**Commentary I: Reflection on ‘Conversational Resources for Clinical Practice with Families: Social Construction in Action’**

Ottar Ness

*Norwegian University of Science and Technology*

Address:

Norwegian University of Science and Technology

Department of Education and Lifelong Learning

7491 Trondheim, Norway

Address for correspondence:

[ottar.ness@ntnu.no](mailto:Ottar.ness@ntnu.no)

In reading this article, I found myself quite inspired, and eager to learn more about the authors’ ideas implicated in family therapy practice. Family therapists have been at the forefront of social constructionist innovations to therapeutic practice for well over a generation. Therapists from a social constructionist perspective, suggest that there is no ultimately correct way to understand or communicate human experience (McNamee, 2004). Their stance on understanding and communicating is preferred by many family therapists who frequently contend with clients’ problematically diverging understandings and descriptions of experience. As constructionist family therapists, I see therapy as a place where such understandings and communications can be beneficially reflected upon, negotiated, alternatively constructed, or even ‘de constructed’ (for example, McNamee & Gergen, 1992; Parker, 1999, Strong, 2004). While initially such constructionist innovations came in the form of particular models of therapy (for example, solution-focused, collaborative therapy and narrative therapy) or interventions (reflecting teams), underpinning all these innovations is a profound change in orientation to the use of language. Some constructionist therapists tend to focus on embodied conversational practices beyond words or simple nonverbal expressions (Andersen, 1991; Anderson; 1997; McNamee, 2004; Shotter, 1993).

What I found very intriguing and useful from this article was the authors’ descriptions about not only language use, but conversation as *a practice* in itself. Thus, different theories, models, practices can be seen as conversational resources to be used within therapeutic conversations, instead of seeing these conversations as being orchestrated by rigid manuals, guidelines, scripts, etc. Or, as the authors explain: “ social constructionism offers an account of therapeutic processes that focus on conversation and relationships as the space where people jointly create understandings about themselves, their lives and their problems”.

Sometimes, when I meet persons who do not look at therapeutic processes from a constructionist perspective, I am met with the following response: “but WHAT is the practice exactly?” In this article the authors, in a very useful and convincing way, provide us with an insight into the “hows” of constructionist family therapy dialogues. They bring curiosities on what we (as therapists and clients) *do* with our talk in the therapeutic conversations. Specifically, they show how three conversational resources in family therapy invite reflection and inquiry on meanings clients value, i.e., how our talk prompts more than just simple exchange of information. Conversation is our primary means of influencing each other. This influence does not usually result from dispassionate consideration of information alone. I therefore really appreciate how the authors have shown the micro-social processes of meaning-making that are collaboratively being negotiated from the three conversational recourses they describe. As I see it, this article will be an important contribution to collaborative and dialogical perspectives in family therapeutic practice. The authors show how they navigate meaning-making processes within conversations, and also adding three important conversational resources to the action-oriented practices used in family therapy. As important, the authors helped me to look at my own therapeutic practice, and got me curious about what kinds of conversational resources I am using together with my clients. But most importantly, I think the authors contributes to show how family therapeutic practice look like from a constructionist perspective, and that therapists can negotiate and create conversational resources within each therapeutic conversation they have. I am eager to hear more about the authors’ ideas of constructionist therapeutic practice.

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