

RESEARCH REPORT

Social Psychology

Editors

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Support

Fundação de Amparo à Pesquisa do Estado de São Paulo (Fapesp), cases nº 16/25882-4 and 18/16490-0.

Conflict of interest

The authors declare that there is no conflicts of interest.

Received

July 7, 2022

Version final

April 27, 2023

Approved

June 10, 2024

How to facilitate groups on sexual and reproductive health: tips from adolescents for health professionals

Como facilitar grupos sobre saúde sexual e reprodutiva: dicas de adolescentes para profissionais de saúde

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How to cite this article: Gonzaga, D. S. K., Fukuda, L. M. H., & Guanaes-Lorenzi, C. (2025). How to facilitate groups on sexual and reproductive health: tips from adolescents for health professionals. *Estudos de Psicologia* (Campinas), 42, e220079. <https://doi.org/10.1590/1982-0275202542e220079>

Abstract

Objective

The objective of this article is present results of an investigation that aimed to produce meanings with adolescents about the role of group facilitators, in the framework of preparatory conversations for group participation on sexual and reproductive health, and in the group assessments.

Method

This is a relational action survey, whose material described and reviewed derives from the transcription of preparation and evaluation of interviews carried out with 11 adolescents, before and after their participation in a group on sexual and reproductive health in a health unit. The groups' discussions were based on social constructionist proposals.

Results

Our results indicate that it is essential for facilitators to build together with the adolescents both the work agenda and the conversational context of the group, anticipating possible fears, challenges and building imaginary preferable ways of handling tense situations.

Conclusion

This study contributes to the field of group practices, specifically to constructing and development of groups in a collaborative logic.

Keywords: Adolescents; Group processes; Health personnel; Qualitative research; Reproductive health.

Resumo

Objetivo

O objetivo deste artigo é apresentar resultados de uma investigação que visou produzir significados com adolescentes sobre o papel do facilitador de grupos, no âmbito de conversas preparatórias para participação grupal sobre saúde sexual e reprodutiva, e nas avaliações grupais.

Método

Trata-se de uma pesquisa de ação relacional, cujo material descrito e revisado deriva da transcrição da preparação e avaliação de entrevistas realizadas com 11 adolescentes, antes e depois de sua participação em um grupo sobre saúde sexual e reprodutiva em uma unidade de saúde. As discussões dos grupos foram conduzidas com base em propostas construcionistas sociais.

Resultados

Nossos resultados indicam que é essencial que o facilitador construa junto com os adolescentes tanto a pauta de trabalho quanto o contexto conversacional do grupo, antecipando possíveis medos, desafios e construindo imaginários de formas preferenciais de lidar com situações tensas.

Conclusão

Este estudo contribui para o campo das práticas grupais, especificamente para a construção e desenvolvimento de grupos em uma lógica colaborativa.

Palavras-chave: *Adolescentes; Processos grupais; Pessoal de saúde; Pesquisa qualitativa; Saúde sexual e reprodutiva.*

Since the 1980s, the interest in working with groups of adolescents on sexual and reproductive health has been presented in the literature as something relevant, highlighting the need to prevent unwanted pregnancy in adolescence and/or sexually transmitted infections (STIs). In this debate, different methodologies have been proposed, valuing group interventions and the need to produce practices that position adolescents as responsible citizens, capable of critically reflecting on their needs and making choices (Macedo & Carvalho, 2019; Magalhães et al., 2019; Moscheta et al., 2015; Paiva et al., 2020). Still, the literature points to challenges in working with groups of adolescents, such as the difficulty for professionals to abandon hierarchical positions and the fact that they adopt group interventions that are basically informative about prevention.

Adolescence is a specific phase of development that can be understood as a social construction, that is, its characteristics can vary according to time, societies and cultures. Usually, the characterization of adolescence is based on distinctions associated to biological, psychological and social aspects that permeate adolescents' development. However, there is no consensus regarding a specific age range, precisely because of its biopsychosocial dimension. In line with Marchi-Costa et al. (2021), although we understand that adolescence is a process of social construction, we have some regulatory terms that help us get around this period, as is the case of the World Health Organization (WHO), for example, which considers adolescents to be individuals between the ages of 12 and 19, a standard also adopted by the Ministry of Health.

Working on sexuality with adolescents can involve different social and moral crossings. Paiva et al. (2020) discuss the impacts of religious discourses on sexuality in schools regarding sexual initiation and possibilities for preventing Sexually Transmitted Infections (STIs) and AIDS. The authors discuss the importance of acting critically and preventively, with actions linked to human rights and adolescent rights so that we can, as a responsible society, deal with the effects of new waves of infections. Thus, they defend the "popular, pedagogically efficient dissemination of technical-scientific discourse and respect for religious freedom and the autonomy of each citizen" (Paiva et al., 2020, p. 12).

Another challenge is that group interventions in the field of sexuality and sexual reproductive health are often permeated by moralizing and patriarchal discourses, which support the blaming and exclusive responsibility of girls for an unwanted pregnancy (Lordello & Costa, 2017; Paiva et al., 2020). Furthermore, it is a challenge to understand adolescents as people capable of making responsible and ethical decisions (Macedo & Carvalho, 2019).

For this reason, the very construction of collaborative methodologies has the potential to provide rich environments for exchanges that expand the meanings about both adolescence and sexualities. The literature points out that group experiences in adolescence are important, allowing identification with peers, strengthening the vision of belonging, developing otherness, encouraging a movement to recognize potential, protagonism, without falling into reductionism, prejudice and judgment (Ness et al., 2017).

In this article, we seek to contribute to the understanding about group practices with adolescents in the field of sexual and reproductive health, reflecting on two important resources for conducting group practices with this audience: conducting group preparation and assessment interviews – both oriented by the principles of social construction and collaboration.

Understanding the group as a “social construction” implies adopting a communicational perspective and, thus, reflecting on how we produce the group in some ways when we talk about it. This understanding of the group as a discursive practice encourages facilitators to reflect on how they participate with adolescents in the construction of certain meanings about the group, its aims and objectives (Rasera & Japur, 2018).

In a social constructionist orientation, the group can be seen as a conversational resource – that is, a relational tool that values the diversity of voices and meanings as a resource for producing new realities, in which everyday life situations can be examined and problematized, seeking to expand coping resources and action repertoires (Guanaes-Lorenzi, 2017; Rasera & Guanaes-Lorenzi, 2020).

In relation to the initial processes of group construction (i.e., its constitution, functioning and management), some authors have pointed to preparatory conversations as an important resource for producing a more horizontal and collaborative space (Rasera & Japur, 2018; Souza, 2018; Vicente et al., 2015). For Rasera and Japur (2018), preparatory conversations have two main functions: creating a context of close dialogue between the facilitator and the participant, and preparing them for the group event. Building the conversational context implies negotiating the group’s reality and ensuring space for co-responsibility regarding the meanings produced in the group process. It also involves producing anticipations about the meeting, jointly reflecting on the needs, requests, expectations and desired changes stemming out from the process. Furthermore, it allows people to anticipate possible concerns that a person could be prevented from participating in the group, if they were not known if the individual were not known. Talking about the group space in advance helps people build the group and feel part of it, even before its development.

Furthermore, such conversations constitute a means of reducing unrealistic expectations, as well as possible friction, anxieties and dropout rates from the group, as they allow negotiating ways to meet the interests of the people involved (Rasera & Japur, 2018; Souza, 2018). These are also important conversations to establish the first connections between participants, developing the rules for the meetings and stimulating relational engagement (Moscheta et al., 2015).

Therefore, preparatory conversations are relevant to jointly construct a proposal for a group design. This resource is more than just “contractual” conversations, which are already widely accepted in the field of group studies, across different types of groups and theoretical orientations (Salvendy, 1996; Yalom & Leszcz, 2005). Preparatory conversations are themselves relational realities about the group construction process. They are spaces for negotiation and construction of oneself and the group, as well as tools anticipating potential stumbling blocks to the relationships between people, including with the facilitators. Such conversations thus constitute an exercise in “relational engagement”, which allows the facilitator to remember how the group was put together (Rasera & Japur, 2018; Souza, 2018; Vicente et al., 2015).

In relation to the group development, this relational conceptualization brings an ethical and political dimension to the facilitators' work. Guanaes-Lorenzi (2017) reiterates the importance of facilitators adopting collaborative and dialogic postures when facilitating groups, valuing the construction of more horizontal spaces for building agreements and meanings together. For that author, reflecting critically on the group process as a social construction is also offering resources on how to be together, going beyond the current individualistic logic.

With regard to the conversations to evaluate the group process, we realized that these also allow maintaining the logic of democratic participation at the end of the group's activities. They concern the process of meaning about what the group experience was like. When reflecting on the conversational process developed, participants produce meanings about what was experienced as remarkable or significant, thus giving clues about how much the constructed objectives were relationally achieved.

With regard to the participation of teenagers, we understand that placing young people and teenagers at the center of the action, valuing their speech and points of view, is also a way of positioning ourselves ethically and politically against a dominant discourse that teenagers are little involved, or they are people in crisis (Macedo & Carvalho, 2019). Considering teenagers as people who can talk about what they want causes a tension on the more widespread social constructions about teenagers' attitudes. This is a position in defense of adolescents as subjects of rights and authors of speech. Therefore, this also implies repositioning the investigators as people who work together, who co-labor.

Based on these theoretical-methodological positions, in this article we present results of an investigation that aimed to produce meanings with adolescents about the role of group facilitators, in the framework of preparatory conversations for group participation on sexual and reproductive health, and in the group assessments.

Method

The information reviewed here was produced as part of a broader investigation, which assessed the contribution of collaborative practices in the work with groups on adolescents' sexual and reproductive health. The investigation was approved by the Research Ethics Committee (CEP) of the Faculty of Philosophy, Sciences and Letters at Ribeirão Preto (FFCLRP/USP) (CAAE No.: 69699317.0.0000.5407). This survey was guided by the assumptions of relational action research. According to McNamee (2020), the relational action research objective is to construct what is useful for a given reality, in a collaborative investigation manner. To assume this usefulness, a negotiation movement is necessary, which involves different understandings, priorities and desires. Thus, the method of this type of research involves pragmatism, sensitivity to listening to different stories, responsiveness and relational responsibility. The author indicates that we have choices as researchers that are associated to how to build the world, that is, since research establishes types of relationships between those who investigate and those who participate, we can choose what type of relationship we want to establish with people and with the community we investigated.

The information presented in this paper was produced at three points in time in connection with a group process conducted with adolescents on sexual and reproductive health: 1) group preparation conversations; 2) assessment group process conversations; and 3) conversations to construct a collective document. The description of the development of the group itself is not part of this study but may be seen in other publications (Gonzaga & Guanaes-Lorenzi, 2019; Gonzaga & Lorenzi, 2019).

This survey interviews were based on Pinheiro's (2013) understanding that interviews are discursive practices which are considered situated and contextualized interactive actions, through which meanings and constructions of versions of reality are produced. In our interviews, we were attentive to transform the "interviews" into conversations, whose purpose is the joint construction of meaning. The interviews were considered part of action research with adolescents and, therefore, producing realities (McNamee, 2020). Furthermore, they were guided by the proposals described above about "conversations preparation", seeking to outline the context and its objectives as outlined by Rasera and Japur (2018).

Participants

The interviews were conducted in a Family Health Unit (FHU) in a small municipality, in a process planned together with the Community Health Agents (CHA) aiming to build groups for the prevention and promotion of sexual and reproductive health among adolescents. We hence visited several homes and invited 33 teenagers to participate in groups organized at the FHU. A total of 11 teenagers agreed to participate in the group and in the investigation; they were divided into two groups, depending on age and they should participate after school hours. We adopted fictitious names that they selected, to identify them. Sophia (12 years old), Giovana (12), Emanuelle (12), Pedro (12), Sorriso (12), Mirela (13) and Alemão (13) participated in a group in the morning. Francisca (15), Helena (14), Clara (16) and Vitória (15) participated in a group in the afternoon. All teenagers were students at a public school. The preparation and evaluation interviews, as well as the facilitation of the groups, were carried out by the first authors of this article, under the guidance of the third author.

All adolescents signed the Free and Informed Assent Form (FI AF), with the mothers' consent given after a prior conversation and explanation about how the group activity would be carried out.

Procedures

To carry out the interviews, we used two semi-structured scripts - one to guide the preparatory conversations for the group, and the other to guide the evaluation conversations about the group process. Audio recorders were used to record those conversations.

The preparatory conversations took place individually and aimed to create contexts for dialogue and prepare adolescents for group participation on sexual and reproductive health. Everyone who participated in the group went through preparatory conversations whose purpose was to ask the teenagers how we could build an environment comfortable enough for them to share their thoughts with us. Each conversation lasted about twenty minutes. To carry it out, we used a guiding questionnaire for:

- 1) The investigation of other experiences and ways of participating in a group (example: can you tell me about an experience that was significant for you?).
- 2) The investigation of more common and comfortable forms of participation, aiming to encourage verbal communication in the group (example: when you are in a group conversation, how do you usually participate in that conversation?).
- 3) The investigation of expectations regarding the topics to be discussed in the group (example: what topics do you think would be interesting to be covered? And what topics would you rather not address?).
- 4) The evaluation of the conversation (example: at the end of this conversation, how do you feel about the group's proposal?).

The meetings' evaluation conversations aimed to find out how the adolescents made sense of the group process, after termination of the project. To this end, we met individually with each adolescent two weeks after the end of the group process, in conversations that lasted an average of twenty minutes, based on the following guiding questions:

1) Remembrance of a memorable moment (example: try to describe this episode in detail – who was participating, which subjects were addressed in the talks, who participated most actively, what was discussed, etc.; how would you describe this to someone?).

2) Effect of the meetings on everyday life (example: was there a situation that you experienced in your life and that, because of our group issues, you thought/felt/acted differently? Someone who thought in some way at the beginning and presented changes or someone who acted in some way and turned different?).

3) Possible changes to improve the meetings (example: if this experience were repeated in the health unit, what would you do differently? what pleased you most and what displeased you most in relation to the themes, presence of some people, materials used).

4) Broadening of the conversation (example: is there anything I didn't ask about that you think would be important? How do you evaluate the conversation we had?).

Two years later, after completing the investigation as a whole, we contacted those teenagers again. We wanted to know how they were, tell them about the completion of the research and invite them once again to participate: this time, to write a narrative "collective document", based on narrative therapy resources (Lion, 2017). Narrative documents are ways of recounting in written and oral form ways of acting to deal with problems. They imply the recognition of skills, values and knowledge of a given group.

Thus, we sought to create a statement with adolescents that could tell health professionals who work in health units or other services about how to build and develop actions with adolescents. To create this document, we reported to the teenagers our interest in creating a "Statement", based on their answers to the following question: What do you think a professional can do to work better with teenagers in groups?

The statement development was performed online and separately. So, when the first person responded, we started drawing up the document based on their answer. Then, when another person responded, we checked whether any answer was the same as any of the previous answers entered in the document. Hence, we presented the document in its most updated version to all teenagers, asking if anything was missing, informing them that the version they were reading included the comments of other teenagers who participated in the meetings with us, and checking how much they shared a common perspective. In writing our document, we seek to preserve the terms used by the teenagers in their comments and bring the diversity of their contributions, valuing different meanings. In the Results section, we present the collective document resulting from this process.

In relation to the analysis, we carried out thematic analysis of the preparatory conversations, taking as inspiration the proposal by Braun and Clarke (2021), adapted to our objectives and analysis framework. Therefore, we proceeded according to the following steps: (a) transcription of the interviews, maintaining the colloquial language used by the adolescents; (b) listening to the audio followed by the reading of the transcription; (c) intensive reading of the transcription, seeking to become familiar with the material and to identify common and unique aspects in the teenager's response; (d) construction of two comprehensive thematic axes and subthemes to foster group facilitation; and (e) selection of illustrative excerpts from each axis.

To review the evaluation and final interviews, we constructed a synthesis of the conversations we had with the adolescents, based on notable moments they experienced. We also presented the “Statement on (and by) adolescents for group work”, which resulted from the narrative process of revisiting the group process, referring to the adolescents’ assessment of what they experienced together.

Results

In this section, we report the dialogues developed in each of the investigation contexts.

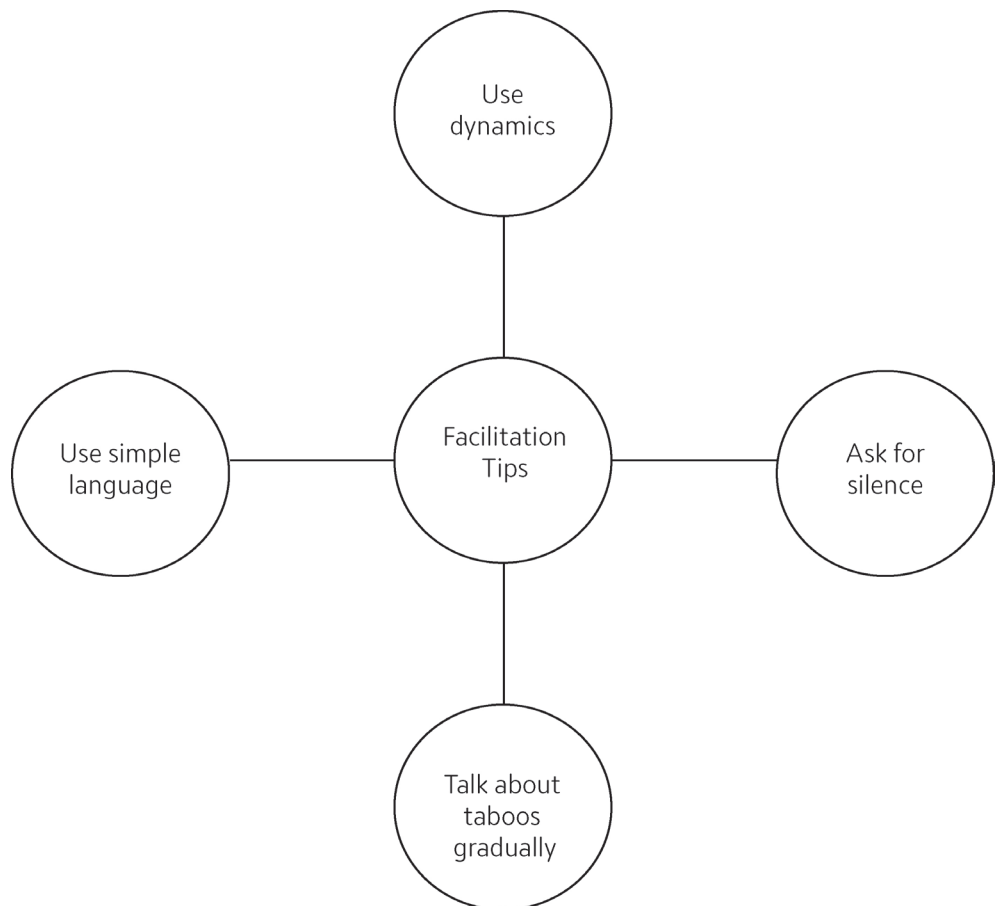
Preparatory Conversations for Group Participation

We sought to talk to adolescents about their previous participation experience in groups, seeking to find out how these groups informed adolescents about what they liked or did not like in these contexts as well as facilitation tips. Thus, we used investigations into the past to create imaginary meanings of the future. In other words, we sought to know about previous experiences to understand what a comfortable setting for our future conversations could be.

The transcriptions analysis of these conversations resulted in the development of two thematic axes: 1) tips on how to facilitate groups, and 2) descriptions of the adolescents themselves, which, when taken into consideration, could contribute to a better relationship with them.

Figure 1 presents the main group facilitation tips.

Figure 1
Descriptions of group facilitation tips



For teenagers, an interesting way to be with them in a group is to use fun and relaxed dynamics, as happened in group experiences that they consider memorable in the past. Giovana talks about her teacher's class highlighting a good experience in this regard:

Giovana (G): it was from teacher Aline [...] she explained the subject well, laughed with us, made jokes. Just like my old physical education teacher.

Domitila (D): And what made her class so cool?

G: The way she taught, you know? She taught a fun class, not boring like today's teachers.

D: And do you think we can do something along these lines, form a cool group?

G: I think so, being relaxed, joking [...] Not too much jokes, just a little! Just to relax.

Furthermore, they suggest that when there is a lot of conversation between participants, we ask for silence or that we wait quietly until they silence themselves. Furthermore, they say that using easily accessible language is an important way for them to engage in the activity and feel respected. The conversation with Pedro helps to illustrate these two points:

D: So, for example, we here in our group [...] If everyone in the group is talking a lot. What do you think Larissa and I have to do?

Pedro (P): Tell people to be quiet

D: Do you think it works?

P: No, not much.

D: And what do you think might work better than asking to be quiet?

P: You have to wait for everyone to stop talking. Don't talk all together.

D: Oh okay, I understand. So, we have like a deal, is that what you're saying?

P: Yes. Then we agree not to talk to everyone together.

[...]

D: Can you think of a way to turn uncomfortable topics into comfortable topics?

P: To speak more lightly. Like saying the names of things that people already know, you know?

D: Not using difficult words, is that it?

P: Yes, that's it.

Finally, the participants suggest that some topics could be worked on more calmly or lightly first, as taboo subjects (such as sexuality, suicide and mental health in adolescence) cause more tension, so they could be addressed progressively. The following is an example of Clara's statements:

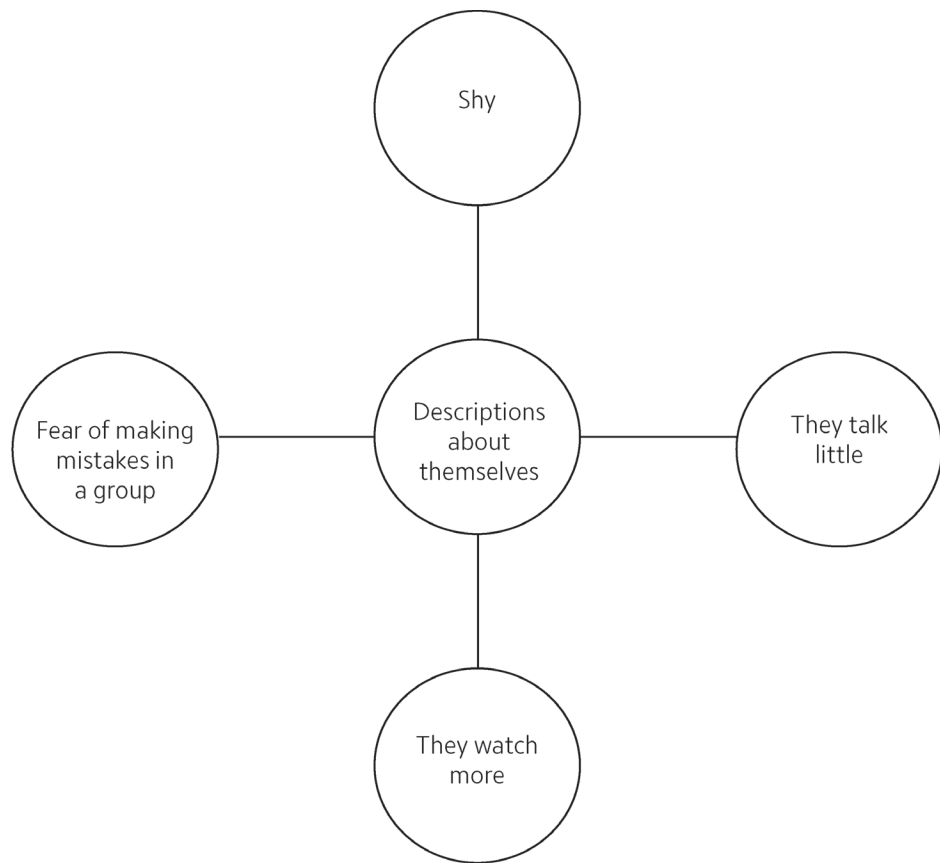
D: And then, these taboo subjects are usually not so comfortable to talk about. Do you think there is any way that an uncomfortable topic can be more comfortable to talk about?

Clara (C): I think the way of speaking. If you speak in a friendly way, it will be more comfortable [...] Now if you hit it straight like that, I don't think it will be as good as speaking with friends, you know?

Figure 2 reports descriptions of how adolescents perceive themselves.

Mirela (M) tells us how shyness impacts group activities, in which exposure is necessary and there is a concern of making mistakes in a group:

Figure 2
 Descriptions about themselves



D: Do you think there is a way of making you more comfortable?

M: If someone asks me about things and such, I feel ashamed.

D: Would you rather that I didn't ask?

M: At least with what concerns me I'm ashamed. Now Sophia, Giovana and Emanuelle, maybe they are not. Because when you start talking about that subject everyone starts laughing [...] if it were me, I would be embarrassed, so I would not want to.

Likewise, Francisca (F) tells us a little about a process commonly found in her friends' group concerning the need to build an intimate setting for those exchanges:

Larissa (L): And in a group, for example, in the classroom, or in other groups like that [...] Do you usually participate in conversations, discussions, or do you stay quieter, in your corner?

Francisca (F): I always participate. I really like giving my opinion and getting together with other people. Even when the subject isn't about me, I go there and get involved.

L: You like to talk, to give your opinion. So, when you are in such groups and you notice that something happened differently, for example when a teacher says "so, what did you think?" and then there is that deadly silence in the room, what do you think the teacher could do at that point in time?

F: Ah, they could demonstrate that we don't have to be ashamed, nor afraid of saying something wrong, or your colleague starting to laugh in your face, etc.

L: Do you think those are things that sometimes prevent people from saying something?

F: Yeah, you are scared to say something wrong.

L: I understand. And do you think that in that sense, sometimes there are those moments of silence anyway, and do you think that asking more open or more direct questions can help?

F: I think so, because it will make her open up and have more freedom to say what she thinks and no longer have that fear [...].

F: I think that for me and the girls, at first, we will be very embarrassed to open up... so it will just be a bit annoying at first because of that, because of this shame, but then little by little they will open up.

L: You're getting some...

F: Yeah, intimacy.

We understand that knowing these comments from themselves before the group's meeting can be important as we can, as facilitators, work to take these points into consideration and make relationships more respectful.

Teenagers told us that, because they are shy, they need interaction that is conducive to creating an atmosphere of intimacy and trust, so they can loosen up. They also said that we can enhance this creation by being patient, friendly and good-humored to encourage more comfortable conversations. In the conversation with Helena, we have an example of this point:

D: We are somehow talking about sexuality now, right? Somehow. Is it light and calm for you?

Helena (H): okay.

D: What do you think we have here to make you feel light and calm?

H: Maybe your patience

D: Am I patient?

H: Yeah.

D: Why are you saying I am patient?

H: Because you keep trying at all times to dig out something from me.

D: Is this being patient?

H: For me, yes. Because when you don't have patience, you don't care, and you move on to something else.

D: And then this patience on my part, right, makes you calm; it even creates trust between us so that you can tell me things, give advice?

H: Yes.

Final Conversations: Assessment of the Group Process

After the group meetings, we met again to evaluate what happened. We emphasize that we did not use any evaluation material, but rather a script created for this interview. After seven group meetings held at a Family Health Unit (which was equivalent to almost two months talking about sexual and reproductive health), we and the teenagers had already talked a lot and constructed many meanings together (To find out more about the group work carried out, see: Gonzaga & Guanaes-Lorenzi, 2019; Gonzaga & Lorenzi, 2019). Thus, we were interested in building, together with the teenagers, meanings for what was achieved as a group.

As we anticipated, the evaluation conversations were based on a script, which guided us to be with the teenagers who at this time, we already were acquainted with and who knew us too.

In any case, being as individuals is very different than being in a group, and the teenagers brought succinct statements about what they had experienced as most significant. Below, we describe some interesting reports about notable situations in the meetings:

- Sorriso (S): What strikes me is that at the beginning I was a little embarrassed, but I started to fit in, and it was really cool. Sophia, Giovana, Emanuelle and Pedro say that because of our meetings I became less shy and I thought that was good, because being shy is not good. I agree that I became less shy because of the meetings. [...] I was also surprised that Giovana had so many opinions on the issues and on the differences between men and women. [...] The ones I liked the most were the ones I learned the most, contraceptive methods, teenage parenting, alcohol and drugs – they were basically new things to me. I liked the interview with the parents, the baby chicken, the film, the word search... oh! I liked everything!

- G: I noticed the influence of the subject about alcohol and drugs in everyday life, because when I go to parties, I drink things with alcohol, like batidas, caipirinhas and beer. And after our meetings, I thought I could stop, because it's bad. [...] I was impressed by Alemão in our meetings. I didn't talk to him much, but sometimes you asked questions, and no one knew how to answer, but he did. I was surprised! The theme I liked most was the one about the role of men and women, because, you know, there shouldn't be that much difference.

- H: The most striking one was Camila's theater; it was the coolest, about the girl who gets pregnant as a teenager. It was a very dynamic activity, which is why it was the coolest thing. A situation recently happened with a friend of mine who thought she was pregnant, and I remembered her in our meetings. I think it was important to see a subject addressed in a dynamic way and with an everyday theme.

Such reports carry as their main message the importance that the group activity had to their authors. The meetings were significant for them to exercise other possibilities of being with people, as well as to expand meanings on topics that they had indicated as important to be discussed.

Statement by (and about) Teenagers for Group Work

Finally, we present the "Statement" created with adolescents, with tips for health professionals to facilitate the groups' activities (Figure 3).

The "Statement" can be understood as a summary that collaboratively building group work is a form of care, that is, a way of getting to know people and their particularities; it allows us to break away from stigmas and stereotypes; and favors the creation of propositional descriptions on how to create safe contexts for dialogue. We understand that professionals and scholars, when reading this survey material, can reflect on some aspects that can favor the development of actions with adolescents. Among them, we highlight:

a) Ask yourself what the best physical space is (considering ease of access, comfort and group preference) for developing the action.

b) Look into the steps involved in inviting people to participate in a group (always consider whether any "obvious" assumption is being made, but which may, in some way, harm the philosophical stance of being together).

c) Jointly construct the topics that will be discussed with people, taking into account whether they may be embarrassing and how to work with this embarrassment, developing rules on how to be together.

d) Use uncomfortable situations to talk about the process and, if necessary, remember the negotiations, as well as renegotiate them.

e) Suggest conversations about the group process, both collectively and individually, before, during and after the meetings.

Figure 3

Statement about and by teenagers

Statement about (and by) teens in connection with group work

1. At first, shyness invades us, but don't give up! We want to talk about ourselves, but we need to create a bond with you. This happens little by little.
2. The bond is also built with words of encouragement. Phrases that indicate how we are able to open up and what we have to say is important. Say sentences like: "I want to hear you" or "tell me what you think about..."
3. We are also very concerned of getting embarrassed in front of everyone. A smaller group of people helps a lot for us to give our opinions.
4. It is not easy to face the challenge of exposing our feelings and opinions to someone, especially a professional (we are really concerned with judgment).
5. Although it is more difficult to speak in a mixed group of boys and girls, they promote more fun and diversity of opinions. This way we know each other better and we also have more chances to grow.
6. When we feel like we are among friends, there is more chance of us being able to say our feelings and opinions. And we mean it.
7. A relaxed atmosphere is much better than a serious one. Make jokes and laugh, it doesn't have to be serious all the time.
8. We want to do different things from everyday life, like drawing, watching movies or even being challenged with creativity and respect.
9. The school is already a school; here we don't have to imitate school. We want to be freer and be able to talk about the interesting things of life.

Discussion

Some research papers enhance the ethical and political nature that involves placing adolescents at the center of the development of actions, enhancing their statements and points of view and fostering the bonds between the group facilitators and adolescents as a central aspect for the development of practices (Downes et al., 2016; Ness et al., 2017). This engagement occurs both in relation to what teenagers have to say, therefore, revealing the emphasis on what these individuals themselves know about themselves, and in relation to the deliberate refusal to adopt methodologies often found in literature, based on the process of information conveyance, and the use of prejudiced and generalizing conceptions about adolescents.

The results of our investigation show some implications of sharing decisions with adolescents about the group process. Thus, added to other studies (Rasera & Japur, 2018; Souza, 2018; Vicente et al., 2015), we have results that seem fundamental in the process of building group practices, precisely because they tell us about alternatives for planning and developing them together with teenagers. In other words, these are interventions that emphasize the participation of adolescents in safe spaces for them to say what they have to say and want to say. With the “Statement on (and by) adolescents for group work”, presented in this article, we reiterate the importance that group processes be built *with* adolescents, and not *about* or *for them*.

A notable point is that the preparatory conversations, the evaluation conversations and the constructed Statement are intertwined. This means that these teenagers were able to anticipate with us what would actually be a more powerful environment to be together. They invested in bonding, with patience, creativity and a sense of humor, believing that this could contribute to reducing shyness and enhance intimate relationships between them.

When Helena tells us, for example, that there is something interesting in what she calls our “patience”, we realize that for her it is important that we somehow ask more often, in a friendly and respectful way, so that she can build something with us. This statement is directly related to the first and second items of the Statement: “don’t give up, it’s our shyness, but we want to talk”.

It is worth mentioning at this point that the most shared discourses, which talk about teenagers who do not know what they want or have no interest in participating in joint decision-making, have effects even on the group itself. Studies as Downes’ et al. (2016) explore other narratives from young people, quite different from pathologized discourses about apolitical, rebellious behaviors or those in the transition phase to adulthood, when they will “cure” this disease. Instead, they present their activity and energy as a group that is a producer of culture, with an interest in solving problems together, seeking ways to influence political parties’ politics and teaching alternative ways of creating democracy (Downes et al., 2016). Likewise, we understand that transformative practices should not focus on a single figure, or a few central figures, but involve a live effort to consider different voices (especially marginalized voices) in the processes of transformation, on a local, regional and global scale.

Another point raised by teenagers is the importance of being among friends. Giovana tells us in the preparatory conversations that speaking in a friendly way is important when talking about complex subjects as it seems to alleviate the discomfort of discussing taboo topics. Likewise, the teenager compares a teacher with whom she interacted and was “easy to talk to”, to friends, saying that this is a condition that enhances conversations. In the Statement this issue is revisited, when teenagers tell us that talking among friends makes everything simpler, which is also consistent with good-humored and fun spaces and remind us that exposing feelings to professionals is always a challenge.

This issue is important because it makes us ask how far professionals and teachers are from teenagers. At the same time, it is important to problematize how far away it makes sense to talk about certain topics in a generative way. Teenagers are telling us that cold and distant relationships hinder rather than help the establishment of connections that enable effective dialogues.

Finally, those adolescents point out that it is important for health professionals who facilitate adolescents' groups to be creative; they should further remember that meetings in the health context can be better than school even they involve smaller and mixed groups where members can grow together. These points are important and suggest the need to establish safe, non-punitive relationships that stimulate adolescents to develop their potential.

Also in line with other studies (Downes et al., 2016; Ness et al., 2017), the teenagers we spoke to, also said that collaboration involves respect, compassion, focus on belonging, celebrating diversity, professionals acting in an involved way and willing to understand that people can be different and live different lives.

Preparatory conversations have an important function in the negotiations to be in a group together. Suggesting conversations to build agreements seems to help anticipate potential tensions, minimizing situations of stress and discomfort, or their effects.

At the same time, teenagers tell us that the way professionals engage in their collaboration efforts impacts their investment in establishing bonds, which is an important factor in the expected results. Even if this collaboration requires more time and effort, the results are certainly better in terms of generating benefits for the people involved (Ness et al., 2017).

Conclusion

From what was reported, we realized that teenagers, when called to participate in group processes, revealed what is meaningful to them. They went back to their group experiences and, based on them, pointed out directions that could help the facilitator. The preparatory conversations also had the potential to link the adolescents to the facilitators, who then had more elements on how to approach them, based on contact with what was most meaningful to those adolescents. Therefore, this feature was an important point for practice.

The construction of the Statement was also important. It allowed us to synthesize key points of the experiences in the group process and should help guide future actions. Furthermore, the document highlights participation issues, which say both about the construction of the identity of adolescents and about the care necessary to facilitate groups with this audience.

With regard to the limitations of this study, we understand that a limit concerns the time it took, after the group was set up, to construct the Statement. We could have dedicated ourselves to this joint construction while still in contact with the adolescents, during the group's final assessment. Likewise, we have few records of group evaluation conversations, which is also a limitation. We also point out the difficulty we had in gathering more participants at that time.

Finally, we believe it is important to address issues of sexuality, to talk about the subject in the health field, openly and closely with teenagers. Avoiding the issue will not lead us to solving the public health issues we face. However, preparing contexts is a specific skill for group facilitators. By positioning teenagers as protagonists in our research, we both prepared the context together with them and were taught by them on how to do this in the best way.

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