of social constructionism among those therapists? What are the implications of those theoretical appropriations on their positioning as family therapists? In this scope, we consider the positioning as a process of identity creation and negotiation by means of dialogues and social exchange (Harré & van Langenhove, 1999). We have chosen this term as a way to evidence the dynamicity involved in the processes of identity negotiation and also to be apart from the notion of identity that refers to the traditional studies and proposals in Psychology.

Another important aspect refers to the way that we talked about the constructionist ideas in the interviews. We did not make any direct questions about the definitions of social constructionism. Therefore, the interviews did not try to verify concepts from participants, but focused on the direct and personal relationship that they establish with the social constructionist discourse in the daily practice. For that purpose, we considered that the participants may move among different positionings and understandings related to social constructionism. Thus, our discussion is centrally interested in the discourses created with the participants during the interviews; it does not constitute an analysis of their individual practice.

Finally, we highlight the fact that the purpose of this study was not producing generalizable results to the various professionals that use constructionist ideas in their clinical practice; the discussion presented refers to meanings produced in specific contexts of interactions with the participants.

Results e discussion

Table 1 synthesizes and organizes the information gathered in the discussion of the results. In the first column, we describe the emphasized aspects of the social constructionist movement identified in the interviews; we named them as being part of the participants' clinical practice. In the second column, we describe the ways that concepts and assumptions are emphasized in the clinical routine of the therapists. We named that column as "Clinical handling of the concept and/or premise", for understanding that the use of the theoretical contributions in the daily practice has specificities that respond to demands that are peculiar of the clinical contexts, as discussed in the following items. The third column presents the implications that the ways of using the social constructionist abovementioned have on the positioning of the participants as family therapists.

Table 1. Constructionist emphases and their implications in the practice and on the positioning of the participants.

Constructionist emphases	Clinical handling of the concept and/or premise	Implications in the positioning as a therapist
Social construction of reality	Focus on the meanings that people attribute to their experiences..	Curiosity in relation to the words used by the clients. Investigation of how the members construct consensuses and rules. Attention to the creation of common meanings between the therapist and the family.
Performative character of language	Therapy understood as a possibility of re-signification.	The therapist engages in the creation of new ways to describe the situations, inviting the family to change. Attention to what is said by the clients, focusing on the meanings that could be constructed in alternative ways.
Moral relativism	Possibility to legitimate the difference.	More tolerance, curiosity and openness of the therapist in relation to the different discourses. The therapist deals with the differences without requiring the clients to fit to normality criteria of the social standards.
Relational self	Consider the importance of the other in the construction of self.	The therapist suggests talks to explore the relations of the family with the context. The therapist focuses on the process of negotiation of meanings, inviting the clients to create new identity narratives for themselves.
Therapy focused on the family's resources	Focus on the family's resources to deal with suffering situations.	Replacement of the practice directed to the joint construction of meanings. The focus on naming the resources permeates the meanings that the therapist attributes to what is seen and listened to, and the alternatives that (s)he offers to the conversation.

Social Construction of reality

In different interviews, we produced meanings on the construction of reality by means of language. We articulate those descriptions with affirmations of Gergen (1985, 1997) concerning the fundamental assumption of social constructionism. According to the author, the experiences that we have in the world do not determine, in themselves, the words that we use to describe them. Therefore, the ways that we understand the world, the people and the phenomena are always limited by the linguistic conventions that we share and by the context in which we are inserted – the immediate context of the conversation and the social and historic context (Gergen, 1997).

In the interview with Raquel, the participant refers to that assumption as a guide to her practice. The excerpt presented was taken from the answer to the question related to the importance of social constructionism in her practice. Raquel says:

Sometimes, when I make too many questions to a family, they say: "gosh, do you have to ask all these?", and I say "no, only when it doesn't work" [laughing] When everything is going right, children must go to school at the age of six, must go to bed at eight o'clock, everything works fine. When things don't go right you start asking: "how have I constructed this? How have I constructed that? What if it is something else, if it is true, it is this way, what must be out". Only when it doesn't work. When it works fine, you don't need. You keep walking, isn't it?.... So I think that in my practice, in general, it [social constructionism] is a kind of compass.

Giving examples of how she leads the family sessions, the participant talks about the exploration of issues regarding family organization, which, for her, are constructed by the members as truths by means of their daily relations. Therefore, when the family considers to be in crisis and seeks therapy, Raquel places herself in a positioning of investigation towards the way that the members constructed their agreements and rules.

The participant presentifies a discourse that takes to the clinical practice the understanding of the normative character of the social construction of reality, in which the shared realities develop the status of truth, producing specific standards of obligations and expectations, i.e., in a social rule that constitutes and organizes the daily experiences (Gergen, 1985; Dickerson, 2010). Being guided by that premise, Raquel configures interactive moments that invite us to the exploration of the presuppositions, beliefs, limits and possibilities that the family designs for itself. Those aspects of social constructionism appear, then, as a kind of compass for her as they guide her questions and actions.

Other participants also refer to that assumption as being a guide for practice. They highlight that considering that meaning is not inserted in the words used by the patients allowed them to focus their practice on the conversation and negotiation process, by means of the therapeutic dialogue.

The importance given to those aspects seems to be a factor that transforms their practices, turning the therapist's focus to the meanings that people attribute to their experiences. Those proposals occupy a legitimate place within the theoretical premises that the therapists use in the clinical work, for providing contributions to handle issues that appear during the sessions.

Performative Character of Language

Defining language as the result of the coordination of actions among people in their relations, which occur in contexts historically and culturally situated, Gergen (1997) emphasizes the possibilities for the creation and transformation of daily experiences by means of the exploration of new meanings. They must contribute for the construction of generative futures when the current situations are in favor of oppression and suffering. Some of the interviewees highlight those ideas as a guide to their work. Nina, describing the initial contact with the social constructionist perspective, affirms:

Then, applying it also to the family therapy field, which, for me, is a very interesting field... that I think that constructionism is very useful, and it helps a lot, because…it's more about the conversation, the dialogue, so on. So the professional's ability and sensitivity are enough to conduce and help people to broaden their most rigid points of view and find alternatives. Anyway, to re-signify their lives, their problems.

Nina refers to the working possibilities in the clinical practice, describing the therapeutic setting as a conversation context in which the professional is actively willing to construct meanings with people and looking for descriptions that can bring about change. The participant affirms that the professional's ability and sensitivity are resources for conducing the conversation, placing the therapist's focus on the dialogue and on the broadening of the narratives, which, many times, are presented by the clients in a rigid and limiting way.

Other participants also presentified discourses that bring relevance to the possibilities of transforming meanings through conversation. In the interview with Julia, when we asked her what possibilities emerge in her work with social constructionism, she affirms that *"it is possible to look at singular aspects, aspects of the relation, of the context, and to deconstruct meanings with the other"*. In Monica's interview, the

participant claims that what most called her attention in social constructionism was *"the work process of re-signification, the work of reconstructing what is said… It involves listening, delivering, talking to the family, re-signifying and redefining"*. When we asked the participant Ana what were the resources related to social constructionism that she could identify in her practice, she says:

> ....the main [tool], I think I identify it with myself. I, in the relation with the other, offering myself to be there and using myself, uh? The things that I think, the things that I have learned, but always saying that they are not the truth. They are my truths, they are things that I have learned. What can they do with the things that I have learned. It's like a menu of things, there are my things and their things, and those things I'm offering can be useful for them to transform what they are living there, uh? In things with more quality of life, which I think they look for here, uh?

The way we understand it, Ana sees herself, her beliefs and life experiences as resources that can invite to the construction of new meanings in the therapeutic process. Under this new perspective, the clients can expand their thoughts from the listening of different views related to the situation. Having access to the menu (range of possibilities) constituted by the therapist's worldview, the clients have the option of choosing (or not) what places them closer to the aims pursued in the therapy. This way, the therapist's knowledge is not considered the truth about the facts, but invitations to the expansion of meanings that cause suffering and oppression.

Therefore, this theme discusses ways that the therapists use, in practical terms, social constructionist proposals regarding language. The generative possibility of meanings production places the therapist's focus on the conversation process and on the openings in the interactive moment for the creation of preferable futures. Among the diverse aspects that base the theoretical proposals on the performative character of language (Anderson, 2012; Anderson & Goolishian, 1988; Gergen, 1985, 1997), the participants provide a specific relevance to the focus on the transformations of possibilities of discursive practices.

Moral relativism

The descriptions of the social constructionist proposal on morality are different from the ones that are historically spread in the social body, including the scientific scope (Gergen, 1997). The constructionist perspective considers that moral orders are constructed in the social process, i.e., by individuals in their relations. Morality, from this point of view, is an action that acquires its meaning in social, historic and cultural contexts. Therefore, attributing the meaning of what is "morally correct" towards a positioning is a consequence of the coordination of actions among people, and is circumscribed to its traditions about morality. In this scope, the constructionist invitation refers to the questioning of notions that consider the moral orders as a fact or essence, affirming that they are constructed from local agreements.

In some interviews, the participants emphasized that the contact with social constructionist ideas allowed them to legitimate different points of view that they face in the daily practice. We consider that this description illustrates the constructionist sensitivity in relation to the moral order, and this theoretical aspect allows them to position themselves with more willingness and openness to deal with discourses different from their own. In the interview with Marcia, when we talked about the ways that social constructionism is useful in her practice, she affirms:

> I think this, a very important thing, something that Gergen highlights, this thing about respecting different traditions. Because when we have people in the office, we have no idea of where those people come from, the stories, what traditions, uh? And we steadily discover. And being in contact with those ideas and having read, known that proposal is very good, because it makes a difference in the way I listen, I listen in another way. It has already been an alteration.

From the contact with the constructionist proposal, Marcia pays more attention to the ways that people attribute meanings to their experiences. This focus, according to her, allows her to base the work upon a more attentive and sensitive listening to the different discourses and their exploration. She

considers this an important aspect as it creates possibilities to make her get closer to the patients by means of conversations. The difference of beliefs and convictions is not seen as something that may hinder the therapeutic process – differently, it is an aspect that invites her to become curious in relation to the differences.

In other interviews in which the theme was mentioned, the participants highlighted that social constructionism was an invitation to the creation of work forms in which they could position in a more flexible and curious way in relation to what is said by the clients.

As for the diffusion of social constructionist ideas among the participants, we can notice that the meaning attributed to the theoretical concept offers a resource for their clinical practice, and they can position themselves from the legitimation of differences. Those changes are related to the constructionist invitation to the interest for different discourses without *a priori* value judgments – which is described by Gergen (1997) as implications of the moral relativism. This understanding aggregates a resource for the therapist, who works with people with whom (s)he does not necessarily share beliefs and views on the subjects they talk about.

Relational self

Gergen (2009) describes self as a complex product of our present and past interactions; it is negotiated and constructed along the life by means of those relations. By articulating the notions of language and identity, the proposal of the relational self (Gergen, 2009) links the identity construction to the processes of cultural and personal exchanges. Therefore, keeping stability or promoting changes in the identity requires a negotiation of meanings in which the interlocutors contribute to the permanence or the transformation of those narratives. I the interview with Estevão, when we talked about the way that the social constructionist ideas changed his professional path, he claims:

> *When we leave the intrapsychic and consider the relations, uh, we assist one, but we do not assist only one, we also assist a lot of people. An idea of social network that goes beyond the families. All those people somehow sit together with that individual client. So… I don't know, the conversations are different; I think they are more relational, they are more related to the participation of others in that person's live, and of that person in others' lives, and how it happened. The person brings those ideas to the session. I also work a lot with that. Constructing these ideas, these meanings. Investigating the ones who participate on those meanings, and then it is a construction of seeing who these people are.*

In this excerpt, the participant describes his understanding of the relational character of narrative constructions. For him, the stories told in the therapeutic conversations include discourses that circulate in spaces broader then the family and the individual, influencing on the keeping of the sense of self, which is negotiated in the therapy. Those understandings invite Estevão to suggest different conversations to his clients. His explorations start being *"more relational"*, investigating the relations of the clients with their contexts and the meanings attributed to the circulating discourses present in the relations in which they are immersed. This positioning, besides sensitizing his listening to the relational processes, also allows Estevão to work with the way that the clients construct knowledge about the world and about themselves.

Other participants also talked about the relational understanding of self. Ana, for example, uses this concept to rescue, in the conversations with the clients, the different narrative constructions on the same story, person or fact. To the participant, it is a way of working that delights her, once it evidences the premise of the creation of identities and realities by means of the relations.

Regarding the diffusion of social constructionism, we highlight the fact that the professional background of the participants cited in this theme followed part of the historic development of the systemic proposals in the FT field. They started working in the FT field when the systemic ideas were predominant, followed by the inclusion of the contributions of constructivism, and, later, of the social constructionism for the creation of practices and theories in FT. This way, they are professionals that, along their history, dealt with the notion of an isolated individual, affirming the importance of the relations in the study of human phenomena. Starting from a focus on the relation inherited from systemic ideas, these participants transited to the conception of relational self as a way to enrich their clinical practice.

Therapy focused on the resources of the family

The orientation of the therapeutic work to the potentialities and resources of the family or the individual to deal with crises is an emphasis of the proposals sensitive to the social constructionist ideas (Flaskas, 2011; Gergen & Warhuus, 2001; Dickerson, 2010). By questioning the essential nature of reality, the constructionist discourse sheds light on the universal description of problems and conflicts. It considers that what people see as being a problem is a consensus created and supported by means of language and relationships. In the scope of therapy, this proposal raises possibilities of alternative descriptions of situations felt as problematic. This orientation invites the problem's participants to expand the meanings that they attribute to the phenomena and situations, in an attempt to create alternative futures (Anderson, 2012).

In the interview with Monica, when talked about the authors and works related to social constructionism that influenced on her practice, she affirms:

> *So, at that point, all of this dates from the 90s, at that point I had already realized this: the reading, especially the reading of Pakman, I read at lot of Pakman and also that book "Therapy as social construction"....The works of Goolishian, the works of Harlene [Anderson], I saw Lynn Hoffman's work. That's what I'm telling you, all of them started... Sluzki, all of them redefined, worked with that reconstruction. It's a way of seeing, uh?.... Because I think that one thing that happened a lot, it's an influence of constructionism, to start, it's about stop doing the "therapy of no" "oh, because you don't have this, because you don't have that, because you can't do that". To start, I said: "You have" and what the family has, it can do, uh? It was a milestone, it was a milestone. Because it's not just about being optimistic. It's a change in the direction of how you deal with the family, how you see them, the value you give them, what you listen to, what you transform and return to the family in what is possible.*

Those descriptions refer to the social constructionist focus on the potentialities. The participant affirms that from reading and being in direct contact with certain authors, she started to give more importance to the work of reconstructing meanings. That focus, based upon the premise that meaning is not fixed and is always being transformed (Gergen, 1985), allowed her to position herself as someone who can invite the family members to expand meanings attributed to the world and their experiences.

For Monica, this positioning demands a new direction for the therapist's knowledge construction. She claims that naming and emphasizing potentialities are aspects of the therapist's formation that must permeate what (s)he sees, how and what (s)he listens in the conversations with the clients, and what ways (s)he offers for continuing the dialogue. Thus, the participant presentifies a critical discourse towards perspectives that reify the notion of problem (defining a priori which subjects are problematic and, therefore, must be treated in therapy). The social constructionist ideas are an alternative to those understandings (Anderson, 2012).

From the point of view of the diffusion of social constructionist ideas, we highlight the fact that the constructionist proposals were referred to as a starting point for reflections about the exploration of family's potentialities as a resource to deal with conflicting situations. It is interesting to notice how the social constructionist perspective became attractive by inviting the participants to transform their practice, offering ways to improve their own personal resources to daily actions in the clinical practice.

Final considerations

This study aimed at understanding aspects of the diffusion of social constructionist ideas among a group of Brazilian family therapists, showing how those ideas have become a relevant contribution for their clinical practice. The themes discussed are referent to the premises and concepts defined in the scientific literature, as the analysis pointed out.

In relation to the diffusion of the social constructionist discourse, the study allows us to affirm that the descriptions originally discussed by the theorists of the social constructionist perspective are used in the clinical practice from the relevance given to aspects that provide possibilities of use in the therapeutic practice. Thus, the diffusion is linked to the creation of different versions of social constructionism that blur the limits of the theoretical premises initially described in literature. As a result, ideas considered useful in the practical field can be dissonant from the ones predominant in literature focused on theoretical discussion. On the one hand, this choice may implicate less exploration of the theoretical aspects described in literature. On the other hand, it is consistent with the prime interest of the participants interviewed: the clinical practice and the students' formation.

Therefore, we understand the diffusion of the social constructionist discourse as a process of creation and transformation of meanings. When choosing certain theories to be the basis of the practice, each therapist constructs a particular way to relate to them, selecting concepts with a higher level of interest and, many times, combining social constructionist ideas with other theories with which (s)he feels affinity. In this process, the professionals construct particular ways of intelligibility concerning the therapeutic process and his/her positioning as a family therapist.

Regarding the FT field, family therapists – beyond the ones we have interviewed – group themselves in the professional field according to affinities in understanding and describing the therapeutic practice, creating communities that share languages and create new processes of diffusion. In this context, the social constructionist discourse is a contribution that aggregates to this multiplicity new relative shades and nuances mainly on the therapist's positioning in relation to the clients.

Regarding the limits of this study, we highlight the fact that our analysis does not discuss or shades light on contributions of social constructionism that are *not* explored in the therapists' practice; this aspect would also allow us to analyze its diffusion. As an example, we can mention the critical reflection on social and cultural aspects that underlie the clinical work, which did not appear in the interviews. Moreover, the study has limitations because the *corpus* was constructed from conversations *about* the clinical practice by means of interviews. Thus, investigating clinical practice throughout the analysis of therapeutic sessions may offer another important contribution to FT, allowing the researcher to investigate the diffusion of theories as they are used by therapists in practice.

The present study is also limited to the institutes of São Paulo and Rio de Janeiro states that teach social constructionism during the FT training. Studies in other Brazilian states may offer new parameters to understand the diffusion of social constructionism in the country.

Finally, as researchers sensitive to the implications of the discourses we produce, we carried out this research attentive to the possible dialogues that it can produce, expecting that they can reach the conversations of the ones who are directly involved with the professional field of FT practice.

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