

**EDITORIAL****Psychology and Family and Health Contexts: changing scenarios**

The current view of health focuses on beyond physical well-being, mental, social and spiritual well-being. This broad and integrative health design, published by the World Health Organization (WHO)<sup>1</sup>, does not cross just as health practices and care come true in different spaces, but also as scientific research must constantly learn the senses of this vision in your complexity.

The making of the researcher must nourish this Prism, an approach less exclusive, stigmatizing and focused on knowing biomedical exclusively. In this sense, social, cultural, environmental factors and lifestyles are recognized as important determinants of saúde<sup>2</sup>. These not only must be identified, but also known constantly in terms of your joint and embodiment in the lives of the people with whom you live in research and practical scenarios.

This understanding also highlights the importance of coordination between different areas of knowledge and practices in studies aimed at health promotion and also the need to address the subject in your entirety, considering the history and the contexts of coexistence of people and groups that If you want to achieve<sup>3</sup>. It is in this way that emerges the need to exploit the family not only as a context of development, but also as potential for building care and, broadly, of health.

The context of the family is, in general, the first space of socialization and care of the individual, which is one of the focuses of study of different areas of knowledge, including Psychology. The family hopes that there are affective exchanges, transmission of knowledge and values, skills development, construction of roles and identities, as well as relationships that promote the development of its members.

However, despite the social expectations that this will be a space shield, families are as diverse as the people. In this environment are also experienced conflicts, sufferings, breaks and situations of violence that create opportunities in primary socialization task discontinuities<sup>4</sup>. To be identified as a space for misery, the family spends no longer fulfill your protective role and promoter of health, but also to function as a context of transmission of aspects considered negative and detrimental to development.

In addition, the complexity of relationships in family settings to the fact that the social transformations are also interfere in the context of the family and of the conceptions that you have your respect. There in recent decades changes in educational practices and power relations that involve its members, in addition to greater visibility and acceptance of new family configurations<sup>5</sup>.

Thus, it is important to know each other better, and in different social and cultural realities, as families organize and relate to the establishment of services that meet their needs effectively, in a perspective closer to the notion of current health in contemporary times.

The different family settings wave for the need to renew also the way to get in touch with the family and its members, in a constant challenge for researchers and theorists in that field. But not only in this field of knowledge production, because the challenges of practice become equally urgent, so that contact with these scenarios is a primordial task renovated for a health care with density, critical and located historically and socially.

The studies that comply with the Mission of discussing some of these aspects are increasingly in effect, supplying the needs of a repertoire for interventions and reflections practice offering the basis for theoretical discussions<sup>6</sup>.

Dialoguing with the notions of family and health, prioritizes a interdisciplinary proposal that aims to produce knowledge that are imbued with the need to deal with the multiple facets of these phenomena in contemporary times.

The notion of health has been expanded to a broader repertoire of influences and applications within your design more integrative, also the notions of family have been modified to encompass both considered more recent settings also for questioning, fundamentally, how the family while category and context comes changing, being not only product of these transforms as giving herself, changes in the way they conceive the human in its various interrelationships.

Research exploring these differences and changes in an attempt to get the interdisciplinary dialogue between, for example, psychology, Social work, nursing and nutrition, not addressing their

productions to certain niches of intelligibility, but possibility of review, redefinition and transformation that emerges from the own contact with each other, gain prominence and relevance in the current scenario<sup>7</sup>.

To assume that the scenarios are in processing, it opens up the possibility of understanding that there are no definitive answers, but rather constructs that are permanently redefined, in search of a warning that, in fact, can integrate the different dimensions make up the human and who tried to be gathered in the notion of health as assumed and proposed by WHO.

It is known that this notion is still on the move, but has a concreteness. And, this concreteness can and must be constantly revisited. And the invitation to this movement that is expected in this number if you contribute to the contemporary discussions on the interface between health and family.

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**Boa Leitura!**

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