“Disabling essentialism”: accountability in family therapy: issues of disability, complaints and child abuse

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Metadata Record: [https://dspace.lboro.ac.uk/2134/22288](https://dspace.lboro.ac.uk/2134/22288)

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"Disabling Essentialism"

Accountability in Family Therapy: Issues of Disability, Complaints and Child Abuse.

By

Michelle O’Reilly

A Doctoral Thesis
Submitted as a requirement for the award of Doctor of Philosophy
Of
Loughborough University

April 2004

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ABSTRACT

The thesis reports a discursive investigation of family therapy talk. Using discourse and conversation analysis, family therapy data was transcribed and analysed in order to examine participants’ concerns in such a context. Video taped data was used in order that non-verbal communication could be captured. Fundamental issues of disability, accountability and therapy ran through the sessions and participants’ constructions and versions of these are considered. Following full consideration of methodological and ethical issues two specific themes are examined: complaints and child abuse. In all four analytical chapters a reported concern for the parents was the presence of professional bodies, with many specific references to social services.

In the analysis of the therapy data a number of empirical observations were made from the data

(i) In the first section of the thesis I demonstrate how this professional attention is constructed and narrated by the clients examining the ways in which complaints are constructed by the parents. I examine the felicity conditions in place to construct it as a complaint. Secondly I address the ways in which these complaints are received by the therapist in a way that orients to their unhelpful nature within the remit of therapy.

(ii) The second analytical aspect of the thesis deals with the reported reasons for the professionals’ presence by examining issues of reported risk from, and reported instances of child abuse. It is shown that therapy is the normative business of providing an arena for clients to discuss their troubles, and produces difficulty when this is deviated from. The thesis
shows how issues of accountability are managed in therapy and demonstrates how parents manage stake and accountability when child abuse is reported.

The analyses from this thesis are of particular interest for both discursive research and disability research as it adds to the growing literature on discourse and therapy and considers the critical approaches that have been forming in disability research. The analysis presented in this thesis demonstrates the benefits of using qualitative techniques with delicate data and contributes to our understanding of arguments surrounding issues like child abuse.
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ACKNOWLEDGEMENTS

This thesis has grown out of the time I have spent at Loughborough University in the department of social sciences and has contributed significantly to my social psychology education. Working with academics from this department has inspired my writing and analyses and allowed me to participate in intellectual discussions and debates.

Taking a discursive approach has provided me with interesting ideas and therefore the input from the discourse and rhetoric academics in this department has been invaluable. I would like to extend considerable thanks to my primary and secondary supervisors at Loughborough and show my appreciation for their hard work and commitment to my project. Derek Edwards, for his patience and understanding and continued support throughout the entire process of study and Charles Antaki for his supervision and support and interest outside of supervision activities. Discussions with Derek and Charles have taught me a great deal about the discipline and have provided me with the necessary academic skills required for my career and for this I thank you both.

I would also like to provide thanks to those regular members of the Discourse And Rhetoric Group as the weekly sessions have greatly contributed to my understanding of the discursive approach and the arguments within it. Particular thanks to Jonathan Potter, Liz Stokoe, Malcom Ashmore, Michael Billig and Alexa Hepburn for their contributions to discussions and later conversations outside of the group, including providing necessary and interesting references.
I would also like to thank those people who came and went from my office who provided fun discussions about my data and listened to my 'mental blocks' and writer's cramp without losing their sense of humour. Thank you Nikki Parker, Sally Wiggins, Mandi Hodges and Emma Vine and those with whom I have recently become acquainted at Leicester University who have had to suffer my final stages of angst about the write up.

My thanks are also extended to my long-suffering family who have supported me through the duration of this PhD thesis and research. They have provided me with support all the way through my academic history and it is appreciated.

Finally I would like to provide thanks to the ESRC who gave me the financial means to carry out this study. I appreciate the funding for the teaching input, the financial means to pay my mortgage for three years and the essential book grant that allowed me to sit and study until the small hours on the sofa.

Special thanks go once more to Derek Edwards who has been a significant influence on my chosen career and without whom I would have been unable to reach this stage.
ABBREVIATIONS

CA
Conversation Analysis
DA
Discourse Analysis
DP
Discursive Psychology
NHS
National Health Service
BPS
British Psychological Society
ECF
Extreme Case Formulation (Pomerantz, 1986)
NSPCC
National Society for the Prevention of Cruelty to Children
MCD
Membership Categorisation Device (Sacks, 1992)
ADHD
Attention Deficit Hyperactivity Disorder
DSM IV
Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition
Part 1: Rationale of using discursive psychology
CHAPTER 1: Introduction

In this research, I use a discursive approach to explore the institutional practices of family therapy I investigate the interactions between therapist and family members. One or more of the children in the setting are reported to have some form of developmental disability, some having acquired diagnostic labels from professional psychologists/psychiatrists, others going through the process. The team of therapists in this institution are a specialist team who deal with families who have one or more children with problems. The families in the data have ongoing therapy and report having numerous professional bodies involved in their lives, including special education professionals and social services. The literature shows that it is common for families of a child with disabilities to have frequent professional involvement and that this can have an effect on their willingness to engage in therapy (Goldberg, Magrill, Hale, Damaskindow, Pauls and Tham, 1995). It is no surprise therefore that in this thesis one of the salient issues for the families is professional involvement. There are frequent reports about different professional bodies throughout the data.

In this chapter I explain my motivation for the research, outlining the reasons and ideas behind the data collection and analysis. I present the reasons why I chose to use family therapy as my data set and the influences on my analysis. I set out the aims and objectives of the thesis with a view to consider the achievements for discursive social psychology and I review the theoretical influences and literature that guided the thesis following the discovery of themes in the data. I note that this research was driven by discoveries in the data rather than by pre-assumed ideas brought to it. I address this further in a reflexive way in the final chapter.
Motivations for the research

In this research I am personally motivated by the topic due to experiences and practices in the world of disability. Before undertaking the data collection process I held certain concerns about the research process and these are considered here.

Personal Motivation

I have a longstanding interest in children with developmental disabilities and the concept of labelling children with problems. These interests in questioning psychology and psychiatry stemmed from the infamous statement of Thomas Szasz (1974: 1) “there is no such thing as mental illness” and coincide with new ideas to examine mental health using conversation approaches as the tool (Leudar and Thomas, 2000). Inspired by this critical approach to psychiatry and the study of mental health, I developed an interest in the social construction of disability. I am dissatisfied with Western medical explanations of children’s problems and frustrated with the lack of answers that the professional academic world provides on the important issues of disability. I therefore have interests in this issue including the construction of the child and of the disability, the talk of families of such children and the involvement in their lives of professionals. I have read a large portion of literature that outlines the controversy among researchers as to the influence of labels, the problems with diagnoses and the difficulty of implementing theory into practice, and I am not particularly convinced by the quality of ideas or the quality of methodological approaches. There is a wide range of different ideas and approaches to disability, and the implementation in practice is varied with differing reports of success and failure.

In order for research to advance understanding of some of the important issues for families of children with developmental disabilities, more detailed, in-depth
studies need to be conducted. Using language as a medium for analysis is one way of targeting the ‘real’ voices of ‘real’ families who on a day-to-day basis deal with and cope with their children and their problems.

Although my contribution to the field of social science is limited it is progressive. I hope that this thesis will raise questions about both the usefulness of methodological approaches to sensitive phenomenon and to the field of childhood mental health.

In order to achieve this I provide an insight into how institutionalized discourses work, and look at the relationship that develops between therapists and their adult and child clientele. Within a discursive framework I explore sensitive issues and examine how the parents report their differences of opinion with professional bodies. I look at this through an investigation into complaints about professional intervention. Integrated with those complaints are reported episodes of child abuse. Child abuse is also a topic that arose recurrently in the data, often linked to the involvement of professional bodies and services in client’s lives. The analysis will contribute to our understanding of the problems families have when interacting with professional people.

**Professional concerns**

My professional concerns are re-visited at certain junctures in this thesis but a brief overview of them is provided here. All researchers, particularly those engaging in qualitative research, should be reflexive about their practice and although I do this in some detail following the data collection I did encounter concerns before and during that phase. Due to this progressive process it is important to acknowledge and explore these difficulties here.
Therapy as an institutional practice is bound up with rules and regulations, where considerable effort is made to ensure that clients are protected and feel protected. Alongside these NHS guidelines and ethical rules, researchers must be aware of the sensitivity of the data and the sensitivity of its content. Prior to listening to any therapy the researcher should be aware that the data is sensitive and the participants could potentially discuss any number of delicate issues.

My largest concern as a researcher was with the 'reality' of these people's lives, their version of their worlds. The boundaries between treating the data as real, and listening to stories of child abuse and violence and detaching from them, so as not to become involved in the lives of these people, was of course the job of the therapist. As a researcher who has been given permission to watch and listen to the therapy, I needed to be aware that any sensitive topic could come up in the talk and that I should treat the data respectfully, and like the therapist, try to refrain from passing judgements on those clients (despite never having face-to-face contact with them).

The concept of a neutral researcher has been explored in a variety of research contexts. Quantitative methodologists have the concern of researcher bias and take scientific steps to reduce such a confounding variable (Elmes, Kantowitz, Roediger, 1995). In qualitative approaches however the role of the researcher is given more prominence and the subjective nature of research is explored alongside the research process using reflexivity. The researcher is seen as a key person in the interpretation process and therefore should not be ignored in the research itself. Reflexivity is an important component of qualitative research and the researcher should be reflective throughout the whole process. The idea is that the researcher's world is bound up with the way the researcher makes sense of the data (Ashmore, 1989).
Aims and objectives of the research

The fundamental aims of this research are to instigate interest in how families talk in the context of therapy. I investigate the boundaries of therapy and the interactional process between therapist, parents and children. Natural data of this kind is rich and complex and deserves to be highlighted. The talk of families in therapy provides insight into the constructed problems these families encounter and how professional bodies deal them with. One of the central aims is to produce empirically grounded observations of family therapy and to examine how participants deal with and manage delicate issues concerning institutional involvement.

A strong objective of the research is to explore what clients in family therapy make relevant and how they construct their problems. This research sets out to investigate the topics that families construct as problematic for them and to provide insight into how they construct these problems in the context of therapy. By examining the salient issues research can show the normative framework of therapy and provide instances whereby clients orient to and deviate from this. The therapist's role is highlighted when complaints are formulated (see chapter four) and this demonstrates some of the boundaries and restrictions therapy imposes. A secondary objective is to make theoretical and analytical contributions specific to the methodological and analytical approach; to raise issues for undertaking such research. Appendix chapter three deals with such methodological dilemmas. This chapter demonstrates some of the difficulties faced during the transcription process. Transcription typically occurs prior to any analysis or decisions about extracts and themes and therefore transcription problems arise at an early stage. These are discussed in more detail in appendix 3.
Therapy talk as the data framework

A theme of interest in this research is institutional talk. Again this is not a topical concern for the parents but a recurrent issue that runs throughout the thesis. There is now a wide literature on talk in institutional settings (e.g. Drew and Heritage, 1992; McHoul and Rapley, 2001), examining issues such as asymmetrical relationships. These include the asymmetry between doctor and patient, where the asymmetry is widened when interacting with children (Aronsson and Rundstrom, 1989), and between lawyers and their clients in legal settings (Drew 1990, 1992). The data in this thesis comes from a systemic family therapy setting and therefore some attention to this framework is needed.

Family therapy: an overview

The family therapy movement grew out of psychiatry in response to the growing rates of juvenile delinquency and divorce; in a bid to pay particular attention to the family, it was a consequence of increasing social needs (Broderick and Schrader, 1981). It is argued that the aim of family therapy is not and should not be to develop the ‘normal’ family, as the concept of normality is too complex, instead it aims to make a family functional (Jackson, 1967). This view over time has become widely accepted and it is usual to split families into classifications of functional and dysfunctional (Bodin, 1981).

Shakespeare (1998), writing on patients with confused speech, argues that in therapy there is a desirability for normal behaviour and the same can be said of family therapy, a desirability for functional behaviour. Shakespeare questioned the concept of normality arguing that “normal is a social construction that enables those engaged in diagnosis to find some people abnormal.” (5). While the problematic nature of the
word and concept of ‘normality’ has been questioned in family therapy, the same argument can be targeted at the concept of ‘functional’. ‘Functional’ is also a social construction, enabling those making therapeutic judgements to find some families ‘dysfunctional’.

This view of classifications into functional/dysfunctional is not without controversy. The use of differing terms in diagnostics and classifications is reflected in the ever-growing changes in such systems as DSM. Family therapy is plagued by differing opinions and ideas: “The family therapy field is characterized by a plethora of theories about the nature and relative effectiveness of different techniques and by a dearth of research testing these clinical theories.” (Pinsof, 1981: 699).

While not discrediting the arguments and debates in the field of family therapy, it is not my concern to consider the effectiveness of therapy or the competence of different or particular therapeutic approaches. Like Labov and Fanshel (1977), I do not take issue with the theoretical frameworks used by therapists/practitioners, but I focus instead on the actual therapeutic conversations that take place to uncover what happens in family therapy. In this thesis I examine systemic family therapy, not because I favour this approach, but rather because it is the perspective adopted by the therapists in the data.

The ‘systems’ perspective views family problems as problems of interaction (Masson and O’Byrne, 1984). This approach to therapy is language based and client directed concentrating on a relational process rather than step-by-step operations (Lamer, 2004). The aim of systemic family therapy therefore is to modify the aspects of the family system that are judged to require change (Masson and O’Byrne, 1984).
Qualitative and language based approaches to therapy

Researchers and practitioners, if they are to understand people and therapeutic practice, must appreciate how the world looks from others' perspectives and therefore there has been a shift away from objective measurement to understanding subjectivity, a move away from quantitative explanation to qualitative exploration (Howe, 1989). The principle here is that qualitative investigations can provide a wider and more interesting account of therapeutic interactions. Furthermore there has been a growing concern to question psychiatric, therapeutic and psychological practice. Szasz, (1991) questions the morality and objectivity of psychiatric practice by asking "is the aim of psychiatry the study of human behaviour, or the control of human behaviour?" (Szasz, 1991: 9). What he is questioning is whether the aim of psychiatric practice is to advance our knowledge, or regulate what is interpreted as misconduct. This has been considered quite widely with claims that psychiatry and psychology are not objective or value free but are instead the an apparatus for the moral management of undesirable behaviour and a resource for institutional explanations of troublesome social actions (McCarthy and Rapley, 2001).

Qualitative approaches to therapy and related disciplines start to address the search for knowledge in a way fundamentally different from previous traditional quantitative techniques. Qualitative inquiry allows flexible and sensitive methods for investigating social life and has become increasingly influential in health care research (McLeod, 2001). McLeod further claims that qualitative research is important because although people have a general common sense understanding of the world, there are contradictions and misinterpretations such that we need something more insightful than everyday, ordinary understanding. There are of course numerous qualitative approaches to the study of social life, but one notable scarcity in the literature is the actual talk that takes place in therapy. It is acknowledged that
thousands of people across the Western world seek therapy, yet relatively little has
been known until now about the discourse that actually occurs in therapy, or the ways
in which clients and therapists talk to create a therapeutic arena for change (Ferrara,
1994). It is noted that "the use of conversation analysis makes intuitive sense.
Therapy is intrinsically a conversation..." (McLeod, 2001: 91). Not only this but
"The therapeutic interview is a conversational activity of considerable importance"
Labov and Fanshel, 1977: 1). It can be seen that slowly, over the last few decades,
language-based approaches to the study of therapy are becoming more credible and
more readily accepted.

Therapy talk has received some analytic attention (e.g. Buttny, 1990; Fasulo,
1997; Ferrara, 1994; Silverman, 1997, 2001) focussing mainly on the talk devices of
the therapist, with some small attention has been paid to children in therapy (Ferrara,
1994; Hutchby, forthcoming). It is acknowledged by discursive research that clients
are not passive recipients of therapy but active in the therapeutic process; clients, as
well as the therapist, present their versions of the world in orientation to the
therapeutic framework (Buttny, 1996).

The value of analyzing therapy in a discursive way is that it offers an
understanding of the therapeutic process based on language rather than interpreting
what is hidden in the clients' heads (Madill and Barkham, 1997). It has been
suggested that a focus on therapeutic conversation is easily tempted into treating the
respondents' speech as a reflection of a pre-existing social or psychological world, but
to do this in research on therapy/counselling would deny the recognition that talk
itself is an activity (Silverman, 1997) and those who practice CA do not operate from
this philosophy; they do not assume, as a source for analysis a particular pre-existing
reality in people's lives or minds.
Motivations for using discursive approaches to family therapy

The data used in this thesis are family therapy data, this is outlined in more detail in the methodology chapter. As aforementioned I have a longstanding interest in children who are classified as 'problem' children in some form. Further interest focuses on professional bodies engaged in the process of labelling, diagnosing, treating and 'helping' those children and their families and I have therefore specific interests in institutional talk. Within specific institutional practices a child can be diagnosed with a disability, and when this diagnosis occurs a complex relationship between the parents, children and professionals begins (Corbett, 1994). One of the available options is family therapy, an institutional practice designed to facilitate the interactions between the family members and enable the diagnosed individual to fulfil their full potential.

It is argued that those interested in children should take an equal interest in their families (Howe, 1989). However, the available arenas of accessible talk whereby families would engage in conversations about their children, problems, and the influence of professionals are obviously limited. With a further methodological constraint of wanting 'natural' data for improved methodological credibility and increased richness and complexity of interactions I focus on family therapy. Family therapy provides a 'natural' (in the sense of researcher free) setting within which families, including the children, talk about their problems and issues affecting their lives. Furthermore there are a limited amount of family therapy teams across the country who specialise in families who have one or more children with a diagnosed problem or who are in the process of acquiring such a label.

The discourse of therapy is a species of talk-in-interaction that embodies the social practice between the client and the therapist. By analysing therapy talk, therefore we can learn how talk practices can shape identity and the role of the
clinician (Leahy, 2004). Relatively few studies on therapy have been produced by examining talk, and there are many aspects of therapy talk that remain unexamined (McLeod, 2001). One such aspect is the talk of families who have a child/children with some form of behavioural disability. I take a discursive approach to investigating this oversight because “Analysis of the ways that people talk, their conversational routines, provides a powerful way to identify and analyse the practices that constitute institutional reality.” (McLeod, 2001: 92). Throughout the thesis I am interested in the ways that problems get constructed, the issues that parents (and children) make relevant in the therapy setting and the kinds of topics that get opened up, or closed down by the members of the interaction.

**Reviewing relevant literature and introducing the topics that arose from the data**

There are of course many issues I consider in this chapter that I highlight and discuss throughout the thesis and I ground thesis in both the data and relevant literature. There are many issues that I consider prior to a discursive investigation in order to obtain a full understanding of the issues that arose for this thesis. It is evident from the data that two fundamental issues are concurrent in the therapy and require attention before analysis takes place,

- Accountability
- Disability

There is a wide discursive literature on these broad issues that I focus on before the main analytic chapters are given in order to provide an invaluable insight into these
problems. The thesis examines these broad issues throughout the chapters while specifically examining more particular issues. As aforementioned the clients attend to two large issues constructing them as concerns for their families. The involvement of professional bodies, during which talk they make complaints about them and the problems of reported child abuse. Therefore it is important to understand the research of such topics.

- Complaints
- Violence and child abuse

There is limited discursive literature on complaints and on child abuse. These have examined a variety of different aspects of the topics, but the value of increasing research in these areas is important to advance our thinking in the field.

**Accountability**

Accountability is a recurrent theme that runs through all four of the analytic chapters. Sacks in his early lectures, has an interest in the technical features of mundane conversation, and an interest in the “extraordinary” (Sacks 1992: 4)\(^1\) nature of accounts. He claims that in many instances of conversation people provide reasons ‘why’ or were requested to provide reasons ‘why’ and therefore an account is provided. Traditional ‘accounts’ literature is concerned with developing classifications of exoneration, often employing quantitative methodological approaches (Antaki, 1994). The term ‘accountability’ has been used loosely in the literature and has a multitude of meanings (Buttny, 1993). For conversation analysis

and subsequent research based on Sacks, accountability is a social action, something accomplished in interaction (see Antaki, 1994). In this thesis it is this view of accountability that is followed. In the third section particularly (chapters 5 and 6) I examine how accountability is made relevant in the interactions and how the context of therapy and the importance of the talk recipient are oriented to.

Factual accounting is an important realm of social research and constructing factuality is an important component of accountability (Edwards and Potter, 1992). For example when parents report allegations of child abuse it has very real consequences for them in practice. Social services have the power to remove children from the home and one family report this consequences (see chapter 4). With issues like this to manage, accountability for parental sanctions and punishments is a strong issue for the families. At stake for them is their continuing parenting of their children so there can be a great deal of consequentiality at stake in their factual narratives and accounts.

One key function of accounts is to provide reasons for actions, describing an event in a way that facilitates understanding of what happened and who is culpable (Buttny, 1993), and a prevalent time for accounting to occur is when faced with an accusation (Antaki, 1994). In chapter 3 there is a strong theme of culpability. The parents report events in ways that manage blaming professional bodies for reported problems. Making the professional bodies culpable for the events functions to soften the parents’ own levels of responsibility while at the same time serving to reduce the credibility of the claims made by those professional bodies.

Accountability is also a pervasive theme in chapters five and six. Management of stake and providing accounts is recurrent when reporting problems involving instances of risk and actual child abuse. The parents talk in a way that gives details of events to the therapist while managing the issue of culpability. Within these chapters
parents report accusations against them from social services and therefore when accounts are formulated this is consistent with expectations from the literature, on the relationship between accounts and accusations.

**Language and accountability**

Ethnomethodology shows that when reporting something the author can be held accountable for the factuality of the claim and for any consequences it may have (Edwards and Potter, 1992). The concept of accountability has developed over time. Garfinkel (1967) shows that there are two related features of accountability, an account of something and an account for something. The former includes descriptions of things, where just by describing something you are displaying that it is 'accountable' in vernacular (or indeed technical) terms. The second sense of 'accountability' includes a concept of responsibility and agency. In chapter 3 there is a strong theme of agency. The formulation of agency is a specific feature of complaints and in that chapter the parents blame and hold the social services responsible for various matters.

Garfinkel (1967) and Sacks (1992) show that people continually account for their actions in ways that make sense of what they are doing. Accounts are ongoing and make sense of interaction. Some actions are treated as self-explanatory; it is only when the routineness fails to explain an action that it is called into account. In other words when something deviates from what is routinely expected to happen it is called to account. Scott and Lyman (1968) treated ‘accounts’ as occasions when an individual’s talk may be designed to mend a social breach. I argue here though that accounts are much broader than this including description itself, which also includes causal attribution (Buttny, 1993).
Conversation analysis and accountability

Accounting is a “discursive practice” (Harré 1997: 32) whose analysis requires both a structural view and a discursive practice view of how accounts work to transform problematic meaning (Buttny, 1993). CA seeks to find out how accounts work in terms of their sequential position in talk (Hutchby and Wooffitt, 1998). Sacks (1992) deems accounts to be an important and analysable feature of conversation and shows that people are called into account frequently in ordinary conversation. Descriptions and accounts are constructed versions of the world (Drew and Holt, 1989).

There are many ways in which accounts are constructed and facilitated, and many contexts in which they occur. Conversation and discourse analytical work treats accounts in context (Potter, 1996) and extend the literature by showing how accounts work. It is demonstrated that speakers routinely speak in ways that deal with issues of responsibility and agency in their reporting of events (Edwards and Potter, 1992). In some instances this is because people stand accused of something, as in chapters five and six of this thesis. Accounts occurring in response to blame and accusation are examples of the sequential organisation of accounts. Actively making relevant the problematic event in the account though reveals the account as a discursive practice. Both these things are central to a CA approach (Buttny, 1993). In other instances though they are simply providing occasioned reasons for their actions. Sacks (1992)\(^2\) shows that accounts frequently occur in telephone conversations where the speaker is unfamiliar with the recipient. He suggests that often people propose a reason for making the telephone call.

It is seen therefore that discourse is an active social process in which the speaker manages the factuality of the report in terms of whether or not they have stake or interest (Edwards and Potter, 1992). The parents in these therapy sessions have

\(^2\)From part 2, fall 1965, lecture 14: The Navy Pilot.
numerous things at stake, but predominantly two things, their competence and accountability as parents, and keeping their children away from social services. In chapters three and four they manage their stake by orienting to culpability and positioning agency with the professional bodies. Interrelated with this is the accountability provided in response to reported accusations of child maltreatment. In chapters 5 and 6 the parents have at stake their identity as good parents and, in more extreme instances, the reported potential to have the children removed from the family home.

Functions of accounts

Simple initial observations in CA show that talk is ordered, often in adjacency pairs, two parts, for example a question followed by an answer (Sacks, 1987). Sacks says there is a notion of preference organization, that there is a preference for an agreement and contiguity in conversation and these adjacency pair sequences can have a preferred response (the response that the speaker wishes to receive, acceptance to an invitation for example) or dispreferred response (the response not wanted by the speaker, such as decline to an invitation), with dispreferred almost always containing an account (Pomerantz, 1984). Conversation happens on a turn-by-turn process such that when a normatively expected turn or turn component (such as an account in a dispreferred) is absent, it is 'notably absent' (Buttny, 1993). For example, Heritage (1984) examines when accounts are offered in response to an invitation. The dispreferred response is to decline, but there are more likely account types than others notably avoiding blameworthiness. Accounts for dispreferred responses such as invitation refusals typically propose in ability to comply thus avoiding the implication that the invitation was unwanted (Drew, 1984).
A significant focus in accounts is that they function in interaction in a way that changes or mitigates the event, such that by offering an account the person can manage to maintain social relationships (Buttny, 1993). This serves in a way to save the appearance of a good character and preserve social relationships. Buttny, (1993) shows that what is often at stake for people is the actor’s claim to good character and good relations with other people. Therefore when a person’s actions are inconsistent with a claim to good character, it can be discrediting, and it is then that accounts serve an interactional purpose.

These dynamics are altered somewhat in institutional contexts because the social relationships are different from everyday ones. In the case of therapy the therapist is restricted by the normative boundaries and expectations of the therapist role. In the case of clients making complaints (chapter 3) the clients present their complaints in a way that invites agreement. The everyday preferred response in this context would be endorsement by the therapist. The clients in their talk orient to an expectation of sympathy or endorsement of their complaint. One way in which this is achieved is by working up the severity of the complaint. However, a competing expectance in therapy is neutrality, and therefore preferred responses may not be offered. Therapists’ dispreferred responses do not always contain an account though, as one would expect (Pomerantz, 1984). Instead, minimal responses tend to be offered. In alignment with the literature though it is usual for the therapist to provide reasons on occasion for his lack of involvement with the complaint issue. This is dealt with in more detail in chapter 4.

Excuses and justifications

There have been two major distinctions made in the literature in terms of accounting that deserve attention here, excuses and justifications (Scott and Lyman, 1968).
Austin, (1962) was one of the original theorists to examine accounts arguing that it is important to examine excuses as it provides understanding of the causes of social actions. Excuses work as accounts by admitting to the event but denying some or all responsibility for it, whereas justifications are when the person implicitly accepts responsibility, but denies the offensive nature of the event (Scott and Lyman, 1968). Scott and Lyman also extend Austin’s work by suggesting that there are different types of excuses. They claim that people could appeal to the accidental nature of an action, or, a consideration of mental elements or natural drives, or by scapegoating someone else. In addition they define different types of justifications including the denial of injury, denying the person’s status as victim or appealing to loyalties. “So accounts designed to excuse will address the conditions of offensive action which can alleviate or modify the actor’s responsibility and address the characterization of the incident in question” (Buttny, 1993: 17).

The literature on accountability shows that accounting is a strong available resource to participants when justifying or excusing behaviour. It seems reasonable therefore to consider that when parents report risk of abuse (chapter 5) or actual abuse (chapter 6) they would in some manner account for why they put their child in that position. In this thesis I take this issue further by showing not only that they do provide accounts, but also by showing how they construct their accounts, the techniques they use to authenticate them, particularly in light of sensitive and delicate issues like child abuse in relation to children with disabilities.

Selection of account episodes

During the transcription process many ideas and themes are noted and common instances recorded. Accounts for inappropriate behaviour occur frequently and those
extracts are given specific attention to look at how the accounts are accomplished and the different reports of behaviour that prompted them.

Finding many examples of focussed parental and institutional accountability in the data is not a difficult task. The examples of it are prevalent. By complaining about the involvement of professionals, parents provide accounts both of the professionals' behaviour and of their own in ways that managed stake and culpability. As complaining is a strong theme in the data from all the families, a selection of episodes are made to demonstrate their construction and highlight the relevant analytic points for the thesis. Finding reported instances of putting their own children at risk of child abuse is not a difficult task either as there are many occasions when parents talk about the problems they encounter with this issue. Due to the high number of occurrences of such reports a small selection are used to demonstrate the key features of the analysis. Less frequently occurring are episodes of reported actual abuse, and all of these come from one particular family.

Disability
A strong concurrent theme is that of disability. The team of therapists providing the data specialise in families who have children with disabilities. Despite the lay ideas as to what the terminology 'disability' is by definition it is not accepted by this researcher that there is a simplistic definition for the phenomenon. It is not my intention to reify the concept by employing data with preconceived ideas about the nature of disability or how to manage these issues. Instead I accept, as a researcher, that people in practice construct their ideas about disabilities along with bringing together teams of people to specialise in such areas. This provides a broad forum for
examining how these ideas become reified and constructed by the people who experience it on a day-to-day basis, either institutionally or in the home.

**Disability as a concept**

Disability is not ignored in the literature, but this generally focuses on aetiology and medical explanations (Caplan and Hall-McCorquodale, 1985; Comer, 1992; Herbert, 1991). There is considerable controversy about the effects and consequences of categorisation, and generates wide criticism from a variety of methodological and epistemological positions leading to the claim that the population of children who have disabilities cannot be considered a homogenous group (Detheridge, 2000).

Traditional concepts of disability have been challenged. For example, the use of labelling is criticised (Finlan, 1994) and claims are made that it leads to issues of power (Abberley, 1992). Despite these critical ideas of traditional theory, the critical approaches are also argued to be limited. There are claims that the concepts of power and oppression still fix disability as a social category.

**Disability as a social construct**

Alternative approaches claim that disability is socially constructed, created by the discourses of difference (see Fulcher, 1989; Mehan, Hertwick and Meihls, 1986; Soder, 1989). This argument emerges primarily from a critique of traditional ‘essentialist’ concepts of disability as being fixed within the labelled individual. Problematically though within this type of thinking there are still a variety of differing ideas. Some researchers focus on power and oppression of these constructed individuals (Oliver, 1990, 1992, 1993) whilst others resist such prior assumptions examining only these sorts of ideas when demonstrably oriented to in the talk (cf. Schegloff, 1997). Therefore there is a move towards looking at experiences and
interaction discursively using conversation analysis to examine such phenomenon (Rapley, Kiernan and Antaki, 1998). There are arguments that the talk of children in research is fundamentally as important as the talk of adults (Costley, 2000) but unfortunately in many circumstances the child’s contribution is minimal (Armstrong, Galloway and Tomlinson, 1993). During the collection of data for this research this also becomes evident. The children in the therapy rarely speak and are invited to speak even less frequently than that. On those occasions where they do present their voices it was transcribed and where relevant to the analysis is considered.

Conversation analytic and discursive approaches to disability are limited and this thesis aims to add to a growing body of critical literature by examining the issues raised by parents in the therapy setting. Issues of disability are specifically dealt with in chapter three where parents complain about the lack of action from social services. Parents construct a case that, because of the son’s disability, he requires a service and the compliant is centred on the lack of action from those who ought to provide it. It is a theme returned to in chapter four when diagnoses become a relevant aspect of complaints for the therapist to deal with. Disability is a pervasive concern that is dealt with concurrently alongside other foci of analysis throughout the thesis.

Complaints

Commonsensically the meaning of the word ‘complaint’ is simply assumed. Generally people have an assumption as to what conditions need to be in place for something to be construed as a complaint. Complaints in a vernacular sense have been defined as “a cause or reason for complaining; a grievance” and to complain defined as “to make a formal accusation or bring a formal charge” (http://www.yourdictionary.com). Despite a general sense of what constitutes a complaint, and stark dictionary
definitions, complaints require further analytical attention. There are different types of
complaints, used in different ways by different people in different contexts. Edwards,
(forthcoming) shows that the concept 'complaint' overlaps and contrasts with various
alternative possibilities like 'moan' or 'whinge' and demonstrates that some speakers
may actively deny that what they are doing is complaining. Edwards argues that
complaining is a defeasible conversational activity (that is, one that speakers may
work to deny) and it is evident therefore that defining the concept is complex and
more difficult than is assumed.

During the process of this research there are indicators that the clients in the
therapy are making complaints for the therapist to receive. This became interesting
but was based on a common sense notion of what a complaint was. Following careful
analytic attention it becomes clear that the process of complaining is far more rich and
complicated than any dictionary could allow. Due to this complexity it becomes
obvious how important an area this is for research. This thesis deals with complaints
in two ways, how they are constructed and worked up interactionally, and how they
are received and dealt with in institutional settings.

It is shown that complaints play a role in casting private troubles into the
public domain (Drew and Holt, 1988). They play a crucial role in transforming what
is argued to be privately experienced as a personal difficulty in to an open one in a
way that presents a version of what the trouble is (Emerson and Messenger, 1977).
Emerson and Messenger argue that complaints are therefore important in managing
the trouble as it casts the trouble into the public domain in a way to obtain help and
remedy the trouble. They fail however to give empirical examples of how the trouble
itself is specified, managed or formulated or how the uptake of the recipient affects
the interaction, (Drew and Holt, 1988). In the data that this thesis uses, the therapeutic
arena provides a forum in which clients are expected to air their private troubles, it
being after all a normative purpose of therapy to discuss private troubles with a clause of confidentiality. In many instances though, the clients construct their troubles in the form of a complaint (see chapters 3 and 4).

It is evident that there is only a sparse discursive literature designed to address the nature of complaints and the constructed and sometimes delicate manner in which they are done. Conversation analytic and discourse analytic researchers have begun to examine the structure of complaints in a variety of contexts to investigate how they work and what functions they serve and this requires continuation for further progress.

**Types of complaints**

Two types of complaint are distinguished. In some instances the individual making the complaint directs their talk towards the source of it; these are ‘direct complaints’ (Dersley and Wootton, 2000). In other instances the complaint is formulated about an individual not present in that interaction; these are ‘indirect complaints’ (Drew, 1998). It is further noted that the third party being complained to is not always a friend or neutral third party but on occasion is an agency responsible for complaint handling (Emerson and Messinger, 1977).

Much of the general literature focuses on direct complaints examining the confrontational activity that occurs with an emphasis on complaints as a social strategy (Boxer, 1993). Indirect complaints, despite being just as rich and complicated in their nature, have received less attention but are nonetheless the focus of chapters 3 and 4. Within the family therapy sessions the family cast their troubles concerning professional involvements as complaints for the therapist, a third party recipient. Indirect complaints have been defined as “the expression of dissatisfaction to an interlocutor about a speaker himself/herself or someone/something that is not present” (Boxer, 1993: 106). In other words a third party receives the complaint, with
the object of the complaint being absent from the conversation. On this occasion the families report their dissatisfaction with the professional involvement in numerous ways, offering their version of events to the therapist with an orientation to possible resolution. What is of interest in this thesis is how families report their dissatisfaction with the professional bodies involved in their lives. This is specifically framed in the context of another professional person, i.e. the therapist, as recipient of their complaints.

The work complaints do

The devices and technical functions of complaints are the subject of attention in the literature through examining the ways in which they are made. One function is to make morality an explicit topic. When individuals report fault with another's conduct, they implicitly formulate a normative standard that that other's behaviour has transgressed (Drew, 1998). For example, membership categories carry normative expectations, and members are expected to orient to and comply with that role such that individuals are in a position to formulate complaints should that role not be adhered to (Sacks, 1992). In other words people construct themselves as belonging to a category and therefore have the characteristics of that category and manage their behaviour accordingly. For example a member of the category 'police' would be expected to wear a uniform and make arrests and if they failed to intervene at a crime scene it would be notable deviant form the category. One important feature of complaints is the non-accidental nature of the conduct in question. (Drew, 1998). This deliberateness is constructed through details that develop a contrast between what is properly expected and the actual behaviour of the other, with its non-accidental nature leading to a response of indignation (Drew, 1998). In addition to this, individuals

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3 From part 1, fall 1964 - spring 1965, Lecture six: The MIR membership categorization device.
often formulate complaints using extreme case formulations, (ECF’s Pomerantz, 1986). ECFs are often used during a complaint sequence as they assert the strongest case. This manages the potential for a non-sympathetic hearing, with the ECF working to legitimise the grievance and portray the situation as worthy of it (Pomerantz, 1986).

Idiomatic expressions can function in a similar way. The idiom works to depict the strength of the grievance and also the nature of it, summarizing the complaint in a way that facilitates its legitimacy (Drew and Holt, 1988). What is notable about these devices is their positioning in narrative accounts. ECFs are used to provide detail in a circumstantial account whereas idioms usually summarize. The ECF is usually a literal description extremified whereas idioms are figurative and serve to remove the complaint from its supporting circumstantial detail (Drew and Holt, 1988). ECFs however can also be used in a way to mark the non-literal. Edwards (2000) noted that the extremity of an ECF makes it available for non-literal uses and uptakes. Edwards (forthcoming) also argues that when making a complaint a person runs the risk of being perceived in a negative way, as a moaner or a whinger such that a prevalent occurrence is for the speaker to work to counter any misconception of them as complaining without sufficient cause. The clients in family therapy frequently make complaints to the therapist. Chapters three and four examine how they make their complaints credible and managed their stake, both in the events constructed, and in the current action of complaining.

The relevance of therapy

Family therapists, as such and normatively, consider individual problems as the symptoms of family problems and in accordance set out to ‘treat’ the whole family. The individual’s problems are viewed in the context of family relationships and
therefore diagnosis and treatment are defined in family terms (Goodyear, 1986). Within this arena the family is able to work through their problems and portray the difficulties they claim to be experiencing. The therapeutic setting can also serve as a platform for making complaints about numerous people and objects. Disabled children are often the focus of complaints, when they are made accountable for the problems being encountered.

While the child is often positioned as the reason for requiring counselling they are not the only source of complaint. With a disabled child in the family, professional bodies have a tendency to become involved in family life and therefore are available to be talked about and become subject of complaints.

It is not only the structure of the complaint that is relevant, but also the uptake and sought uptake. Again the recipient of the complaint is important. It is expected that complaints are more likely to be made in the presence of friends or family, as they are less restricted in response. (Boxer, 1993). The preferred response (Sacks, 1987) to a complaint is affiliation and in many cases where indignation is expressed the recipient displays this affiliation (Drew, 1998). In other words the recipient is expected to align themselves with the position taken by the speaker. Affiliation does not always occur though. Therapists are expected to remain neutral and therefore affiliation may confound the boundaries of therapy and may be withheld.

It is on occasions such as these that idioms are often provided (Drew and Holt, 1988). The talk of the speaker is often expressed in a way whereby the morality of conduct is highlighted in order that the recipient may be expected to affiliate with the sense of injustice of the subject of the complaint (Drew, 1998) where the most common response to indirect complaints is agreement and reassurance (Boxer, 1993).

In an institutional context however there are different bases of talk and interaction, such that one would not necessarily expect therapists to conform to these
responses. Therefore it is useful to uncover the ways in which complaints are formulated within an asymmetrical relationship in an institutional setting. Chapter 4 deals specifically with this issue. I show that when complaints are aired in the context of therapy the therapist works to close them down and return the talk to ‘troubles telling’. Chapter 4 demonstrates how this is managed and how the clients respond.

Violence and child abuse

Child abuse and physical violence is a concurrent theme throughout the data and is given attention in the analysis. One salient issue is the physical and sexual behaviour directed towards the disabled children.

Examining violence

One of the consistent criticisms of the disability literature is that it fails to examine actual talk of disabled people and their families. What seems to be missing is a focus on the disabled children and the accounts of their families and in particular how they experience aggression and conflict. This is not to say that violence and aggression per se have not been examined discursively. From the literature it is evident that there are general ways in which violence gets talked about. For example, Sacks (1992)⁴ shows that some categories invoke the expectation of violence. If killing were personal it would be normatively accompanied by emotion, whereas without this emotion you have psychopathology. The category ‘military’ however entitles the person to display violence without the accompanying emotion.

Aside from these category entitlements, violence does occur in everyday life and is negotiated and accounted for in a multitude of ways. Edwards (1997) in his

⁴ From part 2, fall 1965, lecture 14: The Navy Pilot.
analysis of talk in couple’s therapy shows how a husband distinguished violent actions from potential accusations of wife beating. He does this by displaying himself as in control of his violence and narrating it as directed towards inanimate objects rather than her. He reinforces this by seeking confirmation from his wife. Multiple agreements can strengthen the authenticity of an account.

Corroboration between participants, however, is not always achieved or available and it is demonstrated that when violence towards a partner is made accountable one technique is denial of the projected actions. This can be achieved by employing ambiguous terminology in descriptions or by negotiating and downgrading those descriptions (Hyden and McCarthy, 1994; Adams, Towns and Gavey, 1995). This same ambiguity can pose problems though. Sacks (1992)\(^5\) shows that different descriptions of violence ‘do’ different things. For example a negotiation between two interactants can occur when the common sense notion does not fit the description. Therefore if there is ambiguity it can be pursued by the other member of the current interaction. He cites the case of ‘Mr B’, (1992: 113) who downgrades A’s version “smack her one” to ‘hit’ and it is finally agreed upon as ‘shove’. Mr B is made accountable because his wife’s sister had telephoned for police assistance. This suggests that any violence he may have done to his wife was severe enough to warrant their calling.

*Child abuse*

The issues of aggression and violence in this research are that of child abuse, physical and sexual. Throughout the sessions, the topic of inappropriate behaviour is discussed in the context of both the children and the parents. The maltreatment of children with

special needs has been largely ignored (Sobsey, 1994) and an important issue for
discursive research is how potential maltreatment is accounted for.

Child abuse is a prevalent phenomenon and many children are physically or
sexually abused by parents or other significant adults each year (Coon, 1977). Child
abuse includes both harm and neglect, and can be physical, emotional, verbal or
sexual (www.troubleteen.com). In the 1970s there was a considerable effort to strike a
balance between the rights of parents and those of children and therefore laws were
created to make child maltreatment illegal (MacMurray and Carson, 1991). It is now
widely recognised that sex between an adult and a child is condemned in most
countries both criminally and morally (Masters, Johnson and Kolodny, 1995) with
paedophilia being classified under DSM IV as a mental illness (Comer, 1992).

The primary interests in psychology, however, are the causes of perpetration
and the effects on the child. Many traditional theories emphasise the learned nature of
violence, arguing that a number of men and women who are aggressive towards their
partners or children were themselves traumatised or abused as children (Hearn, 1998).
So child abuse can be viewed as a cycle (Coon, 1977), although men themselves often
excuse their behaviour through discourses of biology, blaming natural instincts
(Hearn, 1998). It is suggested that research should move away from viewing social
relationships as the interaction between the forces of nature and the influence of
nurture, because the nature/nurture debate is itself nothing more than an object of
study, a form of knowledge in our culture shaped by the study of human behaviour
(Stainton-Rogers, Stenner, Gleeson, and Stainton-Rogers, 1995).

These issues are extensively studied and there are controversies as to how
useful the research is. In chapters five and six I address issues of child abuse from an
alternative viewpoint. I look at how child abuse gets reported by the people involved
in the children’s lives, at least in the context of family therapy, and investigate the
ways in which accounts of abuse are constructed and countered. Rather than looking
for the causes of perpetration, or for the effects of it, I examine the perspectives of
those directly involved in an attempt to uncover how it is talked about. This raises
issues of what is deemed to be important by the people affected and the ways in which
it is dealt with by the therapist.

Child abuse and the disabled

It is not relevant here to decide between causal explanations or consider treatment
options. The focus is on the lived experience of those children who are considered
disabled in some manner and their families. "We can categorically state at the outset,
then, that disabled children are very much at risk of abuse in all forms" (Westcott and
Cross, 1996: 19). Existing definitions and theories fail to encompass what disabled
children experience, although disabled children are now being more fully
acknowledged. It was the 1989 Children's Act (http://www.hmso.gov.uk) that
provided a new challenge for professionals working with disabled children (Westcott,
1993). One large area of focus is on care in residential settings; it is notable that
disabled children are particularly vulnerable because they are more likely to attend
residential institutions and to be dependent on others for basic care (NSPCC, 2003).

Historically the aim of institutionalising mainstream children was to
rehabilitate them and protect society from their delinquent tendencies. The prevalence
of physical abuse was related to the underpinning belief that corporal punishment
could suppress such delinquency (Coldrey, 1991). More recent arguments claim that
the abuse of disabled children in institutional settings is high because of them being
viewed as transcending the usual norms prohibiting anti-social behaviour against them
(Sobsey, 1994). Therefore the proposed reason why abuse against these children has
been ignored is a direct result of the social prejudices and stereotypes from which they
already suffer (Westcott and Cross, 1996). The majority of research on abuse has focussed on non-disabled children, with scant literature addressing the difficulties faced by those with difficulties due to these fundamental issues of power and oppression (Westcott and Cross, 1996).

Addressing the issue of disability and child abuse is clearly important. The data collected for this thesis demonstrates that it is an issue raised by the parents in the therapy sessions. Chapters five and six show how the child’s pathology was directly oriented to by the parents and used in their accounts for actions that might (otherwise) be considered abusive. The issues for this thesis are how and why the pathology of the child is constructed as important in the context of child abuse, and to investigate how accountability is produced and managed in the context of these sensitive matters. This is interestingly contrasted with the normality of the family, the events and circumstances surrounded the reported abuse or risk of abuse.

**Child abuse, power and disability**

A common mistake in social sciences and the study of various interests is the reified belief that these social structures and beliefs are in existence prior to examination. Yet power and asymmetry are formulated and made evident through interaction and cannot be taken for granted before an investigation, as an explanatory resource for that investigation. Arguments have arisen that much child abuse research examining disability is relatively poor with a number of methodological shortcomings, for example, Westcott and Cross (1996) claim that usually in the investigations there is no involvement of the disabled themselves in the research. A common problem in psychology is to ignore the voices of those they claim to be examining. This thesis examines the voices of the families involved in the therapy where available although I note that the children rarely speak.
The chapters in this thesis are concerned with the children constructed as disabled by the adults in the interaction (either diagnosed, or going through the system for behavioural disorders) who are present in the family therapy sessions. It is therefore the members of the interaction that become interesting and it is their choices and speech that are noted here. A second projected theme is the lack of definitions of the two key phenomena, child abuse and disability. Researchers should not be imposing prior definitions upon their participants and upon the research. It is not my interest to address critical and contemporary arguments about definitions of abuse and disability, or particularly to examine power and asymmetry. My interest here is what the members of the interactions construct disability and abuse as. It is the member's definitions that require investigation, not imposed academic repertoires of disablement and violence. I examine this in terms of how parents narrate events and describe actions and persons in ways that provide for, or resist, the category 'abuse'. The ways in which the parents report the 'abuse' is investigated and in turn how this reporting is then managed and considered by the parties in the interaction.

The relevance of therapy
An increasing number of people are seeking therapeutic assistance for having been sexually abused in childhood, providing a platform for the therapist and the client to co-create the problems and co-construct the solutions (O'Hanlan, 1992). One would assume that this is also the case for physical abuse victims. Another area of interest in alignment with this is to examine the therapy during a time frame within which the abuse is argued to be taking place concurrently, with the child victim present in the room and therefore the interaction.

I note though that it is important to examine practice. Through the examination of natural therapy data it is notable that there is an absence of voice from the disabled
children. This is not a researcher influence. It is primarily the parents’ accounts that are presented here, because this is what the therapist receives; the children’s responses and interactions were limited and increasingly more so when the topic of abuse was raised.

Research issues

A number of research issues arose from the data and, following the transcription process, these were given specific attention. For the purpose of this thesis and in order to give each issue a high level of detail these are separated into different chapters. It is important to acknowledge however that these issues are, in the research, interrelated. In other words for the clients research is not an issue and they do not actively separate their talk into convenient topics for analysis. In dealing with one relevant issue they may orient to others concurrently. For example, when discussing issues of reported child abuse allegations they may orient to issues of accountability. Furthermore the four issues defined below are neither at the same analytic level nor specificity. Some are pervasive themes and others more topic specific.

- Of particular interest for me in this thesis is therapy talk. There is a focus on therapy as a kind of institutional discourse on examining relationships between the people involved in the therapy, including therapeutic boundaries and how these are dealt with by therapist and clients. There is generally an orientation to the therapeutic context both by the therapist and by the clients. Chapter four deals specifically with the institutional setting and how the talk respects its boundaries. In this chapter I investigate how the therapist deals with the parents’ complaints. The orientation of the therapist is to the unhelpful nature
of complaints and the relevance of troubles telling. Here I provide analysis as to how the institutional context shapes the progression of the talk and how the therapist deals with issues that he constructs as unhelpful to progress.

- *Talk about professional bodies* is a further area of interest in this thesis. One of the common themes to arise from the data was the involvement of professionals in the clients' lives. There appears to be a trend of multi agency interaction in the reporting of professional bodies by the parents, with reports of education, general practitioners and social services. There is a particular focus on social services and their role, but other professionals became relevant too. I give particular analytic attention to the reported intervention/imposition of social services, which was commonly reported by the families.

- The category *child abuse* or the avoidance of such a category for adult-child activities is also evident in the talk of many of the sessions. The negotiation as to what constitutes child abuse and whether concern is justified or relevant for the parents is considered in the thesis as it was a broad issue consistently returned to throughout the therapy. It seems to be reported in two main ways: reports involve putting the children at risk from potential child abuse, and reports of actual physical and sexual child abuse.

- Within these three main themes runs a fundamental issue of *accountability*, an overriding theme that works concurrently with all of the other issues in the thesis. Accountable positions are negotiated by various members at various times. This ties in with the issue of stake management (Potter, 1996). I this thesis I explore the positions taken by the parents and how they construct their
identity with the therapist as the talk recipient. They have at stake reported issues such as social services intervention and the potential removal of the children from the family home (see chapter six) or more minimally the identity of competent capable parent.

The interrelated nature of these issues is evident. For the clients talking in the therapeutic context these issues are negotiated and discussed at various junctures of the individual sessions and across the course of the therapy. The structure presented here is imposed by myself as the analyst for readability and analysability. For example the issue of accountability is recurrent for the participants as it is managed in and through talk about professional bodies and of child abuse. The levels and context of these issues is also varied. Accountability is a general area of study and has a wide literature examining how it is done and how it is managed whereas issues two and three are topical concerns raised by the clients in the therapy whereas issue four is a general feature of how they deal with those topical concerns. Due to these research issues being fundamental to the thesis, they have shaped the structure and framework of the writing.

Framework of the thesis

This thesis falls into three main subsections that work to outline the fundamental conceptual issues that arose from the data. During therapy the families undergo therapeutic treatment from a systemic family therapist and the therapeutic team. Many issues are talked about during this time and many different problems are encountered. As would be expected in a family therapy setting the families raise a number of
different problems and troubles to be discussed with the therapist, and many of these generally centre on the child.

Some issues, like the problem child, appear fundamental and some of these are consistent amongst families, albeit in different ways, and these determine the structure of this study.

**Methodological issues**

The first section of this thesis (chapter two) I give particular attention to the methodological issues encountered in undertaking this research. I outline my methodological position, a qualitative approach, and outline the basic concepts involved. I also give details of the analytic approach I take, the use of a discursive approach that draws on conversation and discourse analysis. I review some of the relevant methodological literature and demonstrate the usefulness of both method and analytical tools. In addition to this I give detail about some of the methodological problems encountered during the research process and some of the ethical difficulties posed. I provide details about problems that were specific to this piece of research; the data collection process and the analytical one.

**Complaining clients**

In the second section of the thesis I focus on complaints. A salient issue arising from the data is complaining. The clients consistently provide the therapist with details of problems constructed in complaint format. There are two chapters in this section dealing with the way in which clients complain during therapy about professional bodies and the way in which these are received and treated by the therapist. It seems to be quite common for parents to go to considerable lengths to complain to the therapist about various professional bodies, particularly social services. In the first
chapter (chapter 3) in this section I examine the structure of the complaint sequences and investigate the management of accountability within the complaint structure. I examine how a complaint is constructed, examining the conversational structures that make it evident as a complaint and what makes that distinct from a telling of troubles.

In the second chapter (chapter 4) in this section I examine how the therapist treats complaints in a way that orients to their non-therapeutically-relevant nature. He presents troubles telling as his proper concern and therefore it is of interest how he treats complaints within the confounds of therapeutic boundaries. There is an orientation to the institutional context within which he is operating. In other words, the therapist orients to the institutional nature of the talk and presents his talk in ways that orient to complaints not being a relevant feature of family therapy.

**Child abuse**

The third section of the thesis is considerably relevant and interesting in relation to its predecessor. In the second main section of the thesis, I analyze data to examine the ways in which clients complained about professional bodies. In this third section there are highlights as to why they present complaints. Social services have a category bound duty to protect children and if child abuse is suspected they are expected to take action. In this section of the thesis I concentrate on the reasons reported for social services involvement in these families lives. In the therapy the parents report instances whereby social services have constructed behaviour as abusive towards the children in the family and are reported as a presence in the lives of these families for this reason. Therefore because they are a presence in the families’ lives they are objects available to have complaints constructed about them.

In this third section of the thesis I investigate how accountability is managed with reference to the reported accusations of social services and look at how child
abuse is constructed. I look at discourses of violence and sexual abuse and the related categories.

In chapter 5 I look at instances of risk. The parents in this chapter discuss with the therapist instances in which they report social services accusations of them putting their children at risk from abuse. They provide details about how their child(ren) have been in contexts where they have been reported to be at risk from either physical harm or sexual maltreatment. In chapter 6 I follow this theme by examining parental reports of abuse. I investigate the talk of the parents around issues whereby they report the social services accusations of actual child abuse.

Reflexivity and discussions

In the final part of this thesis I reflect on the research and draw conclusions about the contents of the study and the methodological approaches taken to it. I bring together the main research concerns discussed and highlight methodological weaknesses and strengths. I also consider my role as a researcher and reflective practitioner and propose ideas for potential research extensions. In this section I show how the analysis has met the aims and objectives of the thesis and draw conclusions making suggestions for future research.

An overview of contents

As aforementioned therefore this thesis is divided into four main sections

- Methodology and related issues
- Complaints and the boundaries of therapy
- Risk from and reported child abuse: both physical and sexual
• Conclusions and discussions: including reflective practice
CHAPTER 2: Methodology

I this chapter provide an outline of the methodological issues I considered prior to and during the process of this research, demonstrating the research approach I take and some of the issues that surround it. I also outline my choice of analytical tools in accordance with epistemological and philosophical views. Several key areas need to be considered in this chapter in order to give a comprehensive background and historical overview of both the collection of data and the analysis of it:

- A background underpinning the methodological and analytical choices
- A background to institutional talk and its importance
- The contents of the study
- The ethical considerations taken
- Issues for transcription.

General methodological choices

In this research thesis I take a qualitative approach to investigating family therapy and disability and analyze the data in accordance with this broad approach and in this chapter I show the reasons for my choices and demonstrate the important and noteworthy aspects of adopting such methods.

Qualitative versus quantitative research

The quantitative/qualitative divide has been longstanding in social science and some have sought to combine the two (Bryman, 1988) because a dependence on purely quantitative methodology can neglect the social and cultural constructions of the very factors it aims to understand (Silverman, 2001a). Silverman notes further that in some areas quantitative methodology may be inappropriate, sometimes concealing social
processes but on other occasions quantification can be useful. Many believe that the differences between them are fundamental, though, and therefore favour one above the other. This is because of a difference in epistemology. Quantitative and qualitative methodologies are different in approaches in how they conceive of human action and interaction. Quantitative methodology assumes causality relating to factors and variables whereas the qualitative approach assumes normative accountability and examines social actions.

Traditional psychology generally employs quantitative techniques to research human behaviour. Quantitative methodology produces attempts to measure human behaviour and cognitive processes but this can be heavily restricted (Hayes, 1997). Quantitative researchers hold a positivistic view and attempt to replicate the success of the natural sciences, testing theories in a world of independently existing facts (Scale, 1999). The philosophy of qualitative methodologies challenge positivism (Hayes, 1997) and because of this there have been claims that it is unscientific. It is however unclear what exactly is meant by this criticism (Harré, 1997). There are arguments that qualitative methodology is a distinct form of enquiry and because of this requires different criteria from quantitative methodology to assess its quality and validity (Banister, Burman, Parker, Taylor, and Tindall, 1994) but nonetheless is a suitable approach to research. Because of this qualitative approaches to research are becoming more accepted in modern psychology and related disciplines.

Qualitative research contains a vast diversity of methods that differ from each other significantly and one such method is the language-based approach (Bryman, 2001). In this thesis I use qualitative techniques to investigate the issues arising for families who have children with disabilities. I believe that the complexity and richness of family life deserves to be captured and analysed in a meaningful way and a
language-based approach allows for contradictions in talk and differences in expression.

**Strengths of qualitative research**

Whilst qualitative methodology has been criticised for being unscientific in its approach to research and claims have been targeted against it for lacking validity and reliability (Weinberg, 2002) it is important to acknowledge that it provides a useful and insightful exploration of interesting and informative topics in the social sciences that quantitative approaches may miss. Quantitative methodologies miss the complexity of human interaction and have no way of dealing with the contradictions people express. By reducing people’s behaviour to numbers we are unable to explore the richness of their conversations and behaviours.

Qualitative methodology assumes an alternative mode of thinking and has an alternative underpinning epistemological base that allows insight into a different way of thinking about the world based on concepts of normative accountability. Researchers should not become complacent about the research process and should question their thinking regularly and qualitative reflexive practice allows such a process to take place. Qualitative research provides a ‘deeper’ understanding of the social processes (Silverman 2001).

**Background underpinning methodological choices**

The quantitative/qualitative divide is underpinned by key assumptions and epistemology and these inform the types of analysis available for research. In this thesis I take a social constructionist position and provide a discursive analysis.
Social constructionism

While quantitative methodologies are underpinned by the ideals of positivism, qualitative methodology has a different epistemological base. Qualitative researchers often (but not exclusively) take a social constructionist position and there are many different ideas about what constitutes social constructionism. There is no simple available definition of social constructionism as it encompasses numerous ideas and different researchers draw on a variety of its philosophies. Furthermore researchers taking this position should recognise that the research itself is a social construction and is therefore subject to individual beliefs and pressures (Bines, 1995).

Social constructionists oppose the fundamental position of quantitative research. Quantitative research takes an 'essentialist' stance believing that there are fixed, measurable 'essences' of people (Burr, 1995). Social constructionists focus on alternatives. They examine how our knowledge of the world and understanding is socially constructed in interaction and how descriptions categorize and explain the things they describe (Gergen, 1985). They claim that our understanding of the world does not come from an objective reality, but from other people, as language itself is a social action (Burr, 1995) what we know and see as real are created by culture and are used and defended within social practices (Edwards, 1997). In other words there is no objective reality but our concepts are socially produced through language (Spears, 1997).

Within this philosophy of methodology there is a sub argument about how we should see the world, realism versus relativism and this debate has become a central concern for critical social psychology (Spears, 1997). Edwards, Ashmore and Potter (1995) suggest that there are two key moves against relativism; death and furniture. Furniture is the reality that cannot be denied and death is the reality that should not be denied. They suggest that the fundamental counter claim to realism is that one cannot
step outside of the language being used to construct something and that language creates the objects and phenomenon. In this thesis I orient to a relativist position as relativism signals an absence of any political commitments on which to ground action (Spears, 1997), despite the claim that language is as much about politics as it is semantics (Oliver, 1989). I do not preconceive issues of power just because there are adults and children in the room and that some of those children are constructed as disabled. I only make it relevant when it becomes relevant to the participants.

Despite the vast literature on the debate (see, Edwards et al, 1995, Parker 1989, Spears, 1997) I do not want to get caught up here in arguments about philosophy as these abstract notions begin to distract from the fundamental important aspects of the research. To sum up, throughout this thesis I take a social constructionist position to examine how the family members construct disability. I look at how categories are used and I oppose quantitative ideals about the concepts. I argue against the notion that disability is a fixed concept and against notions concerning aetiology of aggressive acts and move towards looking at how these are socially constructed. I do not begin with any preconceived notions of politics or power and in order to maintain this I take a relativist position. I employ a qualitative methodology and use a discursive analytic approach. This is because of the link between social constructionism and the idea that knowledge is constructed it therefore becomes clear that there is a link between theoretical position and methodological choice (Gough and McFadden, 2001). In other words the theoretical position taken should inform the methodological choice.

*Conversation analysis (CA)*

Discursive psychology is constructionist in approach looking at the way discourse itself is constructed and it studies ways in which discourse 'constructs versions of the
world' (Edwards and Potter, 2001: 14). The discursive approach grew out of the philosophical ideas promoted by and oriented to by conversation analysis and employs many of the analytic procedures and is therefore considered here. Conversation analysis shares many of the fundamental ideas of the discursive approach and both lean heavily on the importance of language.

Heritage (2001) shows that Erving Goffman and Harold Garfinkel were two of the first social scientists to consider that there are structural and processual features of social interaction leading to the eventual creation of conversation analysis. Goffman considers the mundane activities of everyday life as an important inquiry for sociology. He established the idea that interaction itself is organised. Harvey Sacks pioneered CA in the 1960’s growing from the work of Garfinkel who founded ethnomethodology. Garfinkel (1967) argued that people are able to understand and share sense of their interactions and circumstances and that meaningful interactions are impossible without these shared understandings. These ideas from Goffman and Garfinkel were carried forward in the creation of CA by Sacks and continue in the work of Jefferson and Schegloff (Pomerantz and Fehr, 1997) and many others. CA focuses mainly on everyday talk and the way participants orient to conversational phenomena and examine how claims are made to appear neutral, stable and separate from the speaker (Potter, 1996). CA is the study of talk, a systemic analysis of human interaction, incorporating a range of forms of talk in interaction, all naturally occurring (Hutchby and Wooffitt, 1998). In this thesis I draw on the principles of CA in order to provide a discursive analysis of family therapy. In the analytic chapters I employ conversation analysis as a tool for investigating the social actions performed by the families. This method of analysis is used in conjunction with discursive psychology and draws on the principles of discourse analysis.
Sacks, Schegloff and Jefferson (1974) observe that CA focuses on the ways in which social realities are constituted through person’s talking-interaction. It is concerned with more than just talk. It is concerned with the organization of the meaningful conduct of people in society how they make sense of the world around them (Pomerantz and Fehr, 1997). In other words CA is concerned with the detailed analysis of how talk-in-interaction is conducted as an activity in its own right (Schegloff, 1992).

In this thesis I examine how the parents in therapy make sense of their situations and make sense of their children’s disabilities. I do not focus on the mundane aspects of conversation, those aspects of conversation that are ordinary and day-to-day. Rather I use this as a benchmark for understanding how institutional talk deviates from the mundane aspects of conversation and to obtain an understanding of the technical features of interaction. In the analytic chapters that follow I provide analysis concerning how parents organise their accounts concerning professional bodies in the context of complaints and grievances (chapters 3 and 4) and reported child abuse (chapters 5 and 6). I use a discursive approach to examine these issues as this approach employs the techniques of CA and DA and allows for a rich exploration of data.

The discursive perspective

CA and DA arose partially in response to the emerging conception of language as involving more than representation encompassing the notion that language can be used to enact social action (Pomerantz and Fehr, 1997). Discursive psychology applies the principles of discourse analysis to topics of interest for psychology (Edwards and Potter, 2001). Discursive psychology draws on the ethnomethodological work and conversation analytic approach of Harvey Sacks (1992) and the principles of DA.
Although it is notable that more recently it has been suggested that there are different forms of discourse analysis. The main boundary seems to be those who follow ethnomethodological lines and the conversation analytic tradition and those who follow post structuralism (Wetherell, 1998).

The focus for discursive psychology (DP) is to understand how discourse accomplishes and is part of social practice, not to uncover the linguistic structure of talk and text (Edwards and Potter, 1992). People using this perspective take discourse to be all forms of spoken interaction and written texts (Potter and Wetherell, 1987). DA asserts that utterances are designed to accomplish social action; descriptions are performed as parts of actions and then embedded in broader sequences of interaction (Edwards and Potter, 2001; Potter, 1996). This demonstrates that language is not a product of shared semantic representations, a dictionary of words, but is a consequence of shared procedures for generating meaning in context (Edwards, 1997). It is concerned with how discourse is constructed to perform social actions (Potter and Wetherell, 1995). There are also claims that rhetoric should be seen as a pervasive feature of the way people interact and arrive at understanding (Billig, 1987).

In the analytic chapters in this study I examine how the clients of therapy accomplish social actions in their talk. I use the discursive perspective to analyse the therapy data in order to give insight into how therapy relevant problems get talked about and how these are done. Rather than just saying that clients complain in therapy I show how they construct their complaints and demonstrate how complaining is a social action in context (see Chapter 4).

Discursive researchers however prefer to use natural data to investigate human interaction. Discourse is a social practice and should be studied as a real world phenomenon and not a theoretical/abstract one (Edwards and Potter, 1992). The reason for this is that natural data provides a forum for seeing how people actually construct
their social world together (Silverman, 2001). There are many types of natural settings
and I use naturalistic data to investigate constructions of disability. I align myself with
the position that natural data provides rich and interesting data and take the view of
Edwards and Potter that real world phenomenon is the way to achieve it.

**Strengths of the discursive approach**

Using a discursive approach in research is becoming a more accepted and widely used
discipline (see Potter 1996, 1997). It draws on the principles of conversation analysis
and those of discourse analysis. Conversation analysis itself is a point for sociology,
psychology and anthropology to meet (Schegloff, 2002) and DP helps bring all of this
together. It allows a rich complex exploration of data and in line with its epistemology
examines how people accomplish social actions through talk-in-interaction and
therefore provides insight into how talk is constructed. This is particularly useful for
this piece of research as it sets out to understand how clients construct their problems
in family therapy and how they manage issues of accountability within this
framework. It also aims to provide some understanding of institutional talk and the
discursive approach allows for using conversational techniques to obtain this
understanding. In alignment with this it allows an exploration of ‘disability talk’
within such a therapeutic framework. Rapley (forthcoming: 2004) shows that
discursive psychology can examine such matters as how mind and mentality are
brought about in interaction. Rapley argues that DP allows for the exploration of the
methods, by those members of the interaction, to produce an orderly world and that if
we are to describe someone as ‘disabled’ (in his argument intellectually disabled) then
we should examine what these people ‘do’ rather than rely on artificial experimental
encounters with statistical manipulation of selected ‘variables’ under the guise of
‘science’.

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Institutional talk

Conversation analysis examines the technical aspects of mundane conversations. Drew and Heritage (1992) claim that the analysis of mundane conversation is necessary for our understanding of institutional talk. They argue that in order for us to understand how activities are performed in institutional settings we must first understand how they work in everyday settings and therefore we can then appreciate the differences, the idea that the concepts and methods of CA can extend beyond mundane conversation to show those differences (Hester and Francis, 2001). The study of conversation remains therefore an important baseline for all analysis of talk and can serve as a benchmark for institutional talk as it allows special features to emerge (Heritage, 1984).

Many researchers show that there is a difference between the informal everyday mundane conversations people have and talk which occurs in formal institutions; institutional talk is governed by different orders of constraint than everyday talk (Pomerantz and Fehr, 1997). Over the last couple of decades CA has begun to examine institutional talk (Hester and Francis, 2001). Furthermore, "At the same time, investigators working along conversation analytic lines began to deal with talk with properties which were seemingly related to its production by participants oriented to a special 'institutional' context; and wishing to address those distinctive properties rather than ones held in common with other forms of talk (as Sacks had done in some of his earliest work based on group therapy sessions), these investigators faced the analytic problems posed by such an undertaking."

(Schegloff, 2002: 221)

The problem considered here by Schegloff is context (for a full discussion see Billig and Schegloff, 1999; Schegloff, 1997). It is important to remember that the
institutionality of talk is not necessarily determined by its physical setting. There is no clear definition to outline the scope of institutional dialogue and therefore the institutionality of the talk is determined by the participants’ orientation to relevant institutional roles and identities (Drew and Sorjonen, 1997; Schegloff, 1992). In other words, talk that takes place in a classroom is not necessarily classroom discourse. It becomes this if the institutional context and framework is oriented to and worked up in the interaction.

In this thesis I draw on natural institutional data to see how families interact with a professional person. When researching with non-natural data like interviews the researcher is actively involved in creating the data and only exists because of the researchers intervention (Silverman, 2001) and therefore discursive and conversation researchers tend to favour natural data (see Edwards, 1997; Potter, 1996; Sacks, 1984). I look at how the therapeutic framework shapes the talk of the people within it. For example in Chapter 4 there is a strong orientation to the boundaries of therapy. When clients complain to the therapist he generally provides minimal responses and orient to therapy having a progressive element. This is evident in his discursive attempts to move the conversations back to troubles telling and away from complaining.

It is important to study talk in institutional settings because in a modern society a vast amount of time is spent in them and in these routine social contexts talk is a central activity and these settings facilitate our understanding of the role of talk in social life (Hutchby and Wooffitt, 1998). The field of mental health and counselling has progressed significantly over the years and has acquired a large number of different perspectives and approaches (Davison and Neale, 1974). With therapy being a growing institution I would suggest it is therefore important to expand our understanding of how it works. In this thesis I examine one form of therapy, family
therapy and the therapy team claim to use a systemic approach. In the introductory chapter (Chapter 1) I show that the literature concerned with institutional discourse is growing and this thesis aims to add to the growing literature of formal talk to give insight into the types of conversation that occur between families and a professional body.

**Content of study**

In order for a complex and comprehensive analysis to be achieved in alignment with the aims and objectives of the research it is important to have relevant data.

**Setting and interests**

As I have an interest in the talk of families of children with a diagnosed disability I give consideration to the type of data collection that produces suitable and interesting issues for analysis. I also have a secondary interest in talk about and displays of conflict and aggression. I therefore consider several issues about the natural setting for interaction.

One central issue of interest is the type of participants needed. With a primary focus on family talk involving children who have some form of developmental/behavioural disability it is essential that a acquired a setting whereby they were readily available. With a secondary interest in orientations to aggression and violence an arena is required whereby there are episodes of conflict as well as narrated incidents of previous aggression. I have an arena in which natural interactions between children and their parents produce interesting, rich and complex analysis.
The number of places where this occurs is limited however and having a wider
interest in institutional discourse over ordinary conversations I my dual interests are
met in the field of family therapy. In family therapy more than one family member is
required to attend and in this case a specialist team were consulted due to their dealing
with families with diagnosed (and those in the process) children.

I demonstrated earlier that within specific institutional practices a child can be
diagnosed with a disability and when this diagnosis occurs a complex relationship
between the parents, children and professionals begins (Corbett, 1994). One of the
available options is family therapy, an institutional practice designed to facilitate the
interactions between the family members and enable the diagnosed individual to fulfil
their full potential. There are also claims in traditional literature that when there is a
child with a disability in a family it has an effect on that family’s ability to function
and has psychological effects on the whole family (Bicknell, 1983). Bicknell goes
further to claim that due to these effects it led to new ideas about treating the family as
a whole.

In this thesis I draw on therapy from a systemic perspective, a therapeutic
approach that takes this view and seeks to treat the whole family and therefore many
family members are required to attend as many of the sessions as they are able to.
This provides useful and insightful interactions for this thesis as it provides an arena
whereby a whole range of institutional talk is available.

Recording issues
Sacks in his original lectures (1992) claims that naturally occurring talk should be
recorded because notes or memory are not reliable and the precise technicalities of
conversation are important for understanding conversation. In this study videotape

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6 From part I, Fall 1964 – Spring 1965, Lecture one; Rules of conversational sequence
data was made available by the therapist, permitting both verbal and non-verbal interactions to be examined. Videotaping\(^7\) is a routine part of these therapeutic sessions, not a feature introduced solely for this research. There are arguments that video recordings can be a rich source of data for qualitative research, (Bottorff, 1994), whereas audio data misses much of the non-verbal behaviour which can be rich in meaning. Video taped data provides access to very important non-verbal interaction (Silverman, 2000). For example non-verbal communication can be particularly important as gestures not only form part of the interaction, but also are integrated meaningfully with verbal expressions and their indexicality (Goodwin, 2000; 2003). In my data there are often large numbers of people present in the interaction and aspects of non-verbal communication were evident. By using videotapes I can incorporate this important information into the analysis. If I had used audio recording, this would have been missed.

**Approach**

This study employs a discursive approach as typified in the work of Edwards, (1997) and Potter (1996), drawing on conversation analytic techniques as pioneered in the work of Sacks (1984), looking at how versions of the world are produced through discourse. In particular I examine how ‘disability’ works as a member's category, constructed in discourse where it is used as an account for inappropriate behaviour. People engaged in interaction are viewed in this approach as orienting to and collaborating in order to achieve meaningful communication (Hutchby and Wooffitt, 1992). In this thesis I look at how accounts are jointly constructed in the context of family therapy and the issues that arise out of this. In many institutional settings turn-
taking organizations are fundamental aspect of the interaction (Schegloff, 1992) and employing the technique of conversation analysis allows an exploration of how this is done and what is achieved.

**Participants**

The participants in the data corpus are two therapists, Joe Turner and Kim Jones. There are four families who consented to provide data for research purposes, the Clamp family, the Bremner family, the Niles family and the Webber family.

Members of the Clamp family include the father, named here as Daniel (Dan), the mother, Joanne, the uncle (father's brother) Joe, and three children (two of whom have disabilities), in chronological order are, Phillip, Jordan and Ronald.

Members of the Bremner family are, the mother, Julie, the grandmother Rose and the two children (one of whom has a disability), in chronological order, are Bob and Jeff.

Members of the Niles family are the Father, Alex, the mother, Sally, and their four children (one of whom has a disability), in chronological order are, Steve, Nicola, Lee, and Kevin.

Members of the Webber family include the father, Patrick, the mother, Mandy, and their four children (one of whom has a disability), in chronological order are, Adam, Daniel, Patrick and Stuart.

My data totals approximately twenty hours of therapy. An important point to note is that this team of family therapists specialize in families who have one or more disabled children whom present challenging behaviour, or inappropriate behaviour.
I examine family therapy sessions involving referred families. In many instances the whole family attends the sessions wherein they describe their roles and responsibilities, providing information about family life, constructing problems and circumstances.

**Ethics**

Family therapy is governed by regulations and rules that guide the therapists' conduct and protect the clients in their care. Therefore, despite the good intentions of the analyst and the readiness and willingness to engage in such client protection there are always anxieties and difficulties faced when attempting to convince professionals of the scientific and academic value of such research.

Qualitative research is rich and powerful in the social sciences, therefore practitioners work through the complications of fieldwork to find less harmful ways of making sense of people's lives (Delaine, 2000). A problem for social researchers however is that ethical considerations are not definitive descriptors of what to do (Berg, 1993). In other words the researcher is left to interpret the general guidelines and apply them to their studies. It is difficult for researchers to be clear about how safe their research is and to interpret some of the ambiguous terminology set out in the literature. Notably one of the key areas where ethical considerations are heightened is with minority groups who are deemed incapable of understanding the world in the same way as others might. For example mentally impaired or disabled children are argued to be unfit to provide informed consent for themselves and therefore someone

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8 Disabled children have contact with many professionals. In this context therapy is usually recommended by the community nurse and then the family are referred to the G.P. Therapy is voluntary (although strongly recommended) on the parents' part, (the children are guided by the parents and have little or no say in their attendance). The parents can choose to ignore the advice and refuse therapy.
more competent is required to provide consent on the child’s behalf. This should not limit the investigation into the social life of those who fall into this category though, and social researchers have also advanced their thinking when examining the lives of those with learning difficulties as in history they were treated as objects of the study whereas more contemporary research considers the voices of those with difficulties (Stalker, 1998).

**Informed consent**

Before one can approach clients in therapy, one must first obtain the consent of the family therapists. It is important to remember that while the therapist may be the professional and have insight into the BPS (British Psychological Society) guidelines on ethics, the therapist is also a participant in the research and must be treated with the same respect and consideration as the others.

I arranged a consultation with the family therapist and during attendance at the meeting I was able to meet several members of the learning disability team of therapists. During this meeting I presented the benefits of my research. I was able to acquire consent verbally in the beginning and written consent was provided later. I therefore have written consent to undertake the research. The team members knew and understood the general purpose and contents of the research and all members claimed to be comfortable with the process. I have a letter that outlines briefly the key points. The main family therapist acting on behalf of his team provided a signature of consent on this letter (see Appendix I).

I therefore have the co-operation of the professionals and the clients of therapy have also provided written consent. The clients of therapy are considered in two distinct groups, the adults and the children. The therapy team have in place a consent form (see appendix 1) to allow the recording of the sessions for training purposes. On
this form a second set of signatures are required to give consent for the release of these tapes for research purposes.

It was agreed that I should be allowed access to the tapes of those families where all adults have signed. Therefore it was the therapist who explained the guidelines to the clients on my behalf. Prior to release though, a final check with the clients was made by the therapist that this could include me. From this I was given access to the therapy sessions of four families.

**Confidentiality and anonymity**

I take the BPS (British Psychological Society) ethical guidelines seriously and endeavour to uphold all the relevant considerations especially those of anonymity and confidentiality. One should note though that there are differences between confidentiality and anonymity.

Confidentiality is the actual attempt to remove all the features from the research that may identify the participants in some way, and anonymity is the removal of the real names (false names are then applied in place) (Berg, 1993). During the duration of this research all identifying features such as place names or nicknames are changed and pseudonyms are applied throughout. This works to protect the identity of the participants in the research and aligns with the confidentiality ethics of the family therapist.

**Ethical obstacles**

Ethical dilemmas are unavoidable in fieldwork and a dilemma arises when the researcher experiences conflict, one that cannot be addressed by the establishment of an ethical code (Delaine, 2000). While the BPS endeavours to outline the very
important aspects of researcher ethical guidelines, there are occasions where the researcher has to use their initiative and common sense to ensure the confidentiality and protection of their participant group. One such instance occurs in this research and this is one that is completely beyond my control and therefore I deal with it professionally.

Ambiguity over the recording

During the transcription process one family member requested that the therapist turn off the recording and leave the room in order that he could discuss something of a private nature with his wife. It soon became apparent to me that the therapist had unintentionally failed to comply with this request and unfortunately the tape continues to run. As I realized that the tape was still running despite the request I consulted the therapist in order to agree what should be done. We agreed that the offending part of the tape should be wiped and that transcribing could continue when the therapist re-entered the room and recording consent was re-established. Please see the extract for the request.

Extract 1

01. Dad:  [Can you jus- can you just hold it there a minute
02. Mum: >Go on then<
03. Dad:  Is that on?
04. Mum:  heh heh heh
05. FT:   It is =yes
06. Dad:  Can you >just ask them< to turn it off for one second
07. FT:   Er (.) yes, they should be listening so they should
08.     just=
09. Mum:  [heh how do I know
10.     if it's on or not
11. FT:   = press the power switch
12. Mum:  Well >you know what I mean< though
As the family therapist had left the room it became obvious that their request was not going to be complied with. In accordance with their request therefore I muted the tape in order that I could no longer hear what was being said. Following some discussion with the therapist I came to the decision and the offending material was overwritten.

There is a little confusion though as to the re-establishment of the recording. Finding the exact place in which I can re-establish both listening and transcription is relatively subjective. Mr Webber in Extract 1 makes it clear to the therapist that he wants the recording to stop in order for him to talk about something without it being part of training or research by asking ‘Can you >just ask them< to turn it off for one second’ (line 06). Although the ‘one-second’ orients to the temporary short nature of ceasing recording it is clear that the tape should be stopped. In this instance it is clear when I should stop listening as the therapist’s departure from the room clarifies this point. The return of the therapist to the room though, does not clearly specify that recording to continue, see Extract 2.

Extract 2

01. FT: Do you want the camera on or off?
02. Dad: Well, are you happy?
03. Mum: .huh Yeah I’m fine (.2) I just wanted a fag heh heh
04. FT: We’ll finish (.). I’ll go an- let the (.). alright so I’ll
05. knock on the wall
07. Dad: No >no [no no
08. FT: [iyeah (.). do you want it off
09. Dad: no< because (.). I think this part is very important (.).
10. that you need to er [to know be¡cause
In this instance the question by the therapist 'Do you want the camera on or off?' (line 01) could technically be argued to not be the point, only their agreement should be transcribed which would be line 03, but this would then leave the extract making no sense and the reader confused. During a consultation with the therapist we agreed that research should be reinstated at the point of his question for continuity and for making sense of their agreement. Furthermore the answer from the parents takes a small amount of clarification. Mr Webber addresses Mrs Webber in the form of a question as a way of checking that their agreement to the recording is a joint one, 'Well, are you happy?' (line 02). Both parents do however provide agreement. Mrs Webber claims to be happy in her agreement 'Yeah' (line 03) and Mr Webber expresses that he does not want the camera to remain off by repeating the word 'no' (line 07) in response to the therapist’s question.

An instance such as this demonstrates the difficulties that ethical considerations can pose for researchers and show, that while most uphold ethics and morals in their research there are always going to be occasions whereby the published guidelines offer no assistance in the decision making when minor mistakes occur. In an instance such as this therefore it is essential that the providers of the data are considered and consulted.

Using disabled children in research: the dilemma

There is considerable dispute in the academic field in relation to informed consent with two particular groups, mentally impaired people and children. In the case of this data both difficulties are encountered, mentally impaired children. It is, of course, a nice ideological idea that researchers can liberate these groups by providing them with a voice in the literature and I certainly make every effort to include their voices in my thesis. The controversy occurs in whether you should pursue consent from the child
too (See Burman, 1994). Traditionally children’s consent is not necessarily required in order to pursue the research (http://www.bps.org.uk/documents/nosDoc02.pdf) and the BPS guidelines only actually make specific reference to children in the section on obtaining consent allowing parents/guardians to provide consent on their behalf (Lindsay 2000). In my case this posed a dilemma.

One of the aims of the research is to present natural interactions (in the sense of researcher free) of disabled children and their families in order to show how they talk and are involved in interaction dominated by adults. Furthermore I am in agreement with the philosophy that individuals with difficulties have valid opinions and rights and disabled people should assume some control over the research process (Stalker, 1998; although Stalker’s research was with reference to disabled adults). Obtaining their consent however is considerably complicated and raises the issue of the understanding of ‘informed’. Some of the children in the families are considerably young. The key problem is presented by the family therapist. There are occasions where the children told to their parents that they want to leave.

**Distinguishing therapy ethics from research ones**

An issue for my research is to appreciate the difference between those ethical considerations that the family therapist is responsible for and those that I have to consider as a researcher. As a researcher I am bound to follow a standard set of guidelines as stipulated by the BPS, but as a therapist the family therapists in this data (Joe and Kim) are bound by a different set of ethics; therapy ethics. The dilemma here in this thesis is how to blend these two sets of ethical considerations.

Extract 3

01. *FT:* How does it make you feel?
The child (in this case adolescent) expresses a lack of motivation to participate in the therapy. The research agenda is not oriented to in any way but is for me a consideration. In this instance there is a conflict between the wishes of the parents and the wishes of the child. As a researcher if these recordings were being made only for the purpose of research this would be the end of the tape. The research however is only a secondary concern for the parents and the therapist (even possibly not thought about at all by them) and therefore the continuation of therapy is not an authority of mine.

The therapist tries to engage the child in the therapeutic interaction by asking 'How does that make you feel?' (line 01). Following the mother’s intervention and a significant pause Steve, in a lowered tone, responds ‘can’t be bothered’ (line 04). This signals to the parents and the therapist that the child has no motivation to be present in that setting. Mr Niles actively voices his son’s account (Wooffitt, 1992) ‘he’ll say “oh it’s fuckin’ boring do we have to come here”’ (lines 06-07) that prompts agreement from Steve.

Mr and Mrs Niles jointly collaborate in their response to their son in a way that orients to his lack of control and assert their authority over him. They make it clear that he will continue to attend the therapy with or without his consent. Mr Niles says ‘we come here for a reason to get you sorted’ (lines 09-10) and Mrs Niles
follows this with 'So start speakin'" (line 11). In research Steve would have the right to withdraw from the study, but because the research is secondary and the therapy is primary I would undermine the parents' authority to try and remove him. Secondly I receive the tapes after the session is finished, so I cannot relieve the child from the therapy. Thirdly the child himself does not request to abstain from the research, only the therapy.

In conclusion therefore it is the therapist who has responsibility for negotiating withdrawal from the therapy and not myself. What makes this 'moral' dilemma difficult for me is the consistency that is expressed. Steve continues his dissatisfaction with being told he has to stay in the therapeutic setting. Consider Extract 4.

Extract 4

01. Steve: This is boring
02. Dad: ↑Yeah but it might be boring but we're ↑here
03. Mum: [We got out the car
04. outsi-< "oh this is boring let's go back 'ome"
05. we'd only (.). got out the car (.). I said ↑well we're
06. ↑'ere to get you ↑sorted"

This second example taken from the same family reiterates Mr and Mrs Niles' concern for their child and reinforces the reasons why they are forcing him to attend the sessions. This manages their own culpability, a way of orienting to his interests and theirs. Again though it raises an ethical issue for my research. This extract demonstrates a conflict of interests between the parents and the child. It shows that Mr and Mrs Niles have the authority and power over their children and that it is their decision as to whether they continue with the therapy. The issue for me is reiterated in this example. To what extent should any child's wishes be accepted by the researcher? Technically, it is not my decision as to whether Steve stays in the therapy, it is my
decision as to whether to use the tapes once provided. Again therefore this example stipulates the differences between my responsibilities and those of Mr and Mrs Niles and of the therapist. Despite the extensive utterances from Steve to withdraw from the therapy there is no direct expression to withdraw from the research and as Mr and Mrs Niles have authority over Steve this I concede.

Transcription

Conversation analytic conventions provide a detailed way of transcribing video material (Perakyla, 1997) and all my data is transcribed in accordance with Jefferson’s transcription system for conversation analysis (see appendix 2). Jefferson developed an evolving system incorporating symbols to represent non-vocal activities like gestures, and punctuation is not used in a conventional sense to display grammar but captures the characteristics of speech delivery (See Atkinson and Heritage, 1999).

Because my data is in video format this allows for the noting of non-verbal communication but it is recognised that this makes transcription and analysis more complex and difficult (Silverman, 2000).

The data collection process was an ongoing and lengthy process. After I collected each tape from the therapist I had permission to copy the tape upon guarantee that every conceivable care is taken to protect it. I then returned the original to the institution. From the copy I made exact transcripts. This in itself is a complicated and tri-part process. Firstly I took down the words verbatim. Secondly I listened to the tapes again and took down all basic interaction parts. Thirdly I added the main symbols, those that were missed in the second screening. Only sections I was analysing received further attention in the context of transcription.
It is only upon completion of the transcripts and attention to the tapes that analysis can begin. Interesting themes emerge from the data naturally and the contents of this thesis have metamorphasized and changed considerably thanks to the data and its complexity.

Transcription is an important aspect for discourse analysis and conversation analysis. Over the history of the discipline there has been a growing attention to detail (Heritage and Atkinson, 1984) and the Jefferson system is evolving in response to current research interests (Atkinson and Heritage, 1999). The Jefferson system is specifically designed for CA and reflects the analytic stance of the approach (Psathas and Anderson, 1990). Discursive psychology acknowledges the importance of a transcription system that captures the features that participants treat as interactionally relevant and Gail Jefferson’s standardised format is adopted by many conversation and discourse researchers (Atkinson and Heritage, 1999). This system is a well-developed set of symbols that are highly complex and this level of detail is intrinsic to a good transcript and removal of such detail will have a detrimental effect on the analysis (Potter, 1996). Therefore transcription is a representation of speech and gives the impression of vocal delivery (Edwards and Potter, 1992) so that the reader can read the transcript in a way that is strikingly similar to the audio version.

It is important to discursive researchers that the transcript represents the data as accurately as possible. This is mainly due to the concerns of conversation analysis (CA). As Hutchby and Wooffitt, (1998: 75) note: "Because CA is concerned with how people manage and accomplish the sequential order of talk-in-interaction, transcription is, first of all, an attempt to capture talk as it accurately occurs, in all its apparent messiness." While conversation analysts are concerned with the technical features of conversation, discursive researchers draw on the principles of CA and rely also on an accurate transcript to assist in the analysis.

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Transcription however is not a straightforward process. It becomes particularly difficult when transcribing interactions with many members. In this thesis the data comes from four families and each family contains numerous members. In qualitative research the transcription process precedes the analysis and the transcripts are used alongside the tapes for analysis to take place. The transcription processes poses particular and specific difficulties for this research and are encountered prior to any analysis-taking place. The transcription difficulties and the methods I use to overcome them precede any analysis I conduct. In the main analytic chapters though as they emerge these difficulties are not relevant to the analytic procedure and I do not allude to them. In the extracts I cite in the thesis I remove background noise where it has no impact on the analysis or the interaction, and deal with the other issues appropriately. The transcript is nonetheless an issue for consideration and the ways in which I deal with these issues is given attention in a short chapter in the Appendix 3. In this I outline the process of transcription and the problems I encounter as a reference point for the methodology, but I do not consider it in the analysis as it deviates from the central issues of the thesis.

Summary
This chapter has outlined the basic methodological dilemmas and epistemological debates relating to the first phase of the research process. Differences and argumentative aspects of the quantitative versus qualitative debate show why and how qualitative methodology is chosen and applied to this study. Within this qualitative approach I consider the fundamental philosophical ideas are considered and showed how this approach informs the analytical position I take.
In addition to the basic methodological difficulties I face in undertaking my research I also showed the main issues related to the approaches I take, ethical considerations and transcription difficulties. Regardless of methodological approach, one's ethical position is paramount to research. While the British Psychological Society lay down a clear set of guidelines for those undertaking a study in the discipline there are areas that become 'fuzzy' around the boundaries of those guidelines. In this chapter I addressed those difficulties that transcend the BPS guide and are specific to this particular undertaking.

Conversation or discursive analysts give considerable attention to is the transcription process. This process relates specifically to my analytic process and I give it a great level of attention in this thesis. I focused on the basic transcription dilemmas in this chapter. Further detail is referred in the Appendix chapter 3.

After considerable attention to the data collection process and analytic method the following four chapters of the thesis focus on the main issues and themes that arose from the therapy data.
Part 2: the complaining client and the troubled therapist
CHAPTER 3: Complaints

In this chapter I examine complaints about the services provided by professional bodies (predominantly social services). I show how parents construct narratives in ways to project agency, and how they report incidences as complaint worthy transgressions or grievances. Families of a disabled child generally have a lot of contact with professional bodies but it has been argued that the welfare state has created dependency approaches to service provision, an interventionist nature of professional practice and a patronising language to describe disability (Oliver and Barnes, 1993). The suggestion is that by creating policy and enabling access to professional bodies a dependent culture has been created providing a discursive framework for incompetence and therefore constructed further problems for those with disabilities. Oliver and Barnes, (1993) argue, “discrimination against disabled people is institutionalised throughout society and that welfare provision has compounded rather than alleviated that discrimination.” (: 275). It is evident that involving professionals in family life is more controversial than people are led to believe.

The general consensus in policy and more generally, is that engaging professional assistance is positive and that help will ensue. For example, in my therapy data there are orientations to the problematic aspects of external agencies and the input of professional bodies. Further to this there is an omission of complaint about the therapist; he is simply the recipient of complaints about other professionals such as social services, schools and doctors.

Parents consistently talk about social services in a way that constructs them as a negative aspect of their lives. The therapist’s responses are made in a neutral manner. This chapter is part of a broader interest in the thesis in technical functions of
talk in a therapeutic context, how talk is constructed and put together sequentially, more specifically the sequential order and features of a complaint. I investigate how families construct grievances about the professional bodies involved in family life. I examine various complaint strategies which parents use to display to an ostensibly neutral third party recipient problems with their disabled child(ren) in relation to professionals involved. I consider how complaints work, investigating general features of complaints contextualized here within the therapeutic framework.

In this chapter I show the devices parents use to construct their grievance through exploring:

- How the complaint is occasioned
- How the complaint is formulated and received
- How the complaint is completed

Chapter 4 goes on to address how the therapist on occasion does offer practical assistance while orienting to the business of therapy and I will show how this work is done.

In my analysis I investigate ways in which families of a disabled child make complaints against professional bodies. The main focus of complaint presented by the families is social services. Families claim that social services should or should not have behaved in the manner reported.

I show that the family therapist’s talk often prompts the complaints because it frames the families’ problems. This framing is used by clients and expanded on into complaint form.
How the complaint is occasioned

In this chapter I focus primarily on three major extracts and draw on smaller supporting extracts to illustrate specific points. Each complaint sequence has three sections, an initiation, a capsule and an expansion (numbered (i), (ii) and (iii) respectively). I lay out the three extracts at the outset and then illustrate and analyze sub-sections. Having completed this analysis I move to demonstrate how these complaints are closed down. The three following extracts provide insight into the ways in which complaints are initially formulated, encapsulated and expanded on and what actually constitutes a complaint. It is important to understand what initiates a complaint sequence and later how one gets closed down or completed.

Extract 1: (i) initiation

i. Mum: Yeah well I 'phoned Dawn
ii. FT: Yes (.) She let me know I hear [there's been problems

Extract 1: (ii) The capsule

01. Dad: ...reached him to the school and *they turned
02. round and said there'll (1.0) be erm (.) the
03. >bruises on Phillip< and the reason *why they
04. were there because I smacked his bum for
05. (1.0) being *naughty
06. FT: Yeah
07. Dad: Then *the social services come out< and (.) God
08. knows what (.) the police were out and (.)
09. everything (.) but, the trouble is (.) what *annoys
10. us is *because they brought the police out <and
11. they brought the social services out> at the
12. *same time when the kids were home
13. FT: Hu::m
14. Dad: and I said that was not *fair on the *children
15. FT: Hu::m

9 Dawn is another family therapist in the team.
Extract 1: (iii) Expansion

16. Dad: (. _erm_ (. last night we had a big argument (.)
17. between the social I don't know if you know
18. about that
19. FT: >No no< I've not
20. Dad: We had a big argument I kicked the social
21. worker out the 'ouse (. er (. and I kicked
22. what's-ex-name (.) the (.) police out the house
23. as well (.) I phoned up afterwards and
24. apologized to the police 'cause it wasn't really
25. her fault .hh it was the social worker's fault
26. she was nagging on she was telling the kids
27. things what we didn't want the kids to hear
28. (1.0)
29. and whatever

Although on this occasion Mrs Clamp begins the topic the therapist occasions the complaint sequence. Mrs Clamp offers requisite information to the problems the family have been experiencing in ways that attend to their requirement for another family therapy session.

The therapist's response attends to the relevance of therapy with an orientation to trouble. He says 'I hear [there's been problems]' (line ii). The vagueness provides space for his clients to construct the troubles they have been experiencing that prompted the visit to the therapy. He opens the floor to them to talk about current difficulties, however despite his orientation to troubles what he receives are complaints. The capsule that follows begins forty-one lines later and all preceding talk to the extract is part of the long complaint sequence.

The occasioning of Extract 2 is more abstract in the sense that Extract 2 is part of the complaint that was occasioned in Extract 1. The therapist has already heard a
lengthy complaint from the parents about social services and at the beginning of
Extract 2 tries to return to troubles telling.

Extract 2: (i) initiation

i. FT: What (.) I mean Joanne can I ask you (.) I
ii. mean it (.) it certainly sounds like social
iii. services have got (.) m- major concerns about
iv. Joe having access =

Extract 210: (ii) The capsule

01. Dad: >I don't want to know her< because ((clears
02. throat)) it's not that (.) the point is >that I mean
03. we've< been asking for a social worker I mean
04. for ye::ars now
05. FT: *Yeah

Extract 2: (iii) Expansion

06. Dad: but (0.8) w::e are better off without without
07. her
08. FT: Right
09. Dad: >You know what I me<- (.) if they want to
10. supply us with another one then we'll have
11. another one
12. (1.0)
13. Dad: but er no way (.) from the (very beginning
14. (1.0)
15. Dad: >you know I mean< I know people who have
16. seen her and that lot >you know what I mean<
17. she's two faced she's er
18. (2.0)
19. Dad: you know I speak the truth >you know
20. what I mean< I speak me mind
21. FT: Hum
22. Dad: and I've told her that and whatever I speak me
23. mind (.) and she says (.) well I speak my mind
24. but (2.0) she was telling us that it was Tommy

10 Tommy Holden is the social worker's superior

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Holden (1.4) who was causing all the problems, well if it was it's clearly someone at social services has concerns about Joe's presence She is

The occasioning of this complaint is within the extract itself. The therapist is hearable as bringing the conversation back to the business of therapy but instead of succeeding in defining the talk as troubles he simply elicits a repeat of the complaint. The therapist formulates the parents' complaint about professions as 'concerns' by saying 'sounds like social services have got (.) m- major concerns about' (lines ii-iii). He positions the concern back with social services in ways that attend to both his neutrality and the delicacy of the situation. By positioning 'concern' as the issue he brings the topic back to troubles and problems in ways that orient to the nature of therapy.

The positioning of the 'concern' with social services however prompts more complaining. Potentially this could be viewed as problematic despite the parents' views the concern of social services still remain and due to their authoritative position they are still able to dictate behavioural consequences upon the parents.

The initiation of the complaint in Extract 3 is also prompted by the family therapist. They begin telling him about a troubling incident and in turn he asks them a question in a way that orients to the need for more detail.

**Extract 3: (i) initiation**

i. Mum: It's like that (.) you know he he (did this show) ii. down the road wasn't there in the summer iii. Dad: But but that's what I say to you 'cause that's iv. what Daniel does now done he? v. Mum: Yeah vi. Dad: >You know what I mean
vii. FT. W- what happened with that incident?

Extract 3\(^{11}\) (ii) The capsule

01. Dad: we’re trying to get him sorted out
02. FT: Sure yeah
03. Dad: and er::m (. ) I mean it’s like (0.2) it’s like we
04. say you see we’ll have to do the fencing ourselves
05. FT: *Yeah
06. Dad: Well I
07. Mum: You know
08. Dad: I I asked social services you know for his own
09. protection (1.0) would they put it would they =
10. Mum: [some kind of
11. fencing t-up
12. Dad: = be willing to put the fencing up

Extract 3: (iii) Expansion

13. because now we got ‘em living right next
14. door to us
15. Mum: [Right next-door to them
16. FT: Hu::m
17. Dad: They’re next-door neighbours now
18. Mum: [now
19. FT: Oh right *right*
20. Dad: >You know what I mean< so instead of =
21. Mum: [and we’re forced
22. Dad: = going over the fence that side
23. ((indicates to his left)) they’re next door
24. neighbours (0.4) that side ((indicates to his
25. right)) because they’ve moved into the ‘ouse
26. next door to us
27. FT: Hu::m
28. Mum: So we’ve got. Caroline (. ) the daughters
29. Dad: So I’ve asked social services >you know< for
30. Daniel’s protection (. ) would they (. ) panel
31. that off, so that basically

\(^{11}\) The neighbour who is referred to in talk is Kathy, the grandmother to the children being talked about. Caroline is their mother. Joan is the social worker assigned to Daniel’s case. Pseudo names have been applied to all families and places to protect identity and conform to the BPS ethical guidelines.
>'Cause you know<
You know they can’t see in
Yeah
and he can’t see them
(and he can’t see out
‘Cause she’s one of these (.) >people< (.) they
let the kids go around <starkers>
Right
>You know what I mean< (.) ‘cause they come
over to us to sw-and they get in the paddling pool< with no clothes on and *I’m *not *havin’
that not with them being girls either
SO (.) we er::m (1.0) I mean that’s in the process (.) whether Joan manages to get[ us =
[Yes
= the funds to do it but I mean I’ve tried
because of Daniel’s protection (.) and I’m saying
we’ve tried to do what we can

The therapist also initiates the complaint in Extract 3. The complaint is prompted by a specific question related to a narrated event, ‘w- what happened with that incident?’ (line vii). The therapist requests from his clients the narrative detail about the events concerning them. Prior to his question Mr and Mrs Webber are quite vague about the details of an event that took place using nondescript notions like ‘that’s what Daniel does now done he’ (lines iii-iv). This does not provide the therapist with any information about the event to which they refer to or to encompass the nature of the troubles that they are expressing. The therapist does not specifically ask them to complain about social services but in their formulation the family, for the problems that they are experiencing, makes the professional bodies accountable.
How the complaint is formulated and received

Following the initiation complaints generally begin with a capsule, a summary of the problem and a gloss on the complaint matter. In his paper on complaints Edwards (forthcoming) observes that one of the ways in which complaints are constructed is with a prior announcement when the speaker formulates how they were affected. In this data the capsule of information summarises the general event, circumstances and orients to the complaint worthy nature of the story. It finishes with a statement at which the topic could be changed and moved on by either party. What happens in these cases, though, is an expansion on the summary just provided.

This expansion on the capsule works by providing much more detail of the events than the original summary and contains the accountability of actions by the parties involved. In this expansion parents formulate detail surrounding the events and work up the complaint.

The capsule gloss is worked up three ways (not exclusively in this order):

- Something is constructed as negative
- Moral fault is formulated
- Agency is assigned and well being has been infringed

The expansion then contains more detail about the complaint. Parents reiterate the events in ways that show the listener the problem in more depth. They are therefore doing two things:

- Providing details of the events
- Managing their own culpability and accountability
It should be noted that all of this is countered by the minimal responses from the therapist. Therapists are interested in doing the business of therapy and are therefore expected to remain neutral:

- Minimal responses

In summary therefore complaints are constructed by demonstrating something as negative, by formulating moral fault and by assigning agency. They give high levels of detail about the complaint and manage their accountability. In response to the complaint the therapist usually provides a minimal response. Throughout the remainder of this chapter I attend to each of these elements of complaints.

**Something is constructed as negative**

One fundamental component of a complaint in this data is that participants do work to construct an event or situation as negative.

**Extract 1**: (ii) The capsule

<p>| | |</p>
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| 01. | Dad:  | ... reached him to the school and *they turned*
| 02. |   | round and said there'll (1.0) be *erm (.) the*
| 03. |   | >bruises on Phillip< and the reason *why they*
| 04. |   | were there because I smacked his bum for*
| 05. |   | (1.0) being *naughty*
| 06. | FT:  | Yeah*
| 07. | Dad:  | Then >the social services come out< and (.) God*
| 08. |   | knows what (.) the police were out and (.)*
| 09. |   | everything (.) but, the trouble is (.) what *annoys*
| 10. |   | us is *because they brought the police out <and*
| 11. |   | they brought the social services out> at the*
| 12. |   | same time when the kids were home*

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12 The uncle is also talked about, also named Joe.
Following the initiation Mr Clamp encapsulates the complaint briefly to the therapist. Encapsulating complaints are a common way to begin constructing the grievance. Sacks (1992)\(^{13}\) shows that this is how stories are announced. Stories are prefaced with a brief capsule of information. He argues that typically stories are organized using adjacency pairs and characteristically begin with a “story preface” (530). The preface contains a variety of information and functions to do a range of business. Sacks claims the preface serves as an announcement for the story to follow. It is evident that the encapsulation of information is not limited to or exclusive in complaining. In his writing on storytelling Sacks shows that usually after such an announcement the floor is opened for the recipient of the talk to accept or reject the story detail. In the complaints I analyze here this does not generally happen. This may point to a special feature of complaints or may say something about institutional settings. Mr Clamp positions the event as a negative one and constructs it as a three-part list (Jefferson, 1990).

1. ‘>then the social services come out<’ (line 7).
2. ‘the police were out’ (line 8).
3. ‘and everything’ (lines 8-9).

The extreme circumstances with the extender of, ‘and everything’ (Overstreet, 1999) exemplifies the commotion and number of people in authoritative positions in the family home. Mr Clamp shows social services and the police visited his home at the

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\(^{13}\) From part 8, 1972, Lecture one; Adjacency pairs: scope of operation.
same time. His negative assessment of this occasion is strengthened with the mid list
exclamation of 'God knows what' (lines 07-08), which is now exasperated and draws
attention to the unexpected nature of it.

Extract 2\textsuperscript{14}: (ii) The capsule

01. Dad: >I don't want to know her< because ((clears
02. throat)) it's not that (.) the point is >that I mean
03. we've< been asking for a social worker I mean
04. for ye::ars now
05. FT: ?Yeah

The notion here is that the family have been failed by the social services. Mr Clamp
expresses his request for help explicitly whilst implying that the professionals have
failed to conform to his needs. He claims 'we've been asking for a social worker I
mean for ye::ars now' (lines 02-03). The suggestion here is that the family required
assistance from the social services but because of the excessive time frame to acquire
it the family suffered problems and therefore the service failed to provide them with
the reported necessary help.

Extract 3\textsuperscript{15}: (ii) The capsule

01. Dad: we’re trying to get him sorted o::ut
02. FT: Sure ye::ah
03. Dad: and er::m (.) I mean it’s like (0.2) it’s like we
04. say you see we’ll have to do the fencing ourself
05. FT: ?Yeah
06. Dad: Well I
07. Mum: You know
08. Dad: I I asked social & services you know for his own
09. protection (1.0) would they pu[it would they =
10. Mum: [some kind of

\textsuperscript{14} Tommy Holden is the social worker’s superior.
\textsuperscript{15} Caroline is their mother. Joan is the social worker assigned to Daniel’s case. Pseudo names have
been applied to all families and places to protect identity and conform to the BPS ethical guidelines.
11. fencing *up
12. Dad: = be willing to put the fencing up

Mr Webber encapsulates the complaint prior to providing further details of it. He provides a general gloss over the story to come. He also constructs the problem as being a lack of garden fencing. The negativity is twofold. The conceding that as a family they may have to erect a fence ‘we’ll have to do the fencing ourself’ (line 04), and the request ‘I asked social & services’ (line 08). He shows the strong need for a fence and as one is not present at the time of speaking this is the negative component of the complaint. The need for the fence is carefully worked up to display to the therapist the reasons why a fence is required in a way that orients to this negativity in the fact that no such fence has been erected.

*Moral fault is formulated*

Negative things happen regularly in life and many are beyond control. Something can be considered complaint worthy if it has a moral component (cf: Drew, 1998) that is an element that suggests something ought to be done and that someone can be held accountable if it isn’t done.

*From Extract 1: (ii) The capsule*

14. Dad: and I said that was not fair on the *children*
15. FT: Hu:m

Mr Clamp explicates the moral fault in this complaint eloquently. This is done in his orientation to fairness. He ‘actively voices’ (Wooffitt, 1992) this morality in ways that demonstrate to the therapist that the children are his concern. He claims ‘and I said that was not fair on the *children’ (line 14). This shows that fairness to the children is an important factor and one that he oriented to at the time of the negative event.
From Extract 2: (ii) The capsule

03. we've been asking for a social worker I mean
04. for ye::ars now
05. FT: *Yeah

The moral fault in Extract 2 is constructed by Mr Clamp in two ways. He shows the therapist that they have acknowledged the need for a social worker by requesting one in the past 'we've been asking for a social worker' (line 03). This explicates the need for a social worker’s presence in the family’s life and serves to demonstrate the acknowledgement of the need. Mr Clamp constructs his complaint in a manner that clarifies the obligation for social services to provide one. He works up moral fault further in the second part of his sentence 'I mean for ye::ars now' (lines 03-04). The term 'ye::ars' encompasses a lengthy period of time and that goes against what he constructs as the moral obligation of social services to provide a social worker.

From Extract 3: (ii) The capsule

08. Dad: I I asked social +services you know for his own
09. protection (1.0) would they pu[t would they =
10. Mum: [some kind of
11. fencing +up
12. Dad: = be willing to put the fencing up

The key to moral fault in Extract 3 is in lines 08-09 'for his own protection’. In common sense terms people have a moral obligation to protect children from things, even themselves. It is something that ought to be done. This is strengthened in the form of a request, which shows that Mr Webber is active in the moral process and understands how important it is to have a fence erected to protect his son.
Agency is assigned and well being has been infringed

Alongside constructing the negativity of the events/circumstances the parents assign blame and position agency to authenticate their complaint and make it work as such. They hold some one responsible for the negative circumstances in a way that allocates blame. Agency is assigned in a variety of ways.

From Extract 1: (ii) The capsule

04. were there because I smacked his bum for
05. (1.0) being *naughty*
06. **PT:** Yeah
07. **Dad:** Then >the social services come out< and (. .) **God**
08. knows what (. .) the police were out and (. .)
09. everything (. .) but, the trouble is (. .) what *annoys*
10. **us is *because they brought the police out <and**
11. they brought the social services out> at the
12. **same time when the kids were home**

Mr Clamp shows that he 'smacked his bum' (line 04) and the response was, 'the social services come out' (line 07). This is contrastive suggesting a possible abuse of power, or more minimally an overreaction to a 'normal' punishment technique often used by parents to punish 'naughty' children (line 05). It implies that social services 'come out' to a family if a member of that family simply disciplines a child. This is framed as going against the duties of that category. Sacks, (1992)\(^\_1\) in his development of membership categorization devices (MCD's) shows that by positioning someone as a member of a category it reveals to the listener a volume of unspoken information associated with that category. In a later lecture he uses the example of 'hot-rodder' (Sacks 1992)\(^\_2\) demonstrating that members constructed as a hot-rodder are able to display themselves as having certain characteristics like

\(^{16}\) From part one, Lecture 6, (1964-1965): The MIR membership categorisation device.

\(^{17}\) From part one, Lecture 7, (1965): 'Hotrodders' as a revolutionary category.
'rebellious' as opposed to simply being a teenager. He shows that a social action is performed by the employment of categories. In the data categories are commonly employed to perform social actions. In this instance social services as a category would be viewed as having an entitlement (Potter, 1996) to act in instances of child abuse. They are expected to intervene, but in this case the event is constructed as ordinary discipline of a child and therefore the implication is that they went beyond the entitlement of their category.

This is made more extreme with the notion that not only social services visited but that the police also responded to the punishment of Phillip. He claims, 'the police were out and (.) everything' (lines 08 – 09). Prior to this description, the father provides a story of how he normatively 'smacked' a 'naughty' child. The common sense notion is that social services respond to child maltreatment allegations and use police assistance to reinforce this. Because of Mr Clamp's pre-requisite of a normal punishment he constructs it as an over reaction and makes his case for complaining against such a reaction. The category 'police' invokes expectation of a criminal element, not simply responding to a father mildly punishing his child’s bad behaviour.

Sacks, (1992)\textsuperscript{18} notes that any member of a category is a representative of that category but it is notable here that Mr Clamp tries to separate this member from the category of social services and shows that it is not professional practice that is the source of his complaint just the individual worker. This is a theme also evident in the latter part of the extract where Mr Clamp separates the individual social worker from the category demonstrating that it is not the category he has problems with, but the social worker.

\textsuperscript{18} From part one, Lecture 6, (1964-1965): The MIR membership categorisation device.
From Extract 1: (iii) Expansion

23. as well (.) I phoned up afterwards and
24. apologized to the police 'cause it wasn't really
25. her fault .hh it was the social worker's fault

The positioning of agency is important for a complaint to work and Mr Clamp directly states who is responsible for the events that are being complained about. He particularly notes that the person who is responsible is the individual social worker. He argues 'it was the social worker's fault' (line 25). He shows the therapist the social worker is directly accountable for the position the family find themselves in.

Mr and Mrs Clamp construct the therapist and social services as having a duty to assist families in need. Mr Clamp uses the category bound duties of both the police and social services as a way of complaining. The suggestion in this narrative is that social services and the police are entitled to respond to possible maltreatment claims. These category entitlements can build the factuality of a description and can be used to orient to issues of accountability (Potter, 1996). In Mr Clamp's story duty is framed as complaint-worthy as it is positioned as an overreaction, outside of the usual duty of the service.

From Extract 2: (ii) The capsule

03. we've been asking for a social worker I mean
04. for ye::ars now

The agency in this extract is implied rather than explicitly stated. Mr Clamp formulates a request for a social worker as 'we've been asking for a social worker I mean for ye::ars now' (lines 03-04). The 'for ye::ars' suggests that it took a long time for a social worker to be instated. The fault therefore must be with social services for the delay. Social services are the only agency who can supply social workers and the
implication is that they were asking for a long period of time before they were assigned one. Delay in itself is a form of complaint. Time-span is formulated in the data as a precondition for complaining to the therapist. Mr and Mrs Clamp express dissatisfaction for the considerable length of time taken by professionals to solve the problems experienced.

From Extract 2: (iii) Expansion

15. Dad: >you know I mean‹ I know people who have
16. seen her and that lot >you know what I mean‹
17. she's two *faced* she's er
18. (2.0)
19. Dad: you know I speak the truth >you know
20. what I mean‹ I speak me mind

Despite the anonymity of the ‘other people’ the central focus of Mr Clamp’s narrative is that he is not the only individual who holds a negative opinion of the social worker. This in turn provides support for his version of her. He notes ‘*I know people who have seen her and that lot >you know what I mean< she’s two *faced* she’s er*’ (lines 32 – 34). This presents a shared opinion of the representative of social services, as distinct from his own personal viewpoint. This in turn manages his stake in the events.

Edwards and Potter (1992) suggest that the factuality of a version is increased when it is independently agreed across witnesses.

‘*She’s two *faced*’ also has relevance as idiomatically it forms a complaint against the social worker. Drew and Holt (1988) propose idiomatic expressions to be formulaic constructions, usually phrases, but also sentences, where the meaning is figurative. As noted earlier the therapist is not in a position to affiliate with Mr Clamp and Drew and Holt, (1988) demonstrate that idioms are common when there is a lack of alignment between the person making the complaint and the recipient of it.
This is supported by Mr Clamp's contrast between what type of person she is in comparison to what kind of a person he is. Smith (1978) analyses this in terms of contrast structures. In the context of mental illness she observes that normality is contrasted with abnormality in order to construct a definitive point. In this extract Mr Clamp presents himself as noble, as honest and open claiming to 'speak the truth' (line 36) and 'speak me mind' (line 37) and it also demonstrates how he might get into disputes with people in authority. These are generally positive characteristics of a person and stands in direct contrast to someone who is 'two faced'. Mr Clamp is making implications as to fault. Edwards and Potter (1995) propose that people use words to describe simple states and actions which carry powerful implications for the causal explanations of those events and Mr Clamp implies that the social worker's traits are implicative of blame for their problems.

From Extract 2: (iii) Expansion

24. but (2.0) she was telling us that it was Tommy
25. Holden (1.4) who was causing all the problems,

Mr Clamp in this extract displays to the therapist that there was a negotiation of responsibility for the problems. He tells him the social worker accountable held her manager responsible for the difficulties inflicted upon them. He argues that 'She was telling us that it was Tommy Holden (1.4) who was causing all the problems' (lines 41 –42). He makes the individual social worker accountable for providing them with the information about events.

From Extract 3: (ii) The capsule

08. Dad: I asked social services you know for his own
Mr and Mrs Webber directly position the social services as responsible and accountable for their son's protection. The notion of social services being responsible for child protection is a well-grounded and culturally understood notion. Mr Webber shows to the therapist he is responsible by formulating the original request but the professional body as accountable for non-compliance of such a request. This is strengthened with the orientation to child protection issues. He explicitly states 'for his own protection' (lines 15-16). This juxtaposition of the need for fencing and the necessity of child protection work to make social services accountable for not providing what are worked up as an essential item.

Part of agency and responsibility is the institutional nature of the responsibility. Agency is constructed in alignment with the expectation of what a member of a category should be able to do and in Extract 3 Mr Webber orients to this.

From Extract 3: (iii) Expansion

44. Dad: SO (.) we er:sm (1.0) I mean that’s in the
45. Mum: process (.) whether Joan manages to get us =
46. Mum: [Yes
47. Dad: = the $funds to do it but I mean I’ve tried
48. because of Daniel’s protection (.) and I’m saying
49. we’ve tried to do what we can

The narrative structure here (Edwards 1997) is notable as this part of the extract follows considerable accounting for the request for a fence, making it minimal, necessary and reasonable. Mr Webber orients to the institutional practices that occur in the context of decision-making. The utterance is suggestive that there is a
procedure to deal with requests for fences that take time and it is a time consuming process.

A second institutional feature that Mr Webber attends to is money. He provides an account for the social services potential non-compliance as being resources, 'whether Joan manages to get us the funds to do it' (lines 45-47). This again demonstrates that the decision is yet to be made and orients to the current position being an absence of fencing. Further to this it positions the responsibility with a singular social worker, Joan, whilst removing agency from her in some sense as it reduces the fence to an issue of money. The 'manages to' implies some type of difficulty or resistance to her efforts.

This works well for Mr and Mrs Webber as it removes responsibility from them. This is reiterated in the remainder of the sentence, 'I've tried because of Daniel's protection () and I'm saying we've tried to do what we can' (lines 47-49). He starts with the pronoun 'I've' to make his personal efforts to protect his son clear, but changes this to 'we've' to include the Mrs Webber's efforts in the protection. The poignant point is the account provided for the request. The word 'protection' implies the performable duties of the social services that they are required to protect children.

In this extract the Webbers report how institutional procedures are being followed to attempt to provide them with the needed fence. Its complaint worthy nature is evident in the time-span and economic problems arising.

Infringement of well being is another preoccupation hearable in some of his talk. The clients show some one has accountably failed them in some way. In addition to this they work to show that this failure has in some manner infringed on their well being.
From Extract 1: (iii) Expansion

26. she was nagging on she was telling the kids
27. things what we didn’t want the kids to hear

Mr Clamp demonstrates how the behaviour of the professional infringed on their autonomy as parents and on their parental rights. He positions the individual responsible for the infringement and claims 'she was telling the kids things we didn’t want the kids to hear' (lines 26 – 27). The display is one of informing the children of things that the Clamps preferred to be kept from their children. They construct the social worker as failing to respect to their rights as parents and infringing their privacy.

From Extract 2: (iii) Expansion

06. Dad: but (0.8) we are better off without without
07. her

The infringement of well being is more implicit in this extract. Mr Clamp orients to their dislike of the social worker by contrasting his request for a social worker (earlier in extract- lines 02-04) with the effects of having this particular one. He shows 'we are better off without her' (lines 06-07). He argues that their welfare would improve should the social worker be removed. The contrast that their welfare is being infringed by her presence is presented.

From Extract 3: (iii) Expansion

47. Dad: = the funds to do it but I mean I’ve tried
48. because of Daniel’s protection (.)

The issue of protection is prevalent throughout this extract. The point oriented to is that without the erection of a garden fence, Daniel’s welfare is being infringed as the
social services are failing to protect him. Mr Webber argues 'I've tried because of Daniel's protection' (lines 47-48). The contrast implies the infringement of welfare (c.f. Smith 1978). Mr Webber demonstrates he is doing what he can to protect his son from the problems they are experiencing with the implication that the social services are failing to consider Daniels' welfare by failing to comply with their request for a garden fence.

Providing details of the events

The fundamental way in which the complaints are continued following the announcements of them is to provide detail. After the capsule is complete the parents generally then go on to provide more detail of the complaint.

From Extract 1: (iii) Expansion

16. Dad: last night we had a big argument (.)
17. between the social

20. Dad: We had a big argument

20 Dad __________ I kicked the social
21. worker out the house

22. the (.) police out the house
23. as well

23. I phoned up afterwards and
24. apologized to the police 'cause it wasn't really
25. her fault

25. it was the social worker's fault
she was nagging on she was telling the kids things what we didn’t want the kids to hear

The narrative is structured to gradually reveal to the therapist details of the events in ways that formulate and reiterate the complaint. In the first part of the sequence Mr and Mrs Clamp encapsulate the complaint briefly and sum up the problem. In addition to this, though, they continue with the complaint in finer detail. Step-by-step they reveal the event (as it happened at the time) giving specific pieces of information about the problems encountered.

From Extract 2: (iii) Expansion

09. Dad: if they want to
10. supply us with another one then we’ll have
11. another one

15. Dad: >you know I mean< I know people who have
16. seen her and that lot >you know what I mean<
17. she’s two faced she’s er

24. she was telling us that it was Tommy
25. Holden (1.4) who was causing all the problems,
26. well if it was

Mr Clamp provides further details about the subject of his complaint following a brief capsule of events. He goes on to order the events for the therapist and provide specific details about exactly whom they are complaining. While the detail in this particular extract is less specific than in Extract 1 he does give the therapist some ideas as to what happened and led to them complaining.
From Extract 3: (iii) Expansion

13. because now we got 'em living right next to us
14. Mum: Right next-door to them
28. Mum: So we’ve got. Caroline (.) the daughters
29. Dad: So I’ve asked social services >you know< for
30. Daniel’s protection (.) would they (.) panel that
31. off, so that basically
33. Dad: You know they can’t see in
34. FT: Yeah
35. Dad: and he can’t see them
36. Mum: (and he can’t see out
47. Dad: = the funds to do it but I mean I’ve tried
48. because of Daniel’s protection (.) and I’m saying
49. we’ve tried to do what we can

The specific problem is formulated, as in the other extracts, following a capsule of information that briefly sums up the nature of the complaint. Mr and Mrs Webber then jointly construct the details of the complaint to the therapist, highlighting the specifics of the problem.

The need for fencing is reified and reasons for the need stipulated. In this projection of detail both Mr and Mrs Webber collaborate to reiterate the problem to the therapist. Story telling is an important resource in therapy and joint constructions can be produced (Aronsson and Cederborg, 1994). This agreement between the parents in this detail functions to strengthen the factuality of the claims.
Managing their culpability and accountability

The two families differ slightly in how they manage their accountability and responsibility during the construction of the complaint. There manage this is one of two ways:

- Mr and Mrs Clamp build their characters as reasonable in order to contrast the unreasonableness of the professional body.
- Mr and Mrs Webber demonstrate that extensive effort has been made and the need for professional body intervention only comes after this.

In Extract 1 Mr Clamp builds his own reasonableness to serve as a contrast to the unreasonable nature of social services. This functions to manage his stake in described events and project the complaint-relevant nature of the services in ways that attend to the accusations of child abuse.

From Extract 1: (ii) The capsule

02. Dad round and said there’ll (1.0) be erm (. ) the
03. >bruises on Phillip< and the reason why they
04. were there because I smacked his bum for
05. (1.0) being *naughty
06. FT: Yeah
07. Dad: Then >the social services come out< and (. ) God
08. knows what (. ) the police were out and (. )
09. everything

He opens his talk by managing his stake (Edwards and Potter, 1992) in the events by confessing to an action, 'I smacked his bum for (1.0) being *naughty' (lines 04 - 05).

The narrative structure (Edwards, 1997) is particularly notable as the normalised parental punishment technique and serves as a pre-requisite for the account of the unreasonableness of the professional bodies that follows. Mr Clamp implies that Phillip is a naughty child receiving a usual and mild form of punishment. What is
omitted is the pre-reported version that he used a belt to ‘smack’ Phillip’s ‘bum’. Despite this removed piece of narrative though one can question how smacking child’s ‘bum’ could lead to visible bruises, ‘there’ll (1.0) be erm (.)> the bruises on Phillip<’ (lines 02 – 03). Blame however, is allocated to Phillip and his naughtiness causing him to ‘smack his bum’. This suggests Mr Clamp is reasonable. In other words he only did what any reasonable father would, to gently discipline his children.

Once he has projected the scene as normal Mr Clamp then outlines the consequences of his confession (to the school). He sets this up in contrast to the normalized parental punishment technique, thus formulating the reaction as unreasonable. He builds the maximal nature of the overreaction situating the unreasonableness with them and not him. ‘Then >the social services come out< (.) God knows what (.) the police were out (.) and everything’ (lines 07 – 09). He first cites social services.

He claims that they ‘come out’ to them, which stands as unreasonable given his narrated normative smack on the child’s bum. He then maximises this with the involvement of the police. It is not usual for the police to visit when a child simply has its bum smacked. He emphasises the unreasonableness of social services’ reaction. He further exemplifies the commotion with ‘God knows what’ and, ‘and everything’ which shows the extremity of the situation, working up how unreasonable they are for visiting the family and causing such commotion.

This contrast device usage works effectively for Mr Clamp in this extract as the construction of the unreasonableness of their behaviour highlights his own ability to be reasonable. The contrast structures are continued in Extract 1 in ways that work up the his reasonable nature (c.f. Smith, 1978).
From Extract 1: (ii) The capsule

09. Dad ..................................... (.) what *annoys
10. us is *because they brought the *police out <and
11. they brought the social services out> at the
12. same time when the *kids were home
13. FT: Hu::m
14. Dad: and I said that was not *fair on the *children

Positioning the professional body (more specifically social services) as unreasonable it works to make the events complaint-worthy. Highlighting this further Mr Clamp sets up a contrast between them and him and emphasises the complaint by building his own reasonableness. Smith, (1978) demonstrates how contrast structures work to clarify a point. She claims that by showing what someone should be defines them as not being that and therefore invites evaluations about a person’s moral character. Mr Clamp achieves this is by employing the children as his concern and not the concern of social services, ‘*because they brought the *police out <and they brought the social services out> at the same time when the *kids were home’ (lines 10 – 12). The ‘they’ here is vague, with the potential interpretation of it representing the school. However it is his account of his concern for the children that works to show his reasonableness and grounds for complaint. Because the children were present it demonstrates that his primary concern is them, proposing that the professional bodies have a disregard for the very people they are supposed to be protecting. This manages his parental responsibility adequately. This is further reiterated in the voiced opinion reported, ‘*and I said that was not *fair on the *children’ (line 14), which expresses the effect such an action could have on them. Furthermore by using the word, ‘*children’ demonstrates that this effect goes further that just Phillip, the original source of their
'imposition', further invoking the MCD category 'children' rather than 'Phillip' (see Sacks, 1992)\textsuperscript{19}.

Mr Clamp also orients to what he does to protect his children from distress. He describes his actions as necessary for the sake of his children, showing that he has done what he can to remove the source of distress, social services, from his house. His pre-requisite to showing that he has taken actions in the interests of his children is to demonstrate to the therapist that the children are his concern and not that of the professional bodies. He strengthens this by reporting 'fairness at the time of the events. He says, 'and I said' (line 14). The pronoun, 'I' functions to show the therapist that he has taken personal responsibility for his children's welfare. It presents the actual events at the time they happened, clarifying Mr Clamp as actively concerned about his children at that specific time and not just later in the context of making the complaint. Furthermore it projects social services and the police as aware of his concerns as events had taken place. Thus he constructs himself as a responsible parent and sets up his following reported actions as necessary demonstrating to the therapist that he does what he can to protect his children. This works as a pre-requisite of parental concern and responsibility. In turn this manages the remaining narrative. The following description of Mr Clamp's behaviour could be interpreted as unreasonable, but because he has positioned himself as concerned for his children's welfare it softens this possibility. This is important in the context of complaints. Edwards, (forthcoming) Suggests that when someone makes a complaint the process not only deals with the object of the complaint but also the person making it. Because of this the person making the complaint may mange a range of things like investment or stake due to the possibility of being heard as moaning or whinging. He notes that

\textsuperscript{19} From part one, Lecture 6, (1964-1965); The MIR membership categorisation device.
discourse of all kinds is open to being evaluated and inferences made by the recipient of the talk.

From Extract 1: (iii) Expansion

20. Dad: We had a big argument I *kicked the social worker out the house* and I *kicked* whats-er-name *the police out the house*
21. as well I phoned up afterwards and
22. apologized to the police 'cause it wasn't really her fault .hh it was the social worker's fault

Here Mr Clamp orients to the potential interpretation of his behaviour being misconstrued as unreasonable. He has already worked towards managing this potential misinterpretation and it is consolidating in the proceeding talk. He claims 'I *kicked the social worker out the house* and I *kicked whats-er-name the police out the house* as well' (lines 20 – 23). The common sense notion is that a responsible and reasonable parent would take considerable measures to remove over reactionary commotion causing upset in the children's presence. In addition to this he shows his assertion against the professional bodies, he is not only concerned but also, actually taking responsibility for his children's welfare and removing the source of the disturbance. It demonstrates to the therapist that at the time of the upset he did what he could to protect his children. He shows he was responsible for the children as he 'kicked the social worker out the house' physically removing the person who was being un 'fair' on the very people who should have been their concern. He also kicked 'the police out the house as well', demonstrating that the two professional bodies causing the disturbance were forcibly removed from the house. The conflict between the parents and the officials is exactly what is threatening to construct the parents as bad in some way. The formulation however is one of the father as heroic and
considerate of his children protecting them from abusive agencies that ought to be
doing the protecting.

Mr Clamp's reasonableness is clarified further however with an
acknowledgement of what followed the ending of the disturbance. He shows he has
the ability to accept responsibility for his actions as he cites, 'I 'phoned up
afterwards and apologized to the police' (lines 23 – 24). This suggests that once
emotions had calmed his reasonableness was maintained and his own part in the
overreaction acknowledged. I note though that there is an omission of an apology in
two contexts surrounding social services. Mr Clamp fails to report providing an
apology to the social services representative and no apology from them is narrated,
building their unreasonableness further. This functions as a contrast to his own
willingness to provide an apology to the police suggesting that the social services
representative did not deserve one. This is strengthened in the assignment of blame;
'it wasn't really her fault .hh' (lines 24 – 25) serves to remove responsibility from the
police and therefore reiterates the need for his apology. The omission of an apology
for social services is accounted for through the assignment of responsibility with
social services, 'it was the social worker's fault' (line 25). He assigns blame with
social services and builds the complaint-worthy aspect of the behaviour, removing
responsibility from the police while implicitly removing emphasis from himself. This
reinforces the nature of his complaint. He shows that he is not angry at professional
assistance or people in authority per se.

This extract demonstrates that professional bodies can be targets of complaint,
specifically when assistance is imposed rather than requested. Mr Clamp provides
multiple complaints against the social services building up his own reasonableness in
contrast to their unreasonable nature. In addition to this he orients to child protection
as an issue. Ironically, the reason social services 'come out' was an issue of child
protection, but he asserts the children as his concern and social services as failing to consider the children's welfare by causing disturbance. Reasonableness is a theme that continues in Extract 2 where Mr Clamp narrates his negotiation of acquiring a social worker.

**From Extract 2: (ii) The capsule**

01. Dad: >I don't want to know her<

Here Mr Clamp builds his reasonableness through discourses of willingness. He narrates his choice to have the particular social worker in his case taken away from his family. 'I don't want to know her' (line 01) is vague and fails to justify the actual removal but is emotive and expresses his own motivations. He shows the therapist that he dislikes the specific social worker making it clear that it is the individual that he doesn't 'want to know' and not the professional body.

**From Extract 2: (iii) Expansion**

09. Dad: >You know what I me-< (...) if they want to supply us with another one then we'll have another one
10.  
11.  

He continues to display reasonableness and acceptance of the service through a contrast between the social services and the social worker. He demonstrates his affiliation with social services by claiming 'if they want to supply us with another one then we'll have another one' (lines 09-11). Mr Clamp constructs himself as understanding, whilst laying motivation with them, 'they want' so removing the emphasis from him. He shows the therapist that they are willing to take another social worker to help them with their problems. This is because of the source of their
complaint not being the services as a unit are the particular social worker’s actions. This works up his reasonable nature as it highlights him as cooperative generally and dispositionally with authority.

In Extract 3 there is also a display of reasonableness. This time though, rather than constructing himself as reasonable, Mr Webber constructs his request as reasonable. This in turn demonstrates that he is a reasonable man by not making unreasonable demands.

From Extract 3: (ii) The capsule

08. Dad: I I asked social & services you know for his own
09. protection (1.0) would they put would they =
10. Mum: [some kind of
11. fencing up
12. Dad: = be willing to put the fencing up

The reasonableness is evident in his directly narrated request saying, 'I asked social & services you know for his own protection (1.0) would they put would they be willing to put the fencing up?' (lines 08-12). He stipulates the position of the services as 'willing'ness, which removes other potential reasons for refusal (for example, lack of funding resources), this serves to show the unreasonableness of the services should they refuse to comply with the request for a fence. This is particularly notable in the self-repair. He requests 'would they put' and repairs to 'would they be willing to put'. So Mr Webber’s orients to the softened request whilst defining it as a matter of the social services being 'willing' making them agentive and therefore complaint-worthy. The psychological category 'willing' suggests that the decision is down to specific real people, those in authority to make such decisions and therefore starts to personalise the choice. It works to remove responsibility from the circumstances.
Drew, (1984) reports that a prevalent form of decline (for example to invitations) is to provide circumstances as the reason, removing personal responsibility. In citing an external cause for the decline promotes acceptability as opposed to an internal cause and therefore when declining invitations and giving the dispreferred response an individual has the option of provided the reason as external in a way that removes blame and responsibility from them (Edwards and Potter, 1992). Mr Webber removes circumstantial possibilities and directly moves to the 'willing'ness of individuals making non-compliance justifiably complaint-worthy. This is an internal attribution and directly positions the social worker as accountable and blame worthy.

The overlapping collaboration from Mrs Webber (lines 10-11) continues the reasonableness displayed by her husband as she reiterates what was requested, 'some kind of fencing up'. The 'some kind' is vague and global, suggesting that the type of fencing is not important but the fence itself would serve as a separator between themselves and the neighbour, in other words a fence that serves a function. It functions to display that the actual fencing is not what is important, but the boundary it represents. The 'some kind' presents the fence as basic and not having any special features or patterns, which may increase the price or facilitate the appearance of the environment. This may attend to the funding aspect of social services. It is a common sense notion that fences cost money and that one relevant component of the 'some kind' serves to reduce the financial commitments required. People can however make reasonable but expensive or difficult requests and these can be refused under such circumstances. Therefore a further way in which the (potential) non-compliance is constructed as worthy of complaint is to minimize the amount of assistance required. By making the requirement small and minimal it makes refusal more difficult and provides a basis for complaint should the professional body fail to assist. This aligns with their preceding account that the fence is required for Daniel's 'protection'. Mr
and Mrs Webber articulate a reasonable request which requires a response in accordance with their duties as a service. The reasonableness of the request situates potential refusal to comply as worthy of complaint because it is worked up in contrast as unreasonable. As aforementioned certain categories such as social services carry certain normative expectations, with a key duty to protect children. Mr Clamp employs the categorical duties of social services in his talk as a way of making a complaint about their potential non-compliance with them. By orienting to the duty of social services as being responsible for such actions like erecting garden fences also strengthens their case. They equate erecting a fence with protecting vulnerable children. Employing MCD’s demonstrates to the therapist that they are not expecting anything from the professional body that is not bound up within that category.

Furthermore Mr and Mrs Webber show that they do all they can to help protect their son and show the therapist that they have put in the effort.

The previous analysis shows that Mr Webber did all that he could to protect his children from the imposition of the social services in as reasonable a manner as possible. ‘Doing what you can’ is a further way of setting up a complaint against the professionals. Mr and Mrs Webber demonstrate to the therapist and report demonstrating to the professional bodies that they as parents are actively involved in protecting the children. Whilst constructing requests as reasonable works to limit potential resistance, ‘doing what you can’ builds the necessity of requests showing that the parents alone cannot solve the problem and assistance is required, thus formulating the request as essential. Building the request as reasonable makes non-compliance complaint worthy, but the Webbers face the potential accusation that they themselves are not doing enough to solve the problem and therefore they have to account for why they require professional assistance and are unable to deal with the
problem directly. In Extract 3 Mr Webber draws attention to the necessity for a garden fence by displaying to the listener that they as parents have actively taken steps to help their son whilst showing that the fence required is a problem that the professional bodies need to be involved in.

From Extract 3: (ii) The capsule

01. we’re trying to get him sorted out

He opens the narrative with this point, ‘we’re trying to get him sorted out’ (line 01).

He does not deny or excuse the behaviour of his son. Instead he presents the problem as temporary, as an acknowledgment of the co-participation occurring between them and the therapist.

The projection of parental responsibility is important, though. A common sense pre-requisite to asking for assistance is to demonstrate that you are trying to solve the problem yourself and the ‘trying to’ orients to this notion. The Webbers are actively involved in the problem while suggesting that it is not easy and no immediate success is likely but they are doing what they can to solve it. This works to show the therapist they require the assistance they are in fact requesting. An important feature of formulating requests for help is to provide reasons for such a request. People in therapy, for example, need a therapy related reason for asking for help and one that is oriented to in the constructions of the problem. Edwards (2001) demonstrates that participants in couples counselling overtly acknowledge their opposition to one another showing it not to simply be a feature of communication failure but as a display of needing outside help for resolution.
Mr and Mrs Webber have placed responsibility with the neighbour and social services and reiterated the perspective that they have tried to do what they can, using phrases like, 'we're forced' (line 28) to suggest it's not their fault that they have a pathological son. This shows the listener that they are not passive recipients of problems but actively take steps to protect and consider their children. They simply require further assistance to deal with the problems as they are 'forced' into situations whereby professional help is required.

Mr Webber displays responsibility, demonstrating to the therapist that as parents they are doing what they can for their son, a point that is summarized at the end of his sequence, 'I'm saying we've tried to do what we can' (lines 48-49). This point is gradually built to this conclusion in a way that sets up the reasonable request to social services for a fence and deals with how much they themselves are required to do before a request can be made (and complained about). It shows that 'doing all you can' works well as an account for making a reasonable request. In addition to this it serves as a contrast to the professional body. It implies that the services are not doing what they can to help. Smith (1978) shows that contrasts work well to draw boundaries to exclude people, specifically framed in the context of mentally ill individuals. In this context Mr Webber sets up the contrast between the efforts of the
social services and their own efforts as parents. The contrast basically formulates his
behaviours as normative and positive and therefore the behaviour of the others’
contrasted in opposition.

In this extract he shows that a way of complaining about the lack of assistance
or potential refusal is to build the amount of effort put into the problem by them. He
explicitly states how much they have tried to do to help Daniel and contrasts this with
what is required from outside help. This serves as a pre-requisite for the requested
assistance and puts them in a position to complain if the result is non-compliance.

*Minimal responses*

The therapist’s concern is with troubles and feelings and not to respond to
complaining. This is evident throughout the clients’ talk whereby minimal therapist
interaction takes place. He does not provide news receipts or display newsworthiness
in any way. In many institutional settings turn-taking organizations are a fundamental
aspect of the interaction and this turn taking is constrained by sharp features
(Schegloff, 1992), but when the boundaries of therapy are transgressed from these
usual features change and then the response form the therapist is minimal.

*From Extract 1: (ii) The capsule*

| 04. Dad | ……………….. I smacked his bum for |
| 05. | (1.0) being *naughty* |
| 06. →FT: | Yeah |
| | ……………….. |
| 12. Dad | *same time* when the kids were home |
| 13. →FT: | Hu::m |
| | ……………….. |
| 14. Dad: | and I said that was not fair on the children |
| 15. →FT: | Hu::m |

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In these examples the therapist does minimal work with the clients. His simple ‘Yeah’ (line 06) and ‘Hum’ (lines 13 and 16) acknowledge Mr Clamp’s talk and displays to him that he is listening to what is being said but does not display interest or surprise at the content of the speech.

The general expectation seems to be therefore that the complaint receiver should endorse the complaint or sympathize with the speaker. Drew (1998) notes that the preferred response to a complaint is affiliation or as Boxer (1993) notes agreement or reassurance. The therapist provides no such affiliation or endorsement of the client’s complaining and simply acknowledges the talk. This neutrality is a feature of institutional discourse. Clayman (1988) and Heritage and Greatbatch, (1991), for example news interviewing carries a legal requirement that the interviewer remains impartial (Greatbatch, 1998) but more simply they are representing an institution and orienting to their professional status in some way. In the case of therapy it is embedded as part of the therapeutic structure, humanistic therapy for example has it written into its guidelines (McLeod, 1993).

The other option the therapist has available in the face of such complaints is to offer practical advice in terms of how to deal with the problems being experienced or outline what their parental rights are, but he abstains from doing this also.

From Extract 2:

04. Dad for ye::ars now
05. →FT: *Yeah
          ......................

06. Dad: but (0.8) w::e are better off without without
07.       her
08. →FT: Right
Extract 2 follows the same pattern. The therapist again fails respond to the complaint as newsworthy. He keeps his responses about social services minimal and on some occasions (line 29) does not step in with a response at a transition relevant place (Sacks, 1992).

From Extract 3

04. say you see we have to do the fencing ourself
05. FT: Yeah

15. Mum: [Right next-door to them
16. FT: Hu::m

The complaint in Extract 3 also fails to elicit any endorsement or otherwise from the family therapist. Once more he uses simple monosyllabic phrases to acknowledge his clients' complaints. This serves as recognition of their talk but does not align or affiliate with their view of the constructed source of the problem.

How the complaint is completed

At the end of each specific topic of complaining there are ways in which it gets closed down. The therapist usually closes the complaint using different ways each time. Extract 1 is closed in the following way:
The first attempt by the therapist to alter the context of the conversation is made twenty lines after the extract shown here with an orientation to their youngest child's presence. He points to a recognition of the importance of the topic by claiming 'quite an important conversation' (line 03) but closes the conversation down at this point.

By making Ronald a focus it removes the continuation of the complaint sequence and orients to the adult nature of the topic. What is interesting about extract 1 and its surrounding talk is the length of the sequence. Although specifically this part of the complaint is closed by the therapist due to the child's presence the complaint is reformulated and reconstructed throughout the session.

The complaint completion for Extract 2 occurs in the following way and is again the therapist whom closes down the complaint sequence:

This complaint sequence is closed down in a more subtle and implicit way within the therapist's narrative he places the decision to continue back with the clients whilst demonstrating the repetitive nature of the complaint with the implication of lack of progress. He asks them 'how much do we need to think about this' (line 01). This
positions the clients as responsible for the direction of the talk whilst showing that progression of therapy is important.

The complaint in Extract 3 is closed off by the therapist once again. He once more reformulates the complaint in terms of troubles in ways that move the talk away from complaining and is closed down in the following way:

01. FT. I mean I guess I was aware (1.0) erm I that you’ve had
02. these worries for a while (.) I’m not sure that I kind
03. of (0.8) realized it was eighteen months it was as long
04. as th: :at erm

The therapist changes the construction of the complaint back into troubles by constructing their problems as ‘worries’ (line 01). This functions to maintain his neutral position. It also resists alignment with the parents’ position and brings the conversation back to therapy relevant talk. However whilst he successfully closes that particular complaint about social services down the parents’ uptake of their ‘worries’ is one that warrants further complaints about an alternative professional body.

Summary

This chapter has demonstrated that the involvement of professionals is not as straightforward as policy indicates and that when it crosses over into practice families have different ways of talking about their involvement. One salient way in which the parents in these therapeutic settings talk is to project complaints against those involved in family life. In the extracts the families set up the conditions for their complaints in a multitude of ways setting up any request as a reasonable one and presenting themselves as reasonable people. This includes portraying to the therapist that they have done all they can to solve their problems and difficulties to set up their need for professional assistance.
The overall theme evident in this data is that on the occasions these families of a disabled child make reference to a professional body they notably do so in a way that presents complaints. Complaints are made in a multitude of different ways as shown in this chapter. One issue that the parents have at stake is that of being taken seriously by the therapist and not being viewed in a way that aligns with moaning unnecessarily. It is interesting how this is achieved in the talk given the status of the therapist as a professional body in his own right.

There seems to be general ways in which complaints are constructed. Prior to making a complaint the complaint must be occasioned by something, in the case of this data all the complaints were prompted by the therapist, whether through questioning or the formulation of events. There seems also to be fundamental elements to a complaint. In the general gloss version of the complaint something is constructed as negative, moral fault is assigned and agency positioned. This is then expanded on providing details of the complaint worthy event and management of their own accountability. The complaint must then logically have some form of definitive end and is completed by some member of the interaction. In the case of these therapy sessions the therapist usually constructs the completion.

In the next chapter in this section of the thesis illustrates the difficulties encountered by the therapist further by examining how he deals with complaining clients. I demonstrate that the data revealed two key things about the therapist's responses. Firstly to strong complaints whereby he offers no direct assistance he makes attempts to return the conversation back to therapy related talk; troubles telling. On some occasions however the therapist actually proffers assistance in resolution. He suggests practical assistance and offers active participation. These important aspects of the complaints process will be give focus in the following chapter.
CHAPTER 4: Closing complaints to return to troubles

In this chapter I examine the talk of the therapist more closely and look at how complaints are treated in therapy. I argue that the therapist displays difficulty with complaints and therefore treats them in different ways. I look at three fundamental components based on what the family therapist does:

- He speaks in ways that orient to the unhelpfulness of the complaining by talking about troubles and making attempts to return the conversation back to troubles. A contrast therefore is demonstrated between complaints and troubles talk.

- There are occasions where the clients clearly expect practical assistance. They make direct requests to the therapist or orient to those expectations in some way. The therapist in some instances explicitly states what he cannot do in ways that orient to the unhelpful nature of the complaints. In other instances he indirectly orients to the problematic nature of complaints. Accompanied by hedging his talk still maintains the difficulty he has with complaints in the therapy.

- In a minimal number of cases he proffers practical assistance to the clients in ways that would facilitate resolution. Within this remit though there is an orientation to these ideas being carried out outside of the therapy and at an alternative time with the implicit suggestion that the complaints with the therapy are unhelpful and do not deserve the time within that arena at that particular moment.
This chapter investigates the ways in which the therapist works through the families’ complaints and the ways in which he achieves it. This moves to demonstrate the differences between troubles telling and complaining and works to reiterate the boundaries of therapy and the differences in institutional talk.

Analysis

The focus for analysis is to uncover the ways in which the therapist and clients interact and to understand the differences in these interactions dependent upon whether troubles or complaints are presented. Defining both troubles talk and complaints is a complicated process. In this thesis my main interest is how the participants achieve the construction of these concepts but in order to perform analyses a basic understanding is required. In the introduction I outline the basic dictionary definition of complaining, and in chapter three I demonstrate the conditions that need to be in place for a narrative to be a complaint (a negative action/event, moral fault and agency). Troubles telling is distinctly different though and it is this type of talk that the therapist orients to as being helpful for the therapy. The dictionary defines troubles as “A state of distress, affliction, difficulty, or need” (www.yourdictionary.com). This ties in with common sense notions of emotional aspects of troubles telling. Problems that are considered serious and fail to have a straightforward solution may lead the person (or people) to seek help from a therapist in order to present those troubles to someone more suitable to help (Buttny and Jensen, 1995). Jefferson, (1984) shows that in ordinary conversation troubles telling leads to the problem that there is nowhere to go on from it and the usual response therefore is to move the conversation away from it. Because of this an often-used device is to enter into closings (Schegloff and Sacks, 1973). This serves to
demonstrate how institutional talk differs from mundane conversation. In family therapy troubles telling is oriented to in a progressive way and complaints lead the therapist into entering into closings.

When clients are in a therapeutic setting what is expected is that it provides a forum for those clients to air their troubles and discuss their problems. When a therapist formulates a narrative or question the usual uptake is to provide him/her with information about events in ways that display the troublesome component. Therapy provides a specialist communication context within which intensive talk about troubles and possible solutions can be guided by a professional (Labov and Fanshel, 1977). Within this data there seems to be common ways in which the therapist’s talk is responded to. One of these is to provide the therapist with troubles talk; the other is to construct complaints. As a pre-requisite to understanding the problems with complaints one must first understand the normative process of therapy and gain insight into how troubles talk works and therefore pre-requisite extracts are provided. This short section provides examples of how the therapist attempts to elicit talk of feelings and troubles from his clients in a way that orients to the helpfulness of therapy in a way that will be contrastive later in the chapter.

In order to extract troubles talk from the client(s) the therapist must first open up the floor in ways that encourage the client(s) to talk about troublesome events that are occurring. In the previous section this technique is limited, as it takes place amidst the main talk involving the complaint. In many instances however the therapist tries to elicit troubles talk to ward off potential complaints prior to any being made. In Extract A the therapist glosses over the trouble and fails to explicitly state what it is. This provides the Webbers with the space to directly talk about the things that are troubling them. The orientation here is that the Webbers should talk about therapeutically
relevant topics and discuss issues that are problematic for them and remain within the
remit of the institution of therapy.

Extract (A)

01. FT: [I know that this isn't easy stuff for you to
talk about is it (0.4) especially with your parents
02. (0.2) present. but but we kind of had an idea that (0.4)
03. actually it's really important for us all to be able to
talk about as well (1.2) but I could just say how have
04. things been going (0.2) 'cause we've not been in
touch for a while so
05. Mum: In what part? What
06. FT: I guess in every way erm
07. Mum: Erm (0.2) he's oh how can I put it ( ) embarrassing
08. Dad: Yeah
09. Mum: I find the subject's embarrassing
10. FT: Sure yeah
11. Mum: Erm sexually, the behaviour (0.2) it's no different

The therapist (following his preamble about the considerable time frame between
sessions) opens the floor by orienting to the potential for troubles talk. He claims, 'I
know this isn't easy stuff for you to talk about is it (0.4) especially with your parents
(0.2) present' (lines 01-03). The 'stuff' to which he is referring is left vague and
unexplained. This allows the Webbers to fill in the gap, to decide which troublesome
'stuff' in particular they wish to make relevant. It also serves as an acknowledgement
that the troubles telling is difficult which is considered with specific context for the
child being addressed, 'especially with your parents (0.2) present'. This displays to
Daniel that the troubles to be discussed are perceived to be difficult in this context. It
also serves as a way of keeping Daniel involved in the interaction. It directly
addresses him and serves to acknowledge him as a member of the therapy.
He continues his narrative by moving the troubles talk forward in ways that orient to their necessity despite the proposed difficulties. He claims 'actually it's really important for us all to be able to talk about as well' (lines 04-05). This functions to stress the essential nature that the troubles are aired within the therapeutic setting. It provides a platform for the clients to launch into relevant topic and provide the family therapist with information about events. In addition to this by using the pronoun 'us' it actively involves the therapist in the troubles. It functions to make him involved in the process.

Following some clarification Mrs Webber conforms to what is expected and provides the therapist with feelings talk and troubles telling. She says, 'I find the subject's embarrassing' (line 13). This aligns with the therapist's preceding formulation of, 'isn't easy stuff'. What is particularly notable here is the direct stating of feelings. She employs the word 'embarrassing' to construct the way she feels about talking about the subject. Furthermore embarrassment isn't just a feeling. It is also a social relationship that invokes norms and morals (see Goffman 1981). By discussing embarrassment Mrs Webber here is orienting to the moral position she is taking.

Once all of this preliminary work is achieved by Mrs Webber (rather than Daniel to whom the talk was directed) begins to tell troubles. She claims, 'erm sexually the behaviour (0.2) it's no different' (lines 15). The difficulty can be seen here in the preface and the pauses. The preface 'erm' displays difficulty with the troubles and the pause is also an orientation to the problematic nature of the talk about troubles. This however functions as a launch into talk about troubles and aligns itself with the pre-formulation given by the therapist. In this instance therefore the therapist has successfully elicited troubles talk from the clients and manages to maintain this for a portion of the session. Notably Jefferson (1984b) shows that in mundane conversation the speaker often laughs following the utterance but in this data there is
an absence of laughter when the troubles telling is of a serious nature. This points to
the institutional nature of the talk and functions to point to the acceptable environment
for airing troubles. In mundane conversation the speaker has no clear view of how the
troubles will be received, in therapy, troubles talk is institutionally relevant and
oriented to by all parties.

The second Extract B is a further example of how the therapist occasions
troubles telling and feelings talk from the client(s). He again directs his talk towards
the children in the interaction in ways that elicit emotion talk from them. This shows
that the therapists primary concern in therapy is the talk about feelings and other such
things that give the client autonomy over the problem. Things that the clients can
actively change and progress with.

**Extract (B)**

01. FT: Well you don’t have to think about yourself think
02. about (.) people at school (.) when you see other
03. children getting angry at school what do you think
04. makes them angry?
05. Lee: ((shrugs))
06. FT: What about (.) what’s your favourite (.) T.V
07. programme?
08. Lee: Simpsons
09. FT: Simpsons (.) a:::h (.) what makes Homer angry?
10. (1.0)
11. Dad: D’oh
12. Lee: His [son] [Bart
13. Mum [I bet] Joe watches it heh heh
14. FT: [Heh heh heh
15. Dad: I hate it I hate it
16. FT: What makes Homer angry?
17. Lee: Bart

His initial opener is an orientation to his lack of success in eliciting feelings talk from
Lee. ‘Well you don’t have to think about yourself’ (line 01) acknowledges the
difficulty Lee is presenting in responding to his initial questioning. In order to extract troubles telling from Lee he reformulates his original talk to impose some feeling onto others. This functions to remove an element of personalisation. He asks, ‘when you see other children getting angry at school what do you think makes them angry?’ (lines 02-04). The therapist here is making specific one of the emotions previously argued to be commonly occurring in the disabled child. Here the therapist is questioning the sibling in ways that elicit the extent to which the sibling understands the emotions his brother experiences. Despite this a simple shrug is all that he achieves from his line of questioning.

What is notable is the persistence of the therapist to talk about feelings. He once again reformulates his question, in two parts to question Lee again about anger, asking ‘what makes Homer angry?’ (line 09). This positions the emotions experienced in the abstract, with a fictional, identifiable character and functions to remove this anger from the family members whilst maintaining feelings talk and eliciting understanding from Lee. While it takes two attempts to achieve the response due to parental interruption the therapist does acquire an answer from Lee ‘his son Bart’ (line 12) and ‘Bart’ (line 17). This is then of course continued through the session.

While there are many examples whereby the therapist elicits troubles and feelings from the families, on frequent occasions he fails to acquire such talk and the families formulate complaints instead. This therefore provides difficulty in the therapy. There is a clash of concerns between the therapist and his clients. When formulating the complaint the concern for the parents is to achieve acknowledgement or even a practical solution to the problem. The therapist’s concern however is with troubles telling and not complaints. The focus for this chapter is to understand how complaints are occasioned, constructed in ways that demonstrate their difference to
troubles telling, the purpose they serve for the clients and what happens upon completion.

**Closing complaints in order to do the business of therapy.**

The therapist orients to complaints from families as unhelpful in some way. Due to this the therapist spends considerable time and effort trying to close the complaints down and move the talk back to troubles.

**Orienting to the unhelpfulness of complaints**

The tendency is for the families to continue complaining throughout the therapy session and across sessions. This of course is not the business of therapy and although the therapist has the option to sympathize, align with or offer solutions to the families he withholds from doing such affiliation and instead simply listens and acknowledges. Of course each short complaint sequence has an ending in order to move to the next part of the complaint or a new complaint sequence and it is of interest here to understand the ways in which closure is achieved. In addition to this the therapist orients to the complaints as being unhelpful to therapy in ways that attempt to bring the talk back to therapy related troubles telling more globally. Complaints are directed at others and avoid examination of the clients' own lives. The therapist has a role within the institution and in many types of institution there is a relationship between status and role and those roles carry discursive obligations and discursive rights (Schegloff, 1992). For example in family therapy the therapist must manage and guide conversations where there are multi party contributions (Jones and Beach, 1995). In the instance of this data the therapist must regulate the conversations not only by
guiding multi party talk but by also keeping conversations relevant to therapeutic practice.

Throughout the therapy sessions, which are numerous in quantity the families consistently project complaints towards the family therapist. The relevance of such complaining however is minimal in the context of therapy and there is evidence that the therapist tries to close them down in order to attend to the progress. The problem the therapist faces is that a frequent occurrence for the complaint sequences to be lengthy in duration and therefore the business of therapy is not being done. The therapist has the job of bringing the talk back to therapy relevant talk by reconstructing the importance of troubles telling and subtly moving away from complaint sequences. There are many institutional practices available to clients of therapy and often the family is involved in multi agency interactions (Todd and Jones, 2003). Therapy is just one of those resources but has specific boundaries and guidelines and in this thesis the clients take the opportunity to provide complaints to the therapist. This however is out of the remit of therapy. Therapy is about helping the client solve their own problems, if they blame other people for their situation, no matter how factual, the therapist cannot be of assistance and therefore becomes redundant. Instead the families would need complaint agencies. In therapy the client needs to take responsibility for his or her own behaviours and actions. For example in couples therapy a salient issue for the therapist is to move the couple away from blaming each other and become empowered by taking responsibility for their own lives and changing them (Edwards, 1995).

On many occasions in this data the therapist simply provides minimal responses to complaints and fails to expand further until the complaint is completed. What is particularly noteworthy amongst the data in some instances though is the direct and explicit reference to the need to return to troubles telling by the therapist
that is most specifically noted in the Clamp data whereby the most complaining occurs. In the Webber family data the therapist makes specific what he considers would be helpful with a therapeutic session. This is particularly interesting considering the usual orientation towards a neutral position in institutional contexts like therapy (Silverman, 1997) and news interviews, (Greatbatch, 1998) whereby the normative neutral responses are minimal. Extract 1 shows how the therapist brings the complaints talk previously narrated back to troubles telling and therapy relevant talk.

**Extract 1**

01. FT: No no I'm not saying that I guess what I'm saying is
02. Sometimes it's its more helpful to think of ways of.
03. Resolving something rather than trying to discover
04. Why they developed that way in the first place (.)
05. Mum: Yeah

The delicacy of reinventing the topic is evident in this short formulation by the therapist. He can be seen here attempting to move the conversation on from aetiology and blame to something that he can be practically involved in, resolution. There is an orientation to the idea that even if the Niles manage to find a reason why their son came to have the disorder it would make little difference to how they approach his behaviour or help him. He claims 'sometimes it's it's more helpful to think of ways of resolving something rather than trying to discover why they developed in the first place' (lines 02-03). He employs the word 'sometimes' to hedge the proceeding sentence. This indicates to the family that it is not a definitive or only way of doing something. This functions to manage the preceding complaint across the session and tentatively attends to the need to move the interaction back to troubles. It also demonstrates to Mr and Mrs Niles that there is on some occasions reasons why
parents may want to know the reasons why but they are not necessarily helpful to therapy.

He does however show what is helpful to therapy is to progress forwards and places emphasis on 'resolving' which facilitates the orientation to the progression of therapy. The aim of therapy is to assist the family to resolve and progress forward their troubles. This resolution talk is a direct reference to the purpose of therapy. He shows the family in his formulation what he considers to be 'more helpful' for them to discuss which is resolving the problem, rather than discussing the causes of it. Specifically he uses the word 'more' to make his point. This 'more helpful' functions to soften the disagreement. Technically and literally by moving away from the family's complaint the therapist is disagreeing with Mr and Mrs Nile's ideas. They formulate their ideas about discussing the causes of their son's problem. Here the therapist is suggesting that they talk about alternative things and therefore it is softened and proposed as a more useful alternative way of speaking. This avoids addressing the complaint directly and orients towards a different point of conversation, one that is more therapeutically relevant. An interesting feature in this extract is the minimal agreement from Mrs Niles, 'Yeah' (line 05). Although minimal in its delivery it is nonetheless agreeing with the formulation of the therapist and troubles telling does ensue in the short term. Complaints continue to feature throughout the remainder of the session though and the therapist again works in ways to move away from such talk. In the case of the Niles family many of these attempts meet with agreement and there are many occasions whereby troubles become a salient theme again.

The Clamp family however appear more difficult to pacify and the therapist displays trouble much more frequently. The complaints about professional bodies consistently occur throughout all ten-therapy sessions made available to me and the
therapist's concerns about troubles telling recur throughout. There are many possible examples from this particular family that are available for use in this chapter and a small selection of them are employed here in order to demonstrate the conversational techniques used by the therapist on such occasions. Throughout the first five sessions of their therapy one of the reiterated problems reported by the Clamp family are the interventions and visits from social services. Notably though it is not until session six that the therapist makes direct orientation to the nature of complaining as problematic and talks in ways that try and move the talk back to therapy relevant discourse. Following a couple of attempts to make the talk more therapy relevant he specifically brings the complaint back to emotion, a more troubles relevant topic.

Extract 2

01. FT: ........ (.) the accusations that have been
02. thrown at Joe are (.) erm (1.0) they've made
03. you feel angry
04. Dad: Yeah (.) I mean a- a- after the night that I hit
05. him

The therapist there reformulates the 'gist' of the lengthy complaint (see previous chapter for details – chapter three) and brings the conversation back to talk of feelings. He specifically constructs the emotion as anger. He sums up the content of the complaint as one emotive word by stating 'the accusations that have been thrown at Joe are (.) erm (1.0) they've made you feel angry' (lines 01-02). He acknowledges that the reported 'accusations' of the social services directed towards Mr Clamp's brother, Joe. He summarizes the accusatory and blame discourses that are constructed and reconstructed by Mr and Mrs Clamp and makes relevant emotion in ways that attend to the context of therapy. What is noteworthy is the way he positions the anger. There is an omission of blaming social services for causing the anger and instead it is
placed with the abstract accusations and depersonalizes the complaint source. The abstract is made relevant whilst feelings become a focus for the therapist.

It is recognizable here that the therapist is not in the business of blaming and again this orients to the neutrality boundary placed by the institutional nature of the setting. Furthermore by discussing within a framework of emotions it allows for talk about something that the parents and therapist can work through together in the therapy and works in a way that attempts to diffuse their victim status and provide empowerment over their problems. By blaming the social services for every difficulty it removes all power from the clients and from the therapist and renders the therapy useless. Therapy has an element of taking responsibility and allowing the client to resolve their issues. By constructing oneself as a victim of an outside agency it limits the therapeutic possibilities. This extract shows one of the techniques the therapist has available to allow the clients to explore their problems more effectively. By reformulating a complaint in terms of emotions it allows for the explorations of those feelings and make for a therapy relevant issue.

Despite his efforts to bring back troubles though the response from Mr Clamp is a simple ‘Yeah’ (line 04) followed by a contribution of complaining about professional bodies. This works to acknowledge the therapist's reformulation of the complaint but not accept it as specifically relevant and therefore the complaining continues.

In Extract 3 there is again reference to his role as a therapist and what he can actually do to help the family. Once again the Clamp family provide the therapist with details of the complaint they have about social services and their involvement in family life. This piece of talk occurs midway in the session as it is opened once again with a reiteration of the previous sessions complaint object. The therapist here moves to redirect the talk to troubles prior to any more detailed complaint sequences.
Extract 3

01. FT: Right (.) can I (.) I mean I know we kind of
02. started off checking out (.) what we can and
03. can't talk about today (.) what's gonna be
04. most helpful to talk about because (.) I I've
05. started to ask questions about er::m (.) w-
06. what's it gonna mean (.) what's it gonna be
07. like with Phillip (1.0) erm not around (.)
08. and it kind of sounds like things'll be (.) you
09. thing things are gonna be okay

In his summary he begins by reiterating an earlier point made prior to yet another complaint sequence about social services 'I know we kind of started off checking out (.) what we can and can't talk about today (.) what's gonna be most helpful to talk about because (.)' (lines 01-04). The implication is that the preceding complaint is in someway unhelpful. The suggestion being that talking about some things is more helpful than talking about others. In other words some topics are more therapeutic than others. He returns to an earlier point about what was going to be the topic of conversation for that particular session in a way that suggests that some things should be open for conversation and others not.

The notable point here is that is the therapist whom attempts to determine the topic of troubles. He asks the question 'what's it gonna be like with Phillip (1.0) erm not around?' (lines 06-07). This repositions the focus of the narrative and suggests what the Clamps should be talking about in ways that move the interaction forward and way from complaints about social services. It shows Mr and Mrs Clamp that the therapy important talk could center around their feelings about their son, Phillip. There is an implication of change from the earlier reported suggestion that their older son Phillip will not be residing in the family home due to a move to a boarding
school. There is an implication from the therapist that this should generate feelings from them and the suggestion is that this is the arena for those feelings to be discussed with a further potential for being more helpful than the focus on social services.

Despite this the complaints concerning professional bodies continue into session nine. Extract 4 shows how the therapist manages the complaint talk. Between Extracts 3 and 4 Mr and Mrs Clamp report that the social services have stepped in and removed the children from the family home in relation to allegations of child abuse (discussed in chapters 5 and 6). In attempts to manage their accountability Mr and Mrs Clamp commonly complain about the ways in which the social services have handled their family situation. Extract 4 shows how the therapist manages these consistent complaints with regards to professional bodies.

**Making clear what is helpful**

One of the things the therapist does do in his attempts to move the talk away from complaints is to show the family what is helpful to therapy. He talks in a way that orients to the progressive nature of therapy and demonstrates helpfulness in his talk.

**Extract 4**

01. FT: Is it is it helpful is it o- helpful for us to keep
02. talking about this? When it’s not directly
03. connected to what you were saying Joanne
04. about we want the children back
05. Dad: it is 'cause if we didn’t talk about it I’d
06. crack up
07. FT: "Okay"

This narrative specifically asks about the relevance of complaints talk and is particularly interesting as it occurs in session nine. A notable point at this juncture is
that the therapist first started making reference to the unhelpful nature of complaints back in session six and therefore faces the difficulty that they are still making complaints against professional bodies. The therapist asks 'is it helpful is it o- helpful for us to keep talking about this?' (lines 01-02). By proposing his concerns as a question it facilitates the neutrality, which therapists are supposed to conform to. It subtly suggests that the topic needs to be changed without actually telling the family. The repetition in the first part of the question displays that the therapist has difficulty in making this point. Furthermore he orients to the progressive nature of therapy by making therapy a specifically 'helpful' arena. The implication here is that therapy should be helpful and should be useful. By default therefore the suggestion behind his question is that talking about social services is in some way unhelpful.

What is interesting is that Mr Clamp overlooks the implication and answers 'it is' (line 05). This then provides the forum for his continuation of the complaint. His response to the therapist’s question is direct and answered immediately. There is no hesitation in his response that shows that Mr Clamp does not display trouble with the line of talk being followed. He even provides a therapy relevant reason for the need to continue talking about social services ‘cause if we didn’t talk about it I’d crack up’ (lines 05-06). Cracking up is a common sense notion of mental instability. More specifically the father shows here that the talking about social services is what has prevented him from cracking up. This works to make the complaints therapy relevant from Mr Clamp’s perspective and poses further difficulty for the therapist.

Even in session ten the complaints against professional bodies continue. The therapist continues his efforts to return the therapy back to troubles and again asks his clients what is helpful.
He starts his narrative by asking Mr and Mrs Clamp a question, which directly addresses therapy as progressive and active in nature. He asks ‘<is what can we start to talk about that is going to start making a difference>’ (line 02-03). The suggestion here is that to this point no difference has been achieved. The implication is that Mr and Mrs Clamp have not been talking in therapy related ways and therefore the complaining process has hindered progression. This is not something that is directly stated though. The fundamental point displayed is that the session needs to focus on talk that progresses the problem and is in someway helpful. He places the choices and autonomy back with the parents in ways that suggest that troubles telling as opposed to complaints are required.

He once more employs the word ‘helpful’ to orient to therapy as being useful in some manner. He states ‘that will be helpful for the two of you’ (lines 03-04) in alignment with the suggestion of ‘making a difference’ (line 03). His suggestion here is that the parents are in need of his help. He positions the source of that help back with the Clamps. This is usual for therapy as therapy is designed to help clients address and solve their own problems. The main suggestion here is that the Clamps
have the option of talking in a way that would be helpful and there is an orientation to a particular style of discourse that would achieve this.

In this process of the usefulness of therapy the therapist here takes an active position and provides the parents with a potential topic for discussion. He suggests ‘we haven’t thought about the possibility (.) that you don’t get the children back (1.0) now I don’t know whether that’s something that we could start [to talk about’ (lines 09-12). He hedges the suggestion with now I don’t know’ in a way that maintains autonomy with his clients but makes clear that it would be ‘helpful’ and useful for therapeutic progress.

Despite this strong suggestion from the therapist ‘that you don’t get the children back’ (line 10) Mr Clamp still continues back to his complaint, ‘now she said to us as well’ (line 11). This functions to reiterate his earlier difficulty with social services and provide more complaining.

**Expectance of practical assistance**

From these many complaints made by the Clamp family (and that of the Niles family) there is a clear expectance of assistance from the therapist to endorse the complaints or provide some form of practical help. The problem faced by the therapist is that therapy is not the business of advice giving but therapy. The Clamp family is particularly more persistent than the Niles in their pursuit of assistance and therefore there are more examples of this pursuit.

In session 7 of the Clamp data the therapist again tries to contextualize the talk in terms of therapeutic progression. He orients to the unhelpful nature of complaints in a way that demonstrates that he is unable to offer practical assistance or advice.

**Extract i**

01. FT: Right (1.0) Joanne can I ask (.) for you
erm (.) and I mentioned it a a minute ago
you know w- w- what is it that’s gonna
be most helpful for us to think about today
(.) I mean clearly (. ) you know (. )
everything has changed (. ) since the last
time we met for for your whole family
(2.0)
erm
(2.0)
w- w- what would it be helpful for you to
to think about and talk about today
Well to try and get the lads back for one
Okay
and e::r (1.0) me and Phillip to carry on (. )
‘cause we were doing so good since the
last meeting (. ) I got on more better with
him

The progression of therapy is a predominant theme in this extract and is oriented to by both the therapist and the family. The institutional context of therapy is made relevant and the talk of both parties make clear their position. The therapist in his narrative sets up his narrative in a way that requests troubles talk whilst acknowledging the change in the family’s circumstances. He asks ‘what is it that’s gonna be most helpful for us to think about today’ (lines 03-04) and repeats ‘what would it be helpful for you to (.) to think about and talk about today’ (lines 11-12). The therapist here makes reference to the progressive nature of therapy showing it to be something ‘helpful’ to the family while positioning them in the position of deciding how to make the therapy progressive. There is also the implication in this question that the family have numerous troubles and the suggestion is that they should be prioritized and considered.

This progressive nature of therapy is received by Mrs Clamp in a way that demonstrates the expectance of practical assistance. She makes a practical request and then accounts for the request by using the idea of progression in therapy. By saying
'well to try and get the lads back for one' (line 13) she shows the therapist that there is an expectation that he may be able to comply with the request. The minimal response 'okay' (line 14) however indicates that this would not be a useful use of the time. This is strengthened in the continuation of Mrs Clamp’s talk whereby she provides an account of why it would be helpful for the therapist to provide such assistance. She states ‘for me and Phillip to carry on (.) ‘cause we were doing so good since the last meeting’ (lines 15-17). In this part of her talk she is aligning with the therapist’s prior introduction and herself orients to the progressive and useful nature of therapy. She formulates this in a positive way. She shows that the therapy was having a good effect on her relationship with Phillip and therefore the implication is that it should continue.

**Extract ii**

01. FT: Joanne was saying that (.) she would find it useful today to think about (1.0) getting the children back  
02.  
03. Dad: Yeah  
04. FT: Now I (1.0) I don’t know what (.) is happening from the social services or legal point of view (.) like that (.) I I cannot comment at all on whether  
05.  
06. Dad: [well she told us today that  
07.  
08.  
09.  
10. she wants them to go into care (.) and she says e:::r (1.0) THAT's what I think is  
11. definitely gonna happen (.) when we go to court (.) so it’s as if they already know  
12.  
13.  
14. what’s gonna happen =

In this follow up extract the expectation from Mr and Mrs Clamp in terms of what the therapist can do practically in assisting them to get their children back continues. This is met with some resistance from the therapist and what is interesting here is the ways in which Mr and Mrs Clamp persist in their attempts to obtain help. Early on in the
extract the therapist begins an account as to why he may find it difficult to engage in such a task by demonstrating a level of ignorance in three parts. He shows that he is unaware of what is happening ‘from the social services’ (line 06) ‘or a legal point of view’ (lines 06-07) and he ‘cannot comment at all’ (lines 07-08). This is very specific and direct. He shows the family that he is not in a position to offer such practical assistance and uses ignorance as his account for why.

This account for why he cannot help them practically however is met with persistence from Mr and Mrs Clamp. The reasons provided by the therapist seem to be taken literally as Mr Clamp offers information to counter the therapist’s ignorance, with the implication being that if he does know about ‘social services’ and the ‘legal point of view’ he might be able to comment. Mr Clamp prefices his information with ‘[well’ (line 09) which overlaps the therapist’s account. This signals to the talk recipient that a story or information is to follow and serves to show that there is a lack of acceptance. He continues by providing the social services’ perspective ‘she told us today that she wants them to go into care’ (lines 09-10). This works to indicate that the Clamps still have an expectation of the therapist to provide them with some sort of practical help in getting their children back and fighting the social services.

**Extract iii**

01. FT: = What I certainly don’t want to do is
02. give you an impression that we can talk
03. about this in a way that can guarantee
04. Mum: Well
05. FT: that social services never bring it back
06. ‘cause I don’t think we can do that and it
07. would be unfair (1.0) and dishonest of me to
08. give you that impression (2.0) but I do
09. think there are ways that we can talk about it
10. that may be helpful for you all
Preceding this extract the construction of the complaints sets up ways in which the parents' expectations of the therapist are explored with an implication for him to do something practical. Therefore the clarification is what he can actually do is a direct uptake of parental expectation. He argues 'I certainly don't want to do is give you an impression that we can talk about this in a way that can guarantee...that social services never bring it back' (lines 01-03 and line 05). The therapist here is in a difficult position as he is presenting a dispreferred response. The Clamp's implication is that as a therapist he has the capability of influencing social services intervening in their life. Here he makes it clear that he is unable to fulfill those expectations. He positions responsibility for intervention with the social services and diminishes his own.

While providing the dispreferred response to the initial complaint however, he does attempt provide help to the family in a therapy related manner. He claims 'I do think there are ways that we can talk about it that may be helpful for you all' (lines 08-10). The position taken here by the therapist is twofold in the sense that he is orienting to therapy as a progressive institution whilst maintaining the sentence as hedged and non-committal. He moves back to the concept of therapy and talking as a helpful phenomenon, suggesting that is they talk about their troubles there is room for progression, but he hedges it using phrases like 'I do think' personalizing the sentence and emphasizing 'may' which contrasted could just as easily be may not. The therapist attempts to return the therapy to troubles talk however is not overtly successful and is again required to comment on what the family need to do to move forward away from complaining and back to troubles.
What the therapist cannot do

One of the ways in which the therapist is able to move talk back to troubles talk and feelings is by specifically stating what he cannot do for the family with clarity and definition. In the following extract the therapist informs the Niles family that he is not able to perform diagnoses on children with difficulties in a way that attempts to move away from the complaint formulated by them about the lack of diagnoses to date.

Extract 6

01. Dad: people say “oh no how do you know he’s
g- th- (.) how do you know he’s got that” (.)
03. but how do we know
04. FT: Yeah but with autism
05. Dad: he hasn’t got anything like
that
07. FT: but autism there is (.) there are a series of
assessments that that you can undertake now
09. I’m (.) I’m not qualified to make that
diagnosis but my my immediate reaction
11. would be you know
12. Nic: No
13. FT: it’s not autism (.) ADHD is a different one
14. altogether

The discussion in this extract revolves around the talk of Mr and Mrs Niles in their attempts to acquire a diagnostic label for their son, Steve. In this discussion Mr and Mrs Niles make reference to the possibility of diagnosis with an orientation for the therapist to provide assistance in the label acquisition. They turn to the therapist to facilitate their understanding of the various childhood disorders and present them as points for discussion. Mr Niles in this extract shows that there are available possibilities and that numerous people have proffered ideas and he turns to the therapist for clarification. He actively voices (Wooffitt, 1992) people say ‘oh no how
do you know he's g- th- () how do you know he's got that" () ' (lines 01-02). This projects to the therapist that Steve's diagnosis is a regular point of discussion outside of the therapy and therefore implies that it is an important unresolved issue for them as a family. This is strengthened with his direct question to the therapist 'but how do we know' (line 03). This is a loaded question with a clear expectation of a knowledgeable answer. The category therapist carries an expectation of knowledge about mental illness and this expectation is prominent in Mr Nile's question.

The therapist however makes it clear in his narrative that he cannot provide such assistance. He asserts a positive suggestion prior to his inability to help. He does this in a way that suggests that help can be made available by other professional people but that he is not in a position to directly offer it. He shows that diagnostic tests can be conducted 'there are a series of assessments' (lines 07-08) but follows this with a statement of what he cannot do. He shows this by saying 'I'm not qualified to make that diagnosis but my immediate reaction would be you know ...it's not autism' (lines 09-13). This particular statement from the therapist is particularly interesting as he does a number of things to soften the impact of what he is saying. Initially he draws on something tangible, qualifications. Common sensically people prefer people with the right qualification to do their job and therefore the implication is that the family would benefit from having a qualified person to make a diagnosis. There are certain category expectations (Potter, 1996) in the field of mental health and these can be interchangeable to laypeople. In this extract the orientation from the family is that as a therapist he should have the ability to comment on or make a diagnosis based on the reported behaviour of Steve. Here the therapist clearly clarifies those category expectations by specifying that whilst being in the field warrants him some knowledge about labels and diagnoses his qualifications do not provide him with the training or abilities to do such a job. Secondly, prefaced with a 'but' he
moves to provide the likelihood of autism by providing his opinion, albeit unqualified. This therefore demonstrates that he is not unwilling to help them and has an appreciation for how important an issue it is for them. It does however move to stop the process of complaining about the lack of diagnoses with the implication that due to his inability to diagnose they should move back to the process of therapy and discuss issues that he can help them with rather than focusing on problematic area to which he can have no effect.

This extract is continued a little later in the session in Extract 7 and serves to reinforce the initial diagnosis talk. The family moves on from the possibility of autism as a diagnosis of autism in a way that orients to the opinion of the therapist and consider the possibility of ADHD (attention deficit hyperactivity disorder). This functions to show that the therapist’s earlier revelation that he is in fact unqualified to assist them in this matter fails to prevent the parents pursuing their complaint about the lack of diagnosis and continuing their talk around the problem.

Extract 7

01. Dad:  >you know what I mean< but (.) I don’t
02. know I mean (.) everything on that
03. programme I watched it was exactly what he
04. does it was just like him I’m ninety five
05. percent sure and I’d bet me life on it (.) that
06. it was the sam- he did everything he does
07. FT:  I mean I think if you think there are real
08. similarities I think you you (1.0) I I can’t
09. diagnose >ADHD<
10. Dad:  Oh yeah
11. FT:  you have to pursue that through y- your
12. doctors (.) now if your seeing doctor Peters
13. up in the children’s centre here
Mr Niles in this extract continues to attempt to elicit information about diagnosis from the therapist in a manner that suggests a need for agreement or disagreement. He cites the reasons why he believes there is possibility that the disorder his son is suffering from is ADHD by providing a contrast between Steve and a television programme watched by the family. In his narrative Mr Niles does two things. He shows why he thinks Steve has ADHD and he asserts a level of certainty in a way that implies an expectance of support. He states ‘I mean (.) everything on that programme I watched it was exactly what he does’ (lines 02-05). Here he draws on the level of same behaviours expressed by the child in alignment with Steve’s own behaviours. This works to show that there is a strong resemblance between the two children. He then provides three things as to his level of certainty, ‘I’m ninety five percent sure’ (lines 04-05), ‘I’d bet me life on it’ (line 05) and ‘he did everything he does’ (line 06). ‘ninety-five percent’ displays a high level of certainty at the similarities but Mr Niles continues to upgrade his level of certainty with how much he would put at stake, ‘I’d bet me life on it’. While one cannot actually place a bet using one’s life it is a way of expressing how strongly you believe in something. This is further supported with the extreme case formulation of ‘everything’ (ECF: Pomerantz, 1986). This suggests that all the behaviours displayed by Steve match the child in the television programme and therefore attempts to remove any doubt.

The therapist however fails to provide the support for Mr Niles’ suggestion and reiterates his earlier point about what he cannot do for them. He says ‘I I can’t diagnose >ADHD<’ (lines 08-09). This functions as a way of returning the talk back to troubles. By showing them what he can’t do there is the implication that the talk is unhelpful to the therapeutic process in some manner and therefore troubles should be returned to. It also serves to reiterate his earlier point (made in Extract 6) that he is not
the person who can help them with such issues and therefore the implication is that the talk should move away from it.

He does offer suggestions as to what the family should do in a way that moves to close the topic. He states ‘you have to pursue that through y-your doctors’ (lines 11-12). As the doctors would not be course of action to take up immediately the implication is that they do it later and return to the therapy in the immediate time. This functions further to show the family that there are different institutions to deal with different aspects of their difficulties. This works in a way to move the conversation away from the complaint whilst offering practical assistance for another time and place.

The process of showing what he, as a therapist is restricted in doing is continued in the Clamp family therapy whereby there has been a consistent amount of complaining across sessions. In Extract 8 Mr Clamp complains about the involvement of social services frequently and again the therapist has to deal with this in a way that displays neutrality but moves the conversation away from complaining. The examples in this chapter show that the therapist makes many attempts to move the Clamp family away from complaining. One of the strong ways in which the therapist attempts to move the Clamp family away from complaining and back to troubles is by orienting to the unhelpfulness of the complaints. As I demonstrate these orientations fail to yield success and the earlier extracts demonstrate that the family continued to complain even immediately after the therapist tried to discuss how unhelpful they were. In addition to this the therapist uses the technique of clearly showing that he is unable to do certain things to comply with their expectations in a way that attempts to move the talk back to troubles.
The difficulty the therapist encounters is displayed in the way in which he presents his talk. His comments are hedged and filled with pauses. His talk begins with an expression of what he cannot do ‘Yeah it's difficult for me to kind of (1.0) er::m (1.0) to to comment on what what social services’ (lines 01-03), continued as ‘or the police or other people have done’ (line 05). His initial opening response although filled with difficulty works in a way to portray to Mr Clamp that it is not part of his role to discuss outside agencies. The institutional context is oriented to in the attempts for neutrality and professionalism whilst maintaining the position that it is not the business if therapy to discuss problems with other agencies. Notably he does not explicitly state that he cannot comment, rather he says that it is difficult’ for him to comment. This functions to soften his response but at the same time carries the implication that he will not comment. The three-part list reiterates the agencies that the father reported as agentive in the complaint (Jefferson, 1990). He acknowledges that it is

1/ ‘social services’ (lines 2-3)
2/ ‘the police’ (line 5)
3/ ‘or other people’ (line 5)

that are the central aspect of Mr and Mrs Clamp’s complaint and at the same time shows them that he is not in a position to make reference to their reported behaviour.
In alignment with Sacks', (1987) claim and the work of Pomerantz, (1984) that a dispreferred response usually leads to an account the therapist does provide reasons for his inability to comment upon the content of Mr Clamp’s complaint ‘you know I I wasn’t the:::re’ (line 06). There are two interesting features of this account. Firstly the therapist does not say in any direct manner that it is not the business of therapy to deal with complaints and therefore he cannot comment of the contents of it. Instead he moves to show that his lack of presence at the time makes it ‘difficult’ for him to comment. The implication is that a lack of knowledge and understanding of the circumstances are the reasons why the path of talking in this manner is less useful for therapy. Secondly this account obtains a response of acceptance from Mr Clamp ‘That’s right’ (line 07). Mr clamp here acknowledges the therapist’s statement as true and this functions as acceptance of the problem faced by the therapist.

This extract functions as a further example of the difficulties faced by the therapist in the face of complaining clients. It shows that one of the available ways the therapist deals with these complaints is to reiterate what he cannot do for them in a way that orients to the need to continue with troubles telling and return to the business of therapy.

The therapist proffers assistance

There is one instance though whereby the family therapist actually moves to offer the Niles family practical assistance, not in full as he has shown that he cannot actually offer a diagnoses as oriented to by the family but when the complaint is reiterated and reformulated by the family for a second time the therapist offers help in a way that moves to close it down. As this is rare in across the therapy data I move here to give it some attention in order to show that offering practical assistance is one way that a
therapist can close down a complaint as the topic of diagnoses does move on and troubles talk is achieved albeit not immediate.

There are several interesting components of the complaint that are not dissimilar to the complaint constructions outlined in chapter three. One of the particularly interesting aspects is that the therapist's offer of assistance initiates the reiteration of their earlier complaint. This short section of the thesis will examine

- The initiation of the complaint in terms of the practical assistance
- The encompassment of the complaint; infringement of well being and the problems with institutional practices
- The completion of the complaint sequence

The complaint provided by the Niles family here is therapist initiated in a sense in the same way as demonstrated in the previous chapter on complaints. The therapist moves to close down the initial complaint by making a practical suggestion as to what he can do for the family and this leads to Mr and Mrs Niles clarifying their complaint further before accepting the assistance.

*The initiation of the complaint in terms of the practical assistance*

*From extract 9*

04. FT: I mean I'm aware of it so I can always write to
05. your G P but erm
06. Steve: [There's a shower in that toilet

The initiation of this complaint is built into the extract. The therapist here offers something practical that he can do for the Niles family following troubles talk, he says
'I mean I'm aware of it so I can always write to your GP' (lines 04-05). It is notable though that the 'I can always' is hearably reluctant and outside of what he is really there to do. This is strengthened with the 'but' (line 05) which suggests that there is more to follow but Steve interrupts him with a side issue. The uptake by Mr and Mrs Niles though is to construe it as problematic. The orientation by Mr and Mrs Niles is that of bureaucracy and paperwork upon the involvement of such professionals like GP's that suggests that they want their help from him as a therapist. Therefore what they do is provide a complaint about the process of trying to acquire a diagnosis.

The complaint: Extract 9

01. FT: [I'm not dismissing
02. the ADHD either
03. Dad: Yeah
04. FT: I mean I'm aware of it so I can always write to
05. your GP but erm
06. Steve: [There's a shower in that toilet
07. FT: Yeah there is a shower there yeah
08. Dad: Yeah but the thing is it's not only (. .) I mean (. .)
09. you say you've got to have (. .) two I mean we
10. had two like big questionnaires
11. FT: Yeah
12. Dad: it was like signing on the dole
13. FT: Yeah
14. Dad: there was that much paperwork (. .) Sally and
15. me did it at home (. .) I mean we sat there
16. together and filled it in
17. FT: Yeah
18. Dad: and then there was apparently there was one
19. sent to the school
20. FT: Right
21. Dad: and the school one was completely different
22. Kevin: ( ) ↑Hello

The members in this interaction are: FT: the family therapist (Joe), The Niles family: Mum: the mother (Sally), Dad: the father (Alex). In some sessions the children are present, whom in chronological order are: Steve, Nicola, Lee and Kevin. The disorder being discussed is ADHD Attention Deficit Hyperactivity Disorder, defined as (definition here).
The complaint in this part of the therapy is a reiteration of the complaint made earlier by the family with regards to the lack of diagnosis on their son. In chapter 3, 2 of his other families provided complaints about the involvement of outside agencies and this chapter has begun to demonstrate how the therapist manage this type of talk. In this instance though when the complaint is repeated the therapist moves to close it down in a different way and offers some practical assistance. Before the therapist’s reactions to the complaint can be dealt with effectively analytically though some attention needs to be given to the complaint aspect itself.

*The encompassment of the complaint; infringement of well being and the problems with institutional practices*

There are two key areas I deal with here in terms of the fundamental component of the complaint. I examine the infringement of well being, the ways in which the family
show that something has had an effect on them personally and the key problems with institutional practice.

**Infringement of well being**

One of the main issues Mr and Mrs Niles point to is that their well being is infringed. A key aspect of the complaint is that they are in some way wronged by the actions of others.

From Extract 9

21. Dad: and the school one was completely different

The position taken here is one of confusion. The narrative implies that the professional bodies have infringed on their welfare by creating confusion and failing to keep the family informed of events. Part of this confusion is oriented to here with a display of difference between the questionnaires being discussed. Mr Niles claims 'the school one was completely different' (line 21). The ECF constructs the questionnaire as ostensibly different in format and the contrast functions to construct confusion and lack of understanding.

This confusion is reiterated towards the end of the complaint serving a summative consequence to the actions of the professional agencies. Mr Niles sums up the infringement of their well being metaphorically.

From Extract 9

40. Dad: we just seem to be sat in the dark don't we you
He completes his complaint with a summary of their confusion by claiming, in figurative terms 'we just seem to be sat in the dark' (line 40). This demonstrates that the excessive paperwork is not a singular source of complaint but misunderstanding and miscommunication also form part of the problem. Mr Niles expresses here his dissatisfaction with the communication between the professional bodies and themselves idiomatically. It would not be understood that Mr and Mrs Niles were literally 'sat in the dark' but is figurative to display their confusion and formulate a summary of their complaint a prevalent way of bringing a point to a close (Drew and Holt, 1988). He explains to the therapist that they have failed to understand the procedures taking place and indirectly complain about the professional bodies' failure to clarify.

Mr Niles characterises the parents' position to demonstrate to the therapist that their opinion is one of limited information. They point to the failure rhetorically through discourses of ignorance by expressing that the professional bodies have failed to inform them about events concerning their family.

**Institutional practices**

Professional practice is constructed in this extract whereby the excessive paperwork and procedures are described and considered by the parents in a way that informs the therapist of their dissatisfaction with professional bodies.

**From Extract 9**

12. Dad: it was like signing on the dole
13. FT: Yeah
14. Dad: there was that much paperwork (...) Sally and
15. me did it at home (...) I mean we sat there
16. together and filled it in
Mr Niles here constructs the institutional practice of diagnosis as confusing and time consuming. He employs the analogy of 'signing on the dole' (line 12) to orient to the common sense notion of bureaucracy. It is commonly accepted that when one signs for benefits, institutional procedures are in place, it is a feature of official claims that there are specific advisors available to assist with institutional practices. This is reiterated in the confirmation of the complaint. He says, 'there was that much paperwork' (line 14). This emphasizes the quantity of forms they were required to consider for diagnosis. He continues his support for the complaint worthy nature of the procedures by explaining that the forms required more than one person to fill them in therefore orienting to the confusing status of the paperwork. He informs the therapist, 'Sally and me did it at home(.) I mean we sat there together and filled it in' (Lines 14 – 16). This shows that he and his wife needed to consider the questions together and therefore works up the complaint.

From Extract 9

21. Dad: and the school one was completely different

The quantity of the form filling is reiterated in Mr Niles’ use of the ECF, ‘completely’ (line 21), used to provide a contrast between the paperwork they received and the paperwork that was filled in by the school, ‘the school one was completely different’ (line 21). The ECF works to express the differences between themselves and those of the school in order to project the confusion and complaint-worthy nature of bureaucracy.

As in chapter 3 when dealing with complaints the therapist despite his moves on occasion to give practical assistance (albeit somewhat reluctantly) still provides minimal responses to the families when complaining.
From Extract 9

12. Dad: It was like signing on the dole
13. FT: Yeah

19. sent to the school
20. FT: Right

These aspects of the complaint again receive no endorsements or advice. He once more simply provides short acknowledgements of what is being said. This is particularly noteworthy when contrasted with the extracts A and B earlier in the chapter whereby troubles talk is being constructed and the therapist is an active participant in the talk. In those particular excerpts the therapist’s contribution is much greater and persistent than here when the focus is complaining.

*The completion of the complaint sequence*

The distinctive feature of this complaint over those discussed in chapter 3 is the therapist’s moves to actively offer assistance to the clients. Whilst this type of talk is unusual and rare there is still a strong orientation to the unhelpfulness of complaining and moves taken to move the talk back to troubles telling. This particular complaint sequence is oriented to by the therapist as coinciding with the end of the particular session and he moves to close down the complaint in a way that moves to close down the session too. His success is however is limited and it takes considerable time for this to happen.

From Extract 9

27. FT: Yeah oka- I mean I I’ll try =
28. Dad: =>I mean we’ve got to
29. do something I mean<
30. FT: and get in touch with doctor Peters and find out, (.) what he thought from the questionnaires

34. Dad: I mean that would be a good idea I mean if you was to find out

36. FT: I'll do that

42: FT. Right okay well that's the least I can do for next time
43. Dad. You better get your diary out duck

There are three main attempts by the therapist in this extract to close down the complaint and close off the session. What is striking about these episodes of closure is the practical component. In all three instances the therapist makes references to what he can physically do to help them. In the first attempt he is quite detailed and refers to the doctor by name 'I'll try and get in touch with doctor Peters' (lines 27 and 30). The 'I'll try' is a little noncommittal though and fails to close the complaint down as Mr Niles continues to make his case for its importance.

The second attempt to close down the sequence is more committed and definitive. The therapist confirms Mr Niles' need with 'I'll do that' (line 36). This works to demonstrate to the family that he will actively do something in a way that practically finds out relevant information in terms of their paperwork. The final closure of the complaint is again down to the therapist to initiate. In this instance he successfully closes the complaint and session with an orientation to his role and practical position. This is noted in the making of arrangements for the next session signalling the completion of the current one.

Summary

There is a strong theme across this section of the thesis that complaints are in some way unhelpful to therapy and are beyond the boundaries of what the therapist is able
to do in a way that helps the family to solve and address their problems. Therapy is an institution that moves to assist families to help themselves in order that they can leave therapy and function within the norms of society. What becomes particularly interesting and analysable in the data is the ways in which the therapist attempts to close the complaints and move the talk back to more therapy relevant talk.

This chapter shows that there is a distinct difference between talk about troubles and the formulation of complaints. A fundamental element of troubles talk is that about feelings and emotions. This is constructed in the arena of individual empowerment and removal of victim status. In contrast complaints have a strong element of blaming others for the inflicted troubles. This formulation of agency removes individual responsibility away from the family and onto outside agencies. This is not helpful for therapy as there is little a therapist can do about outside the therapy itself. The therapist’s role is to enable the families to work through their feelings and accept situations or develop the skills to change them in a way that leaves them empowered and without the need for further therapy.

There appears to be three salient ways in which the therapist moves to return talk back to troubles. One of the frequently used ways in which the therapist tries to do this is by orienting to how unhelpful that kind of talk is to therapy. He often uses the word helpful in his discourse in ways that attempt to move the talk to troubles. A second technique employed by the therapist is to be more clear and direct by reporting to the parents specifically what he cannot do for them. The suggestion here is that if he cannot do something about that issue they should move away from it and talk about other more therapy relevant issues. The third and less used technique is for the therapist to actually offer some form of practical assistance and show the clients what he can do for them. He does this in alignment with what he cannot do for
them and offers something alternative that would move them in the right direction for solving that issue.

This section of the thesis deals with how the clients and therapist deal with issues of complaint. How the complaints get constructed by the families and then how the therapist deals them with. Concurrent in these themes is an issue of accountability. The parents report the issues in a way that manages the involvement of the social services and other professional bodies in their family life. What is reported in the process of the complaints for some of the families is the issue of child maltreatment or potential risks of such treatment. This is a recurrent theme for why the social services are involved, to be complained about. The next section of the thesis addresses how the parents account for this involvement and how they manage their stake in potential accusations of such acts. Chapter five examines how parents, talk about their children being at risk from child abuse and chapter six investigates the discourse of reported acts of actual abuse.
Part 3: the risky business of child abuse
A fundamental concern for discursive psychology and conversation analysts is how accountability is managed. The central focus for this chapter is the ways in which parents of children who have disabilities account for, what is constructed by them, as a risk of child abuse. When reporting instances of behaviour that are oriented to as abusive, the parents are in a position whereby they need to manage their accountability for allowing their children to be at risk from such behaviour.

One of the salient topics of talk within the range of therapy data is the topic of child abuse. The central claim proposed by the parents is that their children (some of whom are diagnosed with some form of disability) are frequently being exposed to environments in which they are at risk from abusive behaviour, both physical and sexual. Due to this exposure to risk, the parents are made accountable for allowing such risk. They report being made accountable by the social services for putting their children at risk and therefore there are real consequences for accounting for their behaviour. There are two key ways in which they account for their behaviour:

- To normalize the circumstances and events that surrounds the risk in ways that make it appear ordinary and remove the need to challenge it.

- To pathologize the child in a way that constructs the child’s pathology as responsible for the risk.

Analysis:

Two salient themes run through the data and I give these close attention in my analysis. In this chapter I focus on two specific episodes, for three reasons. Firstly
these two episodes show clearly how the excuses and justifications are sequential. They demonstrate how accounts are built over the course of time, not just in one sentence. Accounts can be long and exhaustive and lots of short examples demonstrate this complexity. Secondly the two episodes are ‘dangerous’ for the parents involved and the potential consequences for them in terms of social services power are relevant to them. The episodes require considerable accountability on the part of the parents to manage their stake and so deserve more attention than would be possible with lots of short examples. Thirdly, because of ‘dangerous’ level of risk reported in these episodes, the parents do considerable work in order to achieve an account. So within each episode there are many different examples of the phenomenon under investigation and a strong analysis can be undertaken.

The first episode comes from the Clamp family (session 6 in the therapy sequence). In this episode (and subsequent sessions) the Clamps discuss the problem they have with the children’s uncle Joe. They report that Joe is a convicted sex offender and has access to the three children of this family, and note that this is not a concern of theirs, but that social services have made them accountable for this exposure.

This status is revealed in conjunction with talk from Mr Clamp about the concerns social services have for the three children in the family. In earlier sessions Mr Clamp reports instances of incidents of actual abuse allegedly perpetrated by himself towards his children and the consequences imposed by the professionals. At the beginning of session 6 the therapist reports hearing that the family have encountered problems. In response to this, Mr Clamp talks about a further allegation of his physical abuse towards his eldest son. He reports that this new case has prompted social services to express concerns about his brother’s previous conviction and his access to the family.
The second episode comes from the Webber family. The Webbers talk to the therapist about the boarding school that Daniel attends and show that he is at risk from further inappropriate sexual behaviour from the older residents. Once more the Webbers here are accountable for leaving Daniel in an educational establishment where they report there have been instances of sexual deviancy. This information is revealed early on in the therapy and becomes a strong focus for discussion by all parties. During the first part of the therapy session the Webbers describe their fundamental concern that Daniel has been discovered displaying inappropriate sexual behaviour towards their other son, Stuart. They describe a 'cycle' of abusive behaviour in the family and show that they are concerned for Daniel should the behaviour continue or worsen. They say that this inappropriate behaviour began at the school.

The emergence of normalizing as a technique

“Normalization is a phenomenon not only for the professional analysts but in the first instance for the co-participants themselves.”

(Lawrence, 1996: 187).

First of all the Clamps are accounting for risk environments to the therapist. While social services are reported as making them accountable, it is the therapist who is the recipient of the talk and it is him, whom puts them in an accountable position and has authority to act upon the receipt of the talk.

In the first episode Mr and Mrs Clamp use language to display a version of them as responsible, caring and putting the children's welfare first. They present events within which the children are constructed as being at risk from some form of
abusive acts. In this episode they use descriptions that normalize behaviour. Sacks, (1984b) notes that to accomplish the job of being ordinary the person attends to themselves, the world, objects and so on to see that it is the usual scene. Normality and ordinariness can be seen as social accomplishments and in this chapter I explore how parents in therapy set up the scene as usual and normal in ways that manage accountability and stake when they make reference to reported issues of putting their children at risk from abuse.

The emergence of pathologizing as a technique

Normalizing is not the only means of accounting for exposure to risk. In order to explore other conversational devices I also focus on a second complex episode for analysis, showing the strategies employed by Mr and Mrs Webber, to account for (what is treated by them as) inappropriate behaviour and how they achieve it. My focus is on how family members manage the credibility of their accounts and their stake in the events discussed (Edwards and Potter, 1992).

Mr and Mrs Webber put Daniel at risk by keeping him in a school where he has suffered sexual abuse in turn this is proposed as a reason for his own inappropriate actions so they continue to allow him to remain as a pupil at the school. The account they provide for this exposure to risk is quite different from that in episode 1. They use pathologizing predominantly as a further way of accounting for the risk. In other words they use devices to construct the children as pathological in some way and then used this pathology to excuse and justify the exposure.

Mr and Mrs Webber use devices to pathologize Daniel in ways that account for them putting him and their other children at risk from abusive behaviour. This attends to accountability for their own, as well as the Daniel’s conduct. They use the
pathology of Daniel to excuse their own behaviour, which might otherwise fall under an alternative category such as child abuse. They also use ‘disability’ categories to deflect from other possibilities such as bad parenting or ‘normal’ but unruly children.

Normalization and abNormalization

Episodes 1 and 2 have elements of talk that function to normalize or pathologize. In my analysis I show that they achieve the normalizing in a number of ways:

- They make the details of the event as minimal as possible by being vague about what happened on occasions when risk had been cited by family members or peers within a school environment. They construct this vagueness using idiomatic expressions and by glossing over the events.
- They construct and work up the importance of categories to acquire consensus and corroboration from important and worthy witnesses.
- They construct their narrative in a format, which scripts the events, which has been shown to be a normalizing device (Edwards 1994).

Pathologizing is achieved in the following ways:

- In contrast to the vagueness used to normalize the events, to pathologize the parents work up the specific details of the events and the child to account for the risk. The employment of idioms works as an account for risk of abuse, however the parents argue this to be inadequate, which in turn presents difficulty with the account. So they counter the normalizing idiom with pathologizing.
• The parents in terms of consensus and corroboration of the pathology also report support. The use of other credible witnesses functions to support the accounts provided by the parents.

• They also directly label the children, applying specific labels and direct diagnoses. This provides agency by blaming the child specifically, directly stated as it is with the pathology of the child.

Episode 1: The convicted sex offender

Extract A

01. Dad: >because, what’s happened< (.) is years
02. and years ago .hh I know as I say they
03. do keep (1.4) depends on .hhh but the
04. trouble is (.) it was not as actually if he
05. interfere:red with somebody .hhh or
06. whatever in my eyes (.) >I don’t see it as
07. that< (.) I know that he has done wrong
08. FT: Hu::m
09. Dad: He knows himself he’s done wrong
10. FT: Hu::m
11. Dad: Er::m
12. FT: Did he go to prison for it?
13. (3.0)
14. Dad: Yes I think he did (.) for so many
15. FT: Right =
16. Dad: = for so many months or something
17. FT: Yea::h
18. Dad: Er::m (.) but (0.2) the girl was (.) >I
19. think the girl< was nine he was nineteen
20. (.) >they were actually going out with
21. each other< (.) they were living together
22. (1.2)
23. Dad: that’s how (.) bad it was you know what
24. I mean (.) the parents let them live

34 The father reports his brother as going to prison for a sexual offence. This will be given more attention in the analysis later in the chapter. The important factor to note is that the brother was convicted for the offence and therefore the crime was not alleged or otherwise
Normalizing is a strong and recurrent theme in episode 1. What is particularly interesting though is how Mr and Mrs Clamp use in some instances the same devices to pathologize Phillip later in the episode.

Episode 2 is another strong example of the normalizing and pathologizing accountability the Webbers use when their child(ren) is/are at risk from potential child abuse. It has been shown that children in institutions are not only at risk from the adults who run them but also from their peers (Reynold and Barter, 2003) and there is evidence to suggest that violence and bullying are a prevalent feature of institutional life (Sinclair and Gibbs, 1998). This episode shows Mr and Mrs Webber reporting an instance of Daniel being allegedly sexually deviated against by his peers in the school.

**Episode two: risk of sexual abuse in school**

*Episode 2: Extract i*\(^36\)

01. Mum: He was tampered himself at school
02. Dad: [He was tampered with
03. himself at school and then they (.) there was a big
04. erm (.) police (.) you know like< same thing
05. videoing =
06. FT: = Yea::h
07. Dad: and [the =

\(^36\)The members of this interaction are the Webber family. These include: FT: the family therapist (Joe), Mum: the mother (Mandy), Dad: The father (Pat). The children in chronological order are Adam, Daniel, Patrick and Stuart. Daniel is the child considered to have some form of disability. All names have been changed in accordance with ethical guidelines.
Mum: [It was done in ((names place))]

Dad: = whole lot (.) it was done in ((names place))
weren't it

FT: How old was Daniel when this happened?

Dad: O:::h hhh

Mum: This is you know I don't know this is the <third

FT: Three times?

Mum: Oh yeah

FT: [to Daniel?]

→Mum: and they just (0.4) brush it [(.) oh boys are boys

→you know

Dad: [I mean no prosecution

was brought against the other kid because they've all
got difficulties

Mum: They've [all got =

FT: [Yeah

Mum: = learning difficulties

Dad: [so they felt that it was really

a waste of time (1.2) prosecuting him because really

he didn't even know what he was doin'

Mum: ↑[No =

FT: [↓Yeah

Mum: = bu−

Dad: You know (.) you(h)u (.) you see what I mean (.)
because they're all [difficult childrens =

FT: [Yeah

Dad: = in their own way y− (.) o:::r (.) in their own you

know

FT: Yeah

Note here that these are episodes of talk and a small number of extracts are taken from
the episode in order to demonstrate each point. Extract A and extract i provide the
fundamental information and the beginning of the discussions and supportive extracts
are given throughout the chapter that follow these in the actual therapy sessions.
The first group of devices I discuss are encompassed under the term ‘vagueness’. Vagueness is a strong way in which the parents achieve such normality. When normalizing, the circumstances and events parents present vagueness in three different ways, idiomatic expressions, glossing and hedging. When pathologizing a child though the opposite device is employed. Parents in this instance will provide many details about the events and about the child in a way that pathologizes that child.

**Vagueness (used to normalize)**

The discourse device relevant here is ‘systemic vagueness’. By providing just the essentials it is a way of suggesting inference (Edwards and Potter, 1992). The parents may omit to provide any specific details in ways that set up the events as usual or ordinary and they achieve this by doing a number of things. Vagueness works to achieve normality because of the lack of detail. Things that are normal are just common sense and do not require explanation. After much reading and listening to the data it emerged that when accounting for constructed potential risk, making the event vague was common and this was achieved in a number of ways.

In Extract A Mr Clamp narrates an incident concerning the sexual offender status of his brother (Joe). This extract follows talk in which it emerges that social services are concerned about Joe’s close contact with Mr Clamp’s three children. The problem faced by him is that Joe is a convicted sex offender and according to the NSPCC (2003) it is very difficult to treat sex offenders and it is usual for them to re-offend. It seems to be culturally understood that sex offenders often repeat their crime. The interesting focal point here is to uncover how Mr Clamp talks in ways that account for allowing his three children access to Joe.
Vagueness: Idiomatic expressions

The first focus of analytical attention is that of idiomatic expressions. Mr Clamp in Extract A uses an idiom to make vague the time span and work up the length of time passed since the crime took place. This works to strengthen the irrelevance of it without providing any specific number of years that have actually passed.

Episode 1: From Extract A

01. Dad:  >because, what's happened< (. ) is years
02. and years ago .hh I know as I say they
03. do keep (1.4) depends on .hhh but the

In Extract A Mr Clamp narrates an incident in which he describes Joe’s behaviour vaguely. He begins, ' >because, what's happened< (. ) is years and years ago .hh' (lines 01-02). This idiomatic expression 'years and years' denotes a lengthy period of time since whatever 'happened,' which is a way of downgrading its current relevance. Indeed, Mr Clamp’s general position is that he and Joe are themselves victims of the unwarranted interference from the social services department.

He supports this normalizing through idioms later in the extract in ways that continue the idea that social services should not be currently concerned with Joe’s access to the children.

Episode 1: from Extract (A)

32. Dad:  and the way she was looking at as if it
33. happened yester↓day

Mr Clamp here in this part of the extract uses idioms to work up a contrast between the scene he is setting about Joe’s past to the version he reports of social services. In the earlier aspect of the extract he emphasized the 'years and years' to show the
therapist that what happened (albeit it being a normal relationship) was a long time. He then contrasts this with the social worker’s view idiomatically ‘as if it happened yesterday’ (lines 32 – 33). He makes time the relevant aspect to his account here in two parts. The earlier idiom in a way that orients to factuality, a long period of time, versus an ‘unreasonable’ view that it was like ‘yesterday’. The implication here is that if the reported ‘relationship’ had actually happened ‘yesterday’, there may be a case for questioning the access. He clearly demonstrates in his talk though that it didn’t happen yesterday. The idiomatically expressed ‘yesterday’ therefore works to contribute to the normalizing discourse in a way that suggests that the social services are unjustifiably concerned.

The use of vagueness is a way of normalizing events, and idiomatic expressions are one way of making things vague and contributing to the work on normality. While the device vagueness is not used to work up pathology, there was an example of idiomatic expressions in the construction of pathology in episode 2. It is used to construct normalizing in a way that orients to pathologizing.

**Idiomatic expressions and pathology**

In Extract i (from episode 2) Mr and Mrs Webber demonstrate that Daniel is at risk from what they term ‘sexual tampering’. They are therefore in an accountable position for allowing Daniel to remain a pupil at the school. A notable way that Mr and Mrs Webber attend to this risk is by constructing the children as pathological in some way. One of the ways that this is achieved is through the employment of idioms. In this episode idioms are presented as the school’s account for the sexual tampering in ways that suggested it is a normal part of growing up. Here Mr and Mrs Webber present the school’s reported idiom in ways that show their disagreement.
with the formulation and later in the episode provide the pathology as an account for why these boys sexually aggressed against Daniel. This manages again their stake as responsible parents and gives reasons why they keep Daniel in the school. Notably though the idiom alone does not work strongly to formulate the pathology and this is authenticated in the second part of the narrative.

**From Extract i**

18. Mum: and they just (0.4) brush it (.) oh boys are boys
19. you know

Mr and Mrs Webber need to manage an account for the school as well to protect their reasons for keeping him there. Mrs Webber does this by providing the school’s account for this inappropriate sexual behaviour, to give their version, ’and they just (0.4) brush it [(.) oh boys are boys you know’ (lines 18-19). By using naturalizing discourses this functions to provide reasons for not taking action against the alleged perpetrators. This has found to be quite common. Traditional sociological and psychological writing has claimed that men are naturally aggressive and this is often used to justify men’s violences (Miedzian, 1991). This account of the children just being ‘boys’ functions as a justification for doing nothing, they implicitly take responsibility but deny the offensive nature of it (Scott and Lyman, 1968). This serves as a way of dismissing the seriousness of it and normalizing their own behaviour. Problematically though this in turn suggests something pathological; while physical violence is often dismissed as being naturally male, it is not a normal notion for sexual abuse to be dismissed under ordinary circumstances. This talk therefore functions to normalize the behaviour under these special circumstances. By being overly dismissive of the sexual abuse it potentially calls into question the ability of the school to look after Daniel and the responsibility of the Webbers to remove Daniel from such a school. Mr and Mrs Webber have a stake in projecting an account for the
lack of action from both parties. This will be further analyzed as I examine various aspects of the extract.

**Vagueness (Glossing)**

The second of the vagueness devices to emerge is the case of glossing, that it is skipped over or generalised in some manner. The parents keep event details vague and therefore imply normality by glossing over them. Providing an unspecific overview serves to minimise the importance of details that, if spelled out, might invite more condemnatory judgement. Returning to episode 1, Extract A we can see how Mr Clamp is concerned with protecting a safe image of Joe and reducing the possibility of social services intervening.

**Episode 1: From Extract A**

01. Dad: >because, what’s happened< (.) is years
02. and years ago .hh I know as I say they

The expression ‘whatever happened’ not only glosses over specific events, but provides for them as non-agentively as things that ‘happened’ rather than, say, actions, indeed reprehensible actions, that someone perpetrated. This form of descriptive language sets it up as some what peculiar, possibly oppressive that the social services are taking it so seriously (‘they do keep.’ lines 02-03 and lines 28 – 33). In playing down the offence and its current relevance Mr Clamp minimises the need for social services to intervene, displays such intervention as unreasonable, and maintains his own status as a responsible parent in allowing Joe access to the three children.
Following the vague time-span Mr Clamp moves to minimize the sexual offence itself. By playing down its severity he continues to attend to the issue of access and unwarranted social services interference. By claiming 'it was not as actually if he interfered with somebody .hhh or whatever in my eyes' (line 04-05), he is denying the category of child sexual abuse. By placing emphasis on what the behaviour was not, it glosses over what the behaviour was. He uses a contrast between the behaviour of Joe and the typical behaviour of a sex offender (cf. Smith 1978). The interference is idiomatic of behaviour against an individual's will or against individual not old enough to have a will. What is interesting here is the denial projected by Mr Clamp on behalf of Joe. Auburn and Lea (2003) examine the talk of sex offenders to show that they tend to utilize a particular narrative organization to manage blame and responsibility for the offence. What is striking here is that Mr Clamp manages the blame and responsibility for Joe not himself. This functions to manage his own stake in allowing Joe access to the children. The 'not' is emphasized (shown by underlining in the transcript) to maximize this with the 'actually' emphasizing the factuality of it. Further to this the vague category 'somebody' assists by removing all personal characteristics relevant to the offence such as age and gender.

Another major feature of the contrast is the notion of a genuine personal relationship taking place such that, and that she was not indeed simply a member of the anyone-will-do category 'somebody'. Following this with the 'general extender' 'or whatever' (lines 05-06) aligns with this denial to incorporate all and any kind of
sexual offence the details of which are unimportant given that they did not happen (Overstreet, 1999).

**Episode 1: From Extract A**

07. that <(.) I know that he has done wrong
08. FT: Hu::m
09. Dad: He knows himself he's done wrong

Looking back at lines 07 through to 09 it is shown that nevertheless Mr Clamp does acknowledge that something happened. Once the work to deny interference is complete, he displays an acceptance of some kind of wrongdoing in a way that continues glossing over the details. The kind of acknowledgement of wrongdoing works against any notion that he and Joe are blind to the facts, or lacking in normative values about child abuse or disposed to whitewash Joe’s behaviour, for which there is an official record; complete denial would risk looking motivated.

He says, ‘I know that he has done wrong’ (line 7), ‘He knows himself he’s done wrong’ (line 09). These parsimonious statements continue the vagueness, they gloss over the actual behaviours and provide an overview ‘done wrong’ and functions to play down the offence’s seriousness further. Joe acknowledges the error of his ways, these being as we have been told a long time ago so Mr Clamp constructs the offence as ‘wrong’ yet denies ‘interference’.

**Episode 1: from Extract A**

12. FT: Did he go to prison for it?
13. (3.0)
14. Dad: Yes I think he did(.) for so many
15. FT: Right =
16. Dad: = for so many months or something
The problem faced by Mr Clamp is the lack of overt acceptance of all this by the family therapist. For example Pomerantz, (1984) shows that the preferred response to something is agreement, like a preferred response to an invitation is acceptance. Due to the institutional nature of the setting however, the therapist resists providing agreement with Mr Clamp’s formulation.

I show that ‘done wrong’ is generically vague, glossing over details as if they are unimportant and not worth attending to. The therapist’s initial responses are minimal and ambiguous (Hu::m), but then comes ‘Did he go to prison for it?’ (line 12). This pursues the category sex offending, working up its possible severity, as something ‘wrong’ enough to lead to a prison sentence and works to deny the normality and ordinariness of it. It also makes the issue a matter of official records and public judgements, in contrast to Mr Clamp’s own perspective orientation ‘in my eyes’ (line 06). This counters the minimising work produced by Mr Clamp and makes more severe the events. Nevertheless the orientation to neutrality in therapy talk is maintained. It is proposed as an independent version, a factual matter of record, and not as an accusatory, opinion from the therapist, and put in the form of a factual question rather than overt disagreement.

The expression ‘for so many months or something’ (line 16) furthers the minimised version provided by Mr Clamp glossing over any detail. ‘So many months’ again lacks specificity again suggesting the irrelevance of factual detail. Also, given normative notions of prison sentencing, it is months rather than years, where common sense reasoning would be the shorter the sentence, the lesser the crime. This use of vague references to past events makes use of common sense notions of memory, in which important or interesting things are understood to be memorable (Edwards and Middleton. 1988). Vague recall implies a lack of detailed memory for events, which can also imply, rhetorically, that they were (or are) not considered important (Lynch
and Bogen, 1996). Furthermore it fits with the idiom ‘years and years,’ which also conveys a sense of events long past, dimly recalled, and currently irrelevant.

_Vagueness: (Hedging)_

The third way of avoiding blame through the device of vagueness is ‘hedging’ (modifying, softening, qualifying) or personalising what is being said (Lakoff, 1972)

The parents in their talk hedge what is being said in ways that frame it as their opinion and moves to make the circumstances appear normal and usual.

**Episode 1: From Extract A**

06. whatever in my eyes (. ) >I don’t see it as
07. that< (. )

The problem facing Mr Clamp here is the potential counter arguments, which are being put by social services (in his narrative) and, potentially, the therapist. He manages this issue through his use of footing (Goffman, 1979). He claims, _in my eyes_’ (line 06) and, ‘>_I don’t see it as that<_’ (lines 06-07). This personalises the claim and makes refuting the claim more difficult (given that it is not offered as something merely factual) while acknowledging that others may see it differently. So it implies that it is a matter of perspective and judgement for anybody, not just particular facts. Further to this by wording it in this way, as his perspective, is particularly relevant where it is Mr Clamp’s accountability that is being managed.

Hedging his talk is continued throughout the episode in a way that manages his orientation to normality and in a way that keeps the details vague.

**Episode 1: From Extract A**
12. FT: Did he go to prison for it?
13. (3.0)
14. Dad: Yes I think he did (. ) for so many

Pauses in conversation have been shown to be significant markers and in this extract serve as a way to hedge Mr Clamp’s answer to the question. In ordinary conversation a pause in a transition relevant place usually signals to the listener that the floor has opened for another speaker (Sacks, 1992)\(^{20}\) and this space is usually filled quickly. The natural order of conversation shows that when a question is completed it opens up the floor for a response (an adjacency pair) and usually a response is given by the talk recipient (Sacks, 1992)\(^{21}\). There are arguments though that the procedure is not always simplistic and if a dispreferred response to a question or invitation is to be given then there is a delay in responding and the response is prefaced (Pomerantz, 1984). The three-second pause (line 13) here is even more complex than this. Mr Clamp’s delay demonstrates some difficulty with the question. If he provides the answer ‘yes’ then the behaviour is maximised and the ‘wrong’ is upgraded to something that deserved a prison sentence. If he answers ‘no’ it causes a conflict with the label Joe has acquired of ‘sex offender’ and with the official factual record. In answering, ‘yes I think he did’ (line14) ‘yes’ works to align with the label and show that Joe received punishment for his ‘wrong’ behaviour. But the hedge ‘I think’ again works on these facts as somewhat distant and lacking in salience. It works nicely with the other forms of vagueness prevalent throughout the narrative, and helps establish the notion of vagueness, in its various forms, as a systemic choice of expression rather than merely an accidental feature of speech (Edwards and Potter, 1992).

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\(^{20}\) Sacks gives extensive reference to pauses and silence throughout his lectures.
\(^{21}\) From volume two, Fall 1968, Lecture 3; Turn taking; the notion ‘conversation;’ Noticeable absences; Greetings; Adjacency.
Details (used to pathologize)

In contrast to vagueness which functions to normalize events and circumstances, details are used (mostly in episode 2) to pathologize children in a way that manages accounts. One way the Webbers use the child's condition as a defence against possible blame is to provide explicit details about the events and about the child. They give the therapist specific terms and ideas about what happened during the time frame in question to work up the pathology and therefore project an account for their own behaviour.

Here, when constructing the child as pathological, one way in which this is achieved is to provide vivid detail about the child and the behaviour of that child. There are two main ways that this detail is achieved; by providing categories to give a sense of detail and by providing specific numbers, to eliminate potential vagueness (cf; 'so many months': episode 1).

Categories provide details

Categories are one way in which detail in narrative can be displayed. The level of detail encompassed in a category can inform the listener of a great amount about the topic under discussion. This works to allow the speaker to provide a small amount of talk but inform the recipient of the details.

Episode 2: From Extract i

02. Dad: [He was tampered with
03. himself at school and then they (. ) there was a big
04. erm (. ) police (. ) >you know like< same thing
05. videoing

In Extract i Mr and Mrs Webber are narrating a series of events within which their disabled son Daniel is a key figure, and they have an issue of credibility to manage
concerning their parenting skills. They begin by discussing previous events where their son was ‘tampered with himself at school’ (lines 02-03), thus constructing Daniel as a victim of inappropriate sexual behaviour. They work up the seriousness of the ‘tampering’ by displaying to the listener the consequences, ‘there was a big erm (.) police (.) >you know like< same thing videoing’ (lines 03-05). This is an orientation to legal procedure and shows that the police were called out and allegations made. It shows that the police were actively taking steps to find out what happened. This functions to show that normal investigative procedures were carried out. It displays to the listener that they were responsible parents involved in legal proceedings to protect their son. This demonstrates that as parents they took their responsibility seriously and proceeded with the legal steps involved in the allegations.

The details of the consequences are provided in the category ‘police’ which encompasses the criminal element and procedural detail. An orientation to shared knowledge ‘you know like’ (line 04) provides an understanding that the category envelops all the necessary detail. There is an orientation from Mr Webber that the therapist understands the basic procedures that they were subjected to and therefore there is no need for further details about the police procedures.

Mr Webber in this episode continues with category use to provide detail about the lack of prosecution in this case. He moves to inform the therapist about the perpetrator in a way that orients to the abuse as being less straightforward than usual.

*Episode 2: from Extract i*

20. Dad: [I mean no prosecution
21. was brought against the other kid because they've all
22. got difficulties
In this part of his narrative Mr Webber employs two categories in a way that provides the therapist with some contextual information about the sexual tampering. He uses the category of 'kid' (line 21) and the category of 'difficulties' (line 22). These are two important pieces of information about the prosecution process and their role in keeping Daniel in the school.

Firstly the category 'kid' provides information about the alleged perpetrator. It does, in one word, demonstrate to the therapist that it was not a member of the staff, an adult that had abused Daniel, but one of his peers. If it had been a member of staff then one would expect prosecution to be full and extended. By showing that the alleged perpetrator was a child it orients to potential difficulties in continuing a prosecution. There is an orientation by Mr Webber to less than full membership in his categorization of 'kid'. It is vernacular and works to facilitate the downgrading of the events being discussed.

This problematic prosecution process is furthered in his use of the category, 'difficulties' (a category to be given more attention later in this chapter). Children themselves are considered a vulnerable group and the law is different for those under the age of sixteen, but this is made more complicated if those children have 'problems'. His use of this category therefore provides a wealth of information about why they may have encountered problems during the prosecution process and has implications for them leaving Daniel in the school.

Numbers provide details

Episode 2: From Extract (i)

11. FT: How old was Daniel when this happened?
12. Dad: O:::h .hhh
13. Mum: This is you know I don't know this is the <third
14. time> at the school it happened
Mr and Mrs Webber jointly produce a narrative to display to the therapist the problematic nature of the event. Mrs Webber begins by outlining the frequency of Daniel’s victim status. This in turn works up the risk that Daniel faces of potential further abuse at the hands of his peers. Failing to attend to the therapist’s question, ‘How old was Daniel when this happened?’ (line 11), she provides information about the number of times Daniel has been sexually abused at the school, stating, ‘this is the third time at the school it happened’ (lines 13-14). By providing specific numbers, she reinforces the facticity of the account and demonstrates that abuse is endemic in this school. It is questionable however as to why they failed to remove Daniel from the school after the first time and even further after the second. What is still at stake for them is that even after the third reporting of sexual abuse, Daniel remains a student in the school. By specifically locating the abuse with the school though, it removes some level of responsibility from them as parents. It serves to position the parents as caring and responsible, and as acting when the events were discovered.

Numbers in the form of ages can also work to present a high level of detail. The age categories work to reify the pathology and work up the account. I provide here a short excerpt taken shortly after the completion of Extract i (part of episode 1) as another example of how numbers are used to pathologize children as an account for putting them at risk. In Extract ii Mr Webber uses very specific ages to point to the pathological nature of the children.

**Episode 2: Extract ii**

01. Dad: although they’re all (0.2) different ages (.)
02. one could be seventeen eighteen in the e::r
03. thing >but although he’s seventeen or
04. *eighteen* he he might only be functioning
05. at at a a er a what a thirteen year old
He begins his point by demonstrating to the therapist the chronological ages of the boys in the school. He states ‘one could be seventeen eighteen in the er thing’ (lines 02-03). Whilst he is not specific the implication is that the age of the boys he is making reference to is late adolescence. He shows that the boys are well developed physically but makes the distinction between age and mind, therefore constructing the pathological nature. He completes with ‘but although tseventeen or +eighteen< he he might only be functioning at at a a er a thirteen year old’ (lines 03-05). This contrastive sentence works to show that these boys are different in some manner. He shows the therapist that these boys are ‘functioning’ as a ‘thirteen year old’ much younger than their chronological years. The numbers here are specific and provide particular detail about the status of the boys in the school. This makes relevant the account showing that there is a naivety to these boys in the school as they are young in mind.

I have shown here that the parents in therapy use two fundamentally different ways of accounting for putting their children at risk from child abuse; normalizing and pathologizing. To this point I demonstrate that one particularly strong device used to normalize events is to make the events vague by using idioms, glossing over the details or hedging responses.

In stark contrast to this parents tend to use vivid detail to achieve pathologizing. They work up categories in their talk and provide specific numbers to give precise information in a way that pathologizes the children and accounts for reported risk. Much more work is done however to authenticate such normalizing and pathologizing and support the accountability of risk.
Consensus and corroboration

A second device for normalizing events emerged from the data as a way of accounting for exposing children to risk of abuse. The analysis reveals that certain descriptives provide consensus and corroboration in a way that demonstrates agreement to the normality.

Consensus and corroboration have long been recognized as a way of strengthening a claim (cf: Dickerson, 1997). In narratives where the participant is in some way managing their stake in the events and is providing an account for their actions this is particularly strong. In the accounts here the parents draw on other sources to provide support for the non-abusive nature of their actions.

Extract B is part of episode 1 and follows on shortly form Extract A. Mr Clamp talks about Joe and the alleged (by social services) risk he poses repeatedly throughout the therapy session in a way that continues to present events as ordinary and normal. He continues this theme throughout the whole episode and I use these extracts here to point to the devices the Clamps use in order to achieve their normalizing.

Episode 1: Extract (B)²²

01. Dad: .......... 'cause as I say this situation is a lot
02. different as we said in the meetings in the (.)
03. the teachers and that lot agreed as well (. ) it
04. was not actually classed as (. ) he was going
05. out with the girl (. ) at the time
06. FT: Right
07. →Dad: Yeah (. ) the parents knew about i::t (. ) he

²² Please note that this is the same father talking as in extract one and he has returned to this topic once more. The theme of his brother's sexual offence and its relevance to his own children is one that frequently occurs across the ten therapy sessions made available to this author and it is returned to on several occasions. When this is done there are a number of ways in which the talk is managed and one of those is to normalize the behaviour.
By positioning the parents of the girl as knowing about the interactions between Joe and their child it works as a shift if agency from Joe and onto the parents of the girl. He claims 'the parents knew about it' (line 07). The implication here is that there was consent from the parents. One would assume that if her parents knew and considered it to be sexual abuse then they would have taken action. He strengthens this implication by arguing 'he was actually sleeping at the person's house with the girl and everything' (lines 07-09). The 'actually' informs the factual nature of the events and once again moves to demonstrating to the therapist that there was consent obtained from the girl's parents (cf: Clift, 1999). The narrative also sets the 'relationship' up as normal. It is usual and ordinary for a 'couple' to sleep over at each other's houses and therefore this works to minimize the potential label of abuse and aligns with the narrative explicated in Extract A.

**Episode 1: From Extract B**

40 The father speaking in this extract is the father from the Clamp family. This is the father from extract one and the topic has again returned to the accusations of sexual abuse concerning his brother.
credibility of such agreement. On a second level however the category entitlement of teachers is to know about children and the expectation of them is that they protect children and put their welfare as priority. Therefore by claiming to have their support it provides a significant consensus to Joe’s suitability to interact with his three children. Furthermore the terms ‘and that lot’ (line 03) works to invoke a larger category of professionals responsible for children. This strengthens the management of professional consensus and by contrast works to reduce the strength of the argument presented by the social services. The parents in episode 1 continue to cite witnesses and support throughout this session. Extract C follows on from B with the parents working to reduce the allegations of risk further, and working to discredit the particular social worker reported to have concerns about Joe having access to their children.

**Episode one: Extract C**

01. Dad: Because the social worker’s turned
02. Dad: round and said
03. Mum: The social worker says er
04. Dad: That Joe can’t have him ( . ) but we’ve
05. Dad: been told by the social worker that the
06. Dad: kids are safe
07. FT: Right
08. Dad: with Joe

Mr Clamp in this extract cites the opinion of another social worker in a way that contrasts with the other social worker’s opinion ‘but we’ve been told by another social worker that the kids are safe’ (lines 04-06). The particular category of social worker is particularly relevant as it matches the category with the concern. It does however imply that the social services previously have said that the ‘kids are safe’ to have access to their uncle, suggesting it only to be a new concern due to this new social
worker. This consensus from the other social worker manages the concerns of the individual social worker being spoken about as unreasonable. This works to support the normality of Joe's behaviour and manages his access to the children.

Mr Clamp provides many instances of consensus for this opinion throughout this particular therapy session and it is further constructed in Extract D. He continues the deprecation of the social worker's character to invalidate her opinion of Joe and remove implications of guilt, that he is imposing risk to his children.

**Episode 1: Extract (D)**

01. FT: Who (.) whose the social worker who came  
02.  
03. Mum: Joan Karr  
04. Dad: Joan Karr (.) she's the new one (.)  
05. Mum: Heh heh  
06. Dad: nobody likes her (2.0) she's Hitler (.) [I don't  
07. like her at all

He demonstrates in this extract the general consensus of 'Joan Karr' (lines 03-04). He claims 'nobody likes her' (line 06). This general vague opinion implies a large number of people. It is an extreme case formulation (Pomerantz, 1986), which serves to strengthen his dislike of her and shows that he has support of others. This functions to show that the opinions held by her, and her demeanor are disliked by many and not just him, removing the possibility of a personal vendetta, or the implication that he only doesn't like her due to her allegations against his brother. He works this up further with an analogy to a character to which many people took a dislike, 'she's Hitler' (line 06). This category encompasses a number of characteristics, an assertion of power and a character whom many people would have negative things to say about. It is culturally understood that Hitler was a tyrant, a dictator who inflicted pain and
suffering on many. By comparing the social worker to Hitler he reduces her
credibility and extremetizes her qualities.

In reference to pathologizing the child the Webbers also employ the opinions of others
to support their claim (although less frequently) that they were unable to prosecute the
other children involved. The others who support this are left vague but nonetheless
give consensus. Although the other people being cited as witnesses in this extract are
unspecified, there is an orientation to them as an authority, expert witnesses, or those
in responsible positions of some kind. The orientation is that they are able to, and
capable of making those decisions.

**Episode 2: From Extract i**

26. Dad: [so they felt that it was really
27. a waste of time (1.2) prosecuting him because really
28. he didn’t even know what he was doin’

In this part of the extract Mr Webber refers to the others as being ‘they’ (line 26). This
functions to show that the school and police were of the same opinion in terms of
whether to prosecute against the boys who ‘tampered with’ Daniel. They show here
that there is a general agreement as to the course of action to be taken. Embedded in
here is the account as to why prosecution is a ‘waste of time’ (line 27). This is where
the pathology of Daniel and the other boys becomes relevant. They claim that the
reason for non-prosecution is the pathology of the children. This both excuses the
behaviour of the children but also excuses the lack of action on the part of the
professionals.

In managing their accountability for their parenting skills throughout the
episode the parents continue to cite others as support. Extract iii follows on shortly
form Extract i and continues throughout this particular episode of therapy.
Episode 2: Extract iii

01. Dad: They didn't think there would be a prosecution basically

The point about 'they' is repeated like this on several occasions during this episode of therapy. Mr and Mrs Webber show that outside agencies like the police and the social services were of the opinion that prosecution would be pointless and the implication is that they, as parents, went along with the professional advice. Mr Webber claims 'they didn't think there would be a prosecution basically' (line 01). They do however move to show that they were as active as possible though, consider Extract iv where they cite others as a way of managing their accountability during this process.

Episode 2: Extract iv

01. Dad: So you know (.) I mean (.) and that's when (.) I mean (.)
02. but I mean (.) you can check with Joan's records and
03. what have ya =
04. Mum: [We were worried about him
05. Dad: = we were bringing this up a long time ago

In this part of the session Mr and Mrs Webber move to facilitate their account by citing the social worker, Joan and the official records to show the therapist that they have been aware of the problem with 'sexual tampering' for a period of time and have been active in trying to prevent it from happening.
Scripting

At this point I have shown the ways in which parents use vagueness in ways that set the events up as normal, showing how detail can work up the child as pathological and that extensive detail in narrative can work to normalize or pathologize. I also demonstrate that employing witnesses or the support of others can strengthen the normality or the abnormality aiming to be achieved by the speaker.

With reference to episode 1 I now address other methods the parents use to achieve normalizing. A further device is the use of ‘scripting’ or script formulations (Edwards, 1994, 1995, 1997). These are ways of talking that promote the status of some sequence of actions or events as in some way typical, routine, an instance of recognizable and expected pattern. For example Edwards (1994) uses the example of a restaurant script. When one talks about visiting a restaurant one can mobilise a generally understood sequence of events such as finding a table and giving the waiter an order and so forth. In Extract A Mr Clamp employs common sense notions about couples in which when a ‘couple’ live together, sex is a normal part of it. He uses storytelling (scripting) as a way of setting up the normality. Edwards (1994) points that the speaker does not necessarily cognitively schematise the events that way, rather s/he tells the event that way. They do so to make explicit the fact that script formulations can achieve normality, by constructing specific events as routine and therefore not requiring any special attention or untoward explanation. Scripting relies on the listener being aware of the norm in order for deviations from it to be notable. In the case of the restaurant example there is a normal notion that as a customer you must pay for the food. In the following extract Mr Clamp’s difficulty is that the ages of the two people do not fit the script of dating.
It is noted that scripting is also a device that can be used to pathologize something (see Smith 1978). A particular person’s actions are formulated as regular and repeated, and placed in contrast to what is normal, making the pathology dispositional. Notably though the Clamps in episode 1 use scripts to normalize their circumstances and even though pathologizing is addressed scripts are not employed to construct the pathology in any of the data when discussing child abuse. Instead the Webbers use direct labelling techniques and explicitly construct the children as abnormal. This will be demonstrated shortly.

**Episode 1: From Extract A**

18. Dad:  
19. >I think the girl was nine< he was nineteen  
20. >they were actually going out with  
21. each other< they were living together  
22.  
23. Dad:  
24. I mean the parents let them live  
25. together and everythin’ it was a  
26. funny situation I mean years and years  
27. ago it was a different situation <as  
28. she said> and she says now we’ve  
29. learned off the sex offenders and  
30. whatever  

The script here is fairly straightforward. There are certain cultural norms in place for dating. Chronologically, a boy meets a girl, they find they like each other, date for a while and as the relationship progresses move in with one another and some enjoy a sexual relationship and in some cases get married. Mr Clamp orients to this normal notion of dating here in this extract. He begins his story with a description, which sets up the formulated sexual offence. >I think the girl was nine he was nineteen (lines

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Please note that this age is accurate. The girl is definitely reported as being nine and this is quoted on a number of occasions in the therapy.
18-19), shows the specific age gap between the two individuals. This functions to show how the behaviour was constructed as a sexual offence whilst not making explicit the importance of such a difference in age.

What is noteworthy is that this description is quickly followed with a normalization, he states, ‘they were actually going out with each other’ (Line 20). When a couple are ‘going out with each other’ it is considered a normal routine part of adult (or adolescent) life. This suggests that there is nothing to consider offensive or abnormal. However the difficulty faced by Mr Clamp is the age of the young girl, ‘nine’. In contrast with Joe’s age, ‘nineteen’. Therefore this is closely reiterated with, ‘they were livin’ together’ (line 21) as it orients to the seriousness of the relationship. The ‘living together’ is vague, it could be construed as living together in a relationship, or living as a lodger in the house that implies something more sinister. This however is managed by a shift in responsibility, by positioning it with the girl’s parents, ‘the parents let them live together and everythin’ (lines 24-25). This shift of agency removes responsibility from Joe, a young man, to the girl’s parents who should have the welfare of their child as utmost importance. This is reinforced by the ‘and everythin’ which demonstrates an incorporation of all things that align with living together. This serves to show that they had a normal relationship. The normality has an important rhetorical function as it decreases abnormality, such that sexual offending is classified as something abnormal, and is categorized under DSM IV (Comer 1992).

Normalizing the behaviour therefore serves to remove pathology and draw a conclusion that it is not problematic for Joe to have access to the children, and is no risk to them. This is the main problem that Mr and Mrs Clamp in the therapy have at stake their identity as parents and their wish to keep their children. They had previously reported social service’s concerns with their children being allowed
contact with Joe and therefore as part of their accountability they need to discount his previous accusations and behaviours.

Despite scripting being a common way to display normality, this is the only occasion in the data whereby Mr Clamp uses it to create the ordinary. Normalizing is achieved in other extracts without this storytelling procedure.

Episode 2 also demonstrates the Webbers using scripting to make their point. As aforementioned these parents are in a difficult position as they report the school’s normalizing of the other children’s behaviour but display difficulty in aligning themselves with such normalizing. They do however have at risk accusations of being bad parents for failing to remove their son from the school and are therefore in an accountable position for keeping him there. They show through scripting (albeit minimal) that they followed procedures, and it was then that accounts for the behaviour follow.

*From Episode 2: From Extract i*

03. there was a big
04. erm (.) police (.) >you know like< same thing
05. videoing

Whilst the script here is minimal it does point to the ordinary procedure for reporting an abusive act. Mr Webber here in his talk follows the ‘police’ script by showing that the abuse was reported, the police became involved, interviews were video taped and procedures were generally followed in a normative way. Although he is vague in his script, there is an orientation to their ability as parents that they acted in Daniel’s best interest in the usual routine, way that any parent would. This sets up the difficulty and contrasts with the account provided by the school about the normalizing excuse of ‘boys are boys’ (line 18). The pathologizing Mr Webber extends of ‘they’re all
difficult childrens’ (line 33) moves on from the script in a way that then accounts for the lack of further action. The normative script would continue on from videotaped interviews to prosecution and court appearances. In this case this does not happen and leaves the script open for accountability.

Explicit pathology

An notable feature of many of the accounts provided by the parents to propose reasons for their child being at risk from abuse is the explicit and direct orientation to the pathology of the child. When working to make a scene normal the word ‘normal’ is not used. In the case of pathologizing though, it is directly and openly talked about as a reason.

In the following talk the Webbers actually employ labels to indicate difference. Once again they locate the behaviours as within the children, as a consequence of their character. In episode 2 Mr and Mrs Webber work together to remove agency to account for their lack of action in the events narrated. They show the behaviour of the children to be negative by using extreme examples of it and its consequences. They then use disability to provide reasons for the events, whilst attending to blame, displaying the pathology as inherent in the child and the behaviours as part of the culture of the school. In other words, the accounts of and for the children’s behaviour serve as accounts of and for that of the parents and others who deal with them. In this extract Mr and Mrs Webber have two things to account for. They have to manage the reasons for not removing Daniel from a school whereby he frequently falls victim to ‘sexual tampering’ and secondly they fail to prosecute Daniel’s perpetrator, not usual behaviour for caring parents. This direct labeling
works alongside the already discussed devices of detail, and consensus in a way that
directly pathologizes the children.

**Episode 2: From Extract i**

20. Dad:  
21. [I mean no prosecution  
22. was brought against the other kid because they've all  
23. got difficulties  
24. Mum:  
25. FT:  
26. Mum:  
27. [Yeah  
28. Dad:  
29. Mum:  
30. FT:  

At this point in the extract Mr Webber quickly interjects with the point about
disability, overlapping with Mrs Webber’s preceding talk to make his point, directly
addressing the issue of prosecution: ‘[I mean no prosecution was brought against the
other kid because they’ve all got difficulties’ (lines 20-22). This demonstrates to the
recipient that pathology is a justification for not following the normal notions in the
context of child abuse. A notable point about this interjection is that it is located
immediately after Mrs Webber makes the actions accountable. By demonstrating that
the behaviour of the boys is dismissed, it calls into question the nature and capability
of the school to take care of children. This is furthered by the preceding claim by the
mother that this is the third time that their son has been subjected to abusive behaviour
and yet they still permit their son to be educated in this institution. Therefore it is only
when the actions are brought into question that ‘disability’ becomes a relevant
category.
Between them they repeat the point about learning difficulties three times, which is simply acknowledged by the therapist, ‘Yeah’ (line 24 and 30). This accounting for inappropriate behaviour performs two important functions. Under ordinary circumstances a perpetrator of sexual abuse would be prosecuted. However, due to the difficulties of the alleged perpetrator in this instance no such action is reported as taken. By proposing pathology as the reason it allows Mr and Mrs Webber to maintain a positive identity and avoid blame for any lack of action on their own part as well as the school within which the events took place. What is particularly noteworthy is the way they explain the lack of action with the school. Mr Webber states, ‘so they felt that it was really a waste of time (1.2) prosecuting him because really he didn’t even know what he was doin’’ (lines 26-28). This functions to show the recipient that it was the school that recognized pathology as an account for the behaviour. The ‘waste of time’ indicates the perception that the case would fail due to the special circumstances of it. This is furthered by the expression, ‘he didn’t even know what he was doin’’ (lines 27-28). This suggests a lack of normal agency. It demonstrates that due to the pathology the alleged perpetrator was not in control of his sexual behaviour and is therefore in some way excused. It also manages the issue of stake for the parents. It works as a display of agreement as they position themselves as accepting the reason and leave the child in the school after the first, second and third time he was knowingly abused.

This extract demonstrates how powerful a category can be, such as working to display some behaviour as automatic and without intention rather than agentive, which works as an adequate account for the behaviour. It suggests something inherent within the child and serves to deflect blame away from the home. The parents formulate disability as the reason for both the sexual behaviour of the child and for their own lack of prosecution. They construct the pathology quite explicitly by using
terms such as 'difficult childrens' and 'learning difficulties' to demonstrate to the therapist that the group was different from the norm and therefore required a different type of treatment from what might be expected. They use extreme examples to maximize the behaviours as bad and use these to deflect blame away from themselves as well as the school involved. This accounts for them leaving Daniel in the school and for the lack of prosecution.

They reiterate this point on several occasions during the episodes in ways that emphasize and authenticate their point. Extract v continues this theme of 'difficulties'. Mr Webber emphasizes the point of explicit pathology through repetition. Throughout episode 2 he makes several references to the pathology of the children in the school.

**Episode 2: Extract v**

01. Dad: I mean this is the trouble okay they have difficulties (.) and what have ya
02. FT: Daniel and
03. Dad: and they live at the hostel the same
04. FT: Hu:::m
05. Dad: difficulties (.) but they're older (0.8)
06. FT: so if them boys do it to them
07. FT: Yeah sure

He begins by stipulating the problem ‘I mean this is the trouble okay they have difficulties’ (lines 01-02). He shows here that the children in this school are different to mainstream children. The implication being that because their son Daniel has ‘difficulties’; ‘they live at the same hostel as Daniel’ (lines 03-04) he will mix with others who have ‘difficulties’ and it is this pathology that is the problem, not the parents themselves.
He continues by making age relevant 'but they're older' (line 06). This explicates the level of risk Daniel is exposed to but by reducing it to pathology it deflects blame and guilt away from them. A theme he returns to in Extract vi.

**Episode 2: Extract vi**

01. Dad: it's because I'd say with the school
02. they're physically (0.4) they're all,
03. like the thing but it's they're
04. me(h)ntal ((puts forefingers either side of head))
05. Mum: They're mental age you see

In this part of the episode he makes the distinction between physical and mental states. The disclaimer (Potter, 1996) 'but' here is used in a way that draws the recipient's attention to the later part of the sentence. He makes clear to the therapist that the problematic aspect is the 'me(h)ntal' (line 04) factor. This receives support and clarification from Mrs Webber, 'They're mental age you see' (line 05). This functions to make it clear that it is the pathological nature of the children that are problematic and this again continues to deflect attention form their role. By blaming the 'me(h)ntal' state of the children the parents provide an excuse for the behaviour of the children. Scott and Lyman, (1968) show that there are different types of excuses but using the mental or natural drives of a person works to excuse the offensive event. This works well to modify and reduce the actor's responsibility (cf: Buttny, 1993).

**Summary**

This chapter deals with two issues, how parents normalize events and circumstances in ways that orient to the ordinariness of their parental responses and how parents pathologize their child(ren) in ways that seek to legitimize the behaviours of others. While it is apparent that some of the conversational devices used by the parents are
employed to do both normalizing and pathologizing, not all the devices were used to do both. I therefore provide two basic summaries of the data in order to clarify and extract the important points being made about these two interesting ways of accounting for putting children at risk from some form of potential, reported child abuse.

**Normalizing summary**

The interest in this part of the chapter is to examine in detail one complex episode to see how people who are in danger of being thought of exposing their children to risk of abusive behaviour manage to deflect accusations of putting their child at risk, or being a bad parent, particularly given the vulnerable nature of the child. I show that the techniques the parents use are to normalize the events and use this as the reason. The way in which they achieve this normality is to make the events vague, by employing idiomatic expressions, glossing and hedging. The father in these episodes scripted the narrative and gave examples of occasions where he had support from others for his claim.

The central claim therefore is that events are too ordinary for social services to be justifiably concerned or take action. They escape implications of guilt by making it sound normal. Therefore they work towards managing their stake in the context of therapy and they achieve this by making the behaviours sound normal. By accounting for the behaviour in ways that construct it as normal the parents remove pathology and crime and are able to argue that the children’s welfare is their concern and in addition to this the imposition of professionals is not required.

Early research notes instances in which stigmatized persons provide their activities as normal or ordinary as a way of managing the stigma (Goffman, 1963).
However, missing from Goffman’s analysis are the methods by which the stigmatized activities happen and how the normalization might be occasioned and achieved in the span of real interaction time (Lawrence, 1996). Norms of behaviour are socially constructed and deviance theories in psychology provide the field with the referential standards by which behaviour can be measured (Simpson, 1996). Therefore the normative standards of society stipulate that people should not physically or sexually aggress against children such that if violation of these norms occur, they are viewed as atypical, deviant and sanctionable. The speaker however in producing their accounts can work up the ‘ordinary’ in ways, which would otherwise be treated as a stigmatized practice. Although the normalizing does not reaffirm the moral order it does argue for the legitimacy of the stigmatized activities by highlighting their mundane aspects (Lawrence, 1996) and therefore it is not surprising that men formulate accounts for domestic abuse as normal (Hearn, 1998). For example, when sexual activity occurs between a husband and his wife it is usual and ordinary; the only problem lies with consent. This however is much more complicated for sexual abuse against children, where there is scope for parents to normalize something as morally indefensible as child abuse, particularly when the child is disabled in some manner.

One of the interesting aspects of normalizing talk is the management of stake. (Potter and Edwards, 1992) In these therapy sessions the parents (guardians) have at stake the potential acquisition of the label child abuser/sex offender, or more minimally, bad parent. One would expect that this is not viewed positively and therefore would be avoided. One function therefore that the normalizing talk has is to manage the stake of the speaker. Furthermore there is generally a culturally shared understanding that there are consequences of the acquisition of such labels. The state has the right to intervene if they suspect child maltreatment of any kind, (MacMurray
and Carson, 1991) and also has the right to protect a child with a disability (Westcott, 1993).

Using normalizing to account for exposing a child to risk of abusive behaviour though only goes part way to cover how excuses and justifications work. There are other ways in which a parent can account for allowing their child to be in a risky or dangerous environment. Episode 2 is used to provide another complex example of how accounts are built and structured in a way that manages stake when faced with the potential allegation of being a bad parent for putting their child in a dangerous situation.

Pathologizing summary

The area of interest in this part of the chapter is to look through the data to see how people who are in danger of being thought of exposing their children to risk of abusive behaviour managed to deflect accusations of putting their child at risk, or being a bad parent, particularly given the vulnerable nature of the child. I show that the techniques the parents use are to pathologize the children and use this as the reason. The way in which they achieve this pathology is by providing a high level of detail, demonstrating a level of consensus and employing explicit labels pointing to the unusual status of the children involved.

In the first extract the Webbers explicitly employ labels such as 'difficult childrens' to excuse their lack of action and prosecution of the alleged perpetrator of the sexual abuse. In this narrative they characterize Daniel and the other children at the school as pathological thus providing an account of their own and the school’s response to the inappropriate behaviour displayed.
It can be seen therefore that the parents in these extracts use language to display to their therapist a number of things. They construct the category of disability in a way to describe their child as basically and pathologically different from other children. This is consistent with the ideas proposed by Soder, (1989) and Rapley, Kieman and Antaki (1998) in terms of how disability is a constructed category. They then use this construction to provide reasons for their own behaviour. This is something that seems to have been overlooked in prior research.

A notable feature is that the parents work together to provide jointly collaborative accounts, supporting each other’s versions. Aronson and Cederborg (1994) noted that conflicting versions can occur in the therapeutic arena, but it is apparent in this data that the potential accusations could be directed at both parents, which makes sensible how they defend their position together.

Conclusions

The aim of this chapter is to use two detailed episodes within which accounting are richly evident in order to address the function of accountability and examine how accounts are achieved. On examination of the data one of the reoccurring topics held to account was the implied possibility that the parents may be held responsible for exposing their children to risk of abuse. From the data emerged two common accounts for this risk, to normalize the actions and pathologize the child. In order to achieve normality, the parents employed several conversational devices. They make the events vague by employing idioms, glossing over detail and hedging the account. They script the narrative and employed witnesses to their point of view. In order to achieve pathologising they give a high level of detail and employ actual labels and terms commonly understood by talk recipients.
In the data that they account for allowing the exposure in two ways that at first glance appear fundamentally different and contrastive. They have two ways of talking about the situation. One of which is to construct the events as normal and ordinary. By providing the act and circumstances as normal it draws attention away from the potentially abusive component and points to the lack of need for intervention from the professionals. The second way of accounting for the risk points up the abnormality of the child, by working up the pathology of the child it exculpates the parents for putting their children at risk. The parents construct the child as pathological in some way and use this pathology to excuse or justify their own behaviour. Therefore two different things are being done. They are describing both the event and the child in two different ways. The events and actions are considered normal whereas in contrast the child is considered pathological.

Normality and abnormality are bipolar concepts and upon first investigations appear separate entities. When normalizing, it is the events and actions that are presented as ordinary, however when pathologizing these are attributed to the child and not the surrounding circumstances. Putting a child (especially one with disabilities) at risk is culturally considered to be a negative behaviour and the category of parent invokes expectations of protection from risk. When a parent therefore exposes their child to risk they are out in an accountable position. When the parents however are made accountable for actually perpetrating abusive behaviour one would assume that justifying it and excusing it are more difficult. Therefore the next chapter examines the types of accounts given by parents when accounting for actual abuse. The findings are the same as those given for risk. Parents use normalizing and pathologizing to account for abuse.

I mentioned earlier in this chapter that one of the factors that prompted Mr Clamp’s account in episode 1 concerning Joe’s status as a sex offender, was that he
was being held accountable himself by the social services for an episode of alleged abuse. The following chapter returns to this level of accountability to discover how an account for actual abuse is managed.
CHAPTER 6: Reported actual abuse

In this chapter I examine how, when they are put in an accountable position, parents of disabled children use two main accounts for their behaviour, normalizing and pathologizing. In the previous chapter I noted that there are occasions where the parents are made accountable for putting their children at risk from child abuse and they manage these accusations in two different ways. Firstly they account for the risk by normalizing the actions, behaviours and events. Secondly they construct the child as pathological and use that as the reason. This normalizing and pathologizing is achieved in many ways in the accounts. In some cases however the parents of these children use the same two techniques to account for cases of reported actual child abuse. This has important implications for discursive research, particularly in relation to issues of disability.

Accounting for perpetrating abuse

In this chapter I investigate more limited ways in which the parents, (in this case the number of examples available is more limited) account for the perpetration against the child either by themselves or a close relative. I examine a number of different incidents involving one family, the Clamp family, of acts of physical abuse. I show that two ways of accounting are prevalent normalizing events and circumstances, and pathologizing the child.

I demonstrate that through their talk Mr and Mrs Clamp normalize the abusive act in a variety of ways, demonstrating how they achieve this normalizing. Normalizing and pathologizing are achieved in different ways from the situation of putting a child at risk from abuse. Mr and Mrs Clamp employ some of the same devices as with risk of abuse but use other devices too.
In this chapter I show that the Clamps, particularly Mr Clamp, has more at stake. I focus here on the Clamp family because they are the only family who report instances of actual abuse. Mr Clamp in the therapy reports the social services' concerns about his children having contact with his brother, their uncle Joe, because of the allegations of sexual offences (See chapter 5). He also reports social services' concerns about his own behaviour towards his children, particularly his older son, Phillip. He has previously reported the potential for the children to be removed from the family home because of a few occasions of alleged physical violence towards Phillip. I discuss some of these here in this chapter. The problem for Mr Clamp is that the level of abuse has gone from risks to actual, and he stands accountable for the alleged abuse. So he has more work to do to manage his accounts, than when merely considering risk from abuse. Furthermore, he is made accountable to the therapist at the time of the interaction being analyzed, as he and Mrs Clamp are the reported ‘accused’.

Chapter 5 shows that different devices are used to normalize from those to pathologize. Some devices however function to do both.

**Normalizing devices**

There are three key ways in which Mr and Mrs Clamp in this therapy provide accounts that function to make normal and ordinary the events and circumstances around the physical punishments/abuse of the children:

- *Lexical choices* are an important feature of the talk. In the case of actual abuse the employment of some terms over others works to point up the normality of the act. Alternative lexical choices also work in pathologizing the child.
• Justifying behaviour or excusing oneself from it, are two fundamentally important ways of accounting. Mr Clamp normalizes actions in two ways to justify an ordinary punishment and to excuse an accidental act of violence. This justificatory discourse manages their responsibility and aligns with the category of parent invoking discipline when required.

Mr and Mrs Clamp, also talk in ways that pathologize Phillip (and in some instances Jordan) in order to account for acts of actual abuse towards the children. Devices similar to those relating to providing risk environments occur to account and manage their part in the reported abusive acts, and also there are some similarities with the normalization of abuse. For example, lexical choices are important when working up the pathology of the child. Words are used and managed in a way that works up Phillip’s differences and abnormality. This in turn then works as an account for Mr and Mrs Clamp’s responses to him.

Pathologizing devices

Pathologizing is achieved in the talk in four key ways pointing to the necessity and ordinariness of the punishment technique:

• Lexical choices appear important when pathologizing children in order to account for acting in an abusive way. This aligns with the normalizing data whereby parents use particular words to make the events appear ordinary.

• Mr and Mrs Clamp employ extreme case formulations to emphasize the pathological nature of Phillip in ways that minimize their own abusive behaviour. Working up the pathology of Phillip in an extreme way is
important for the authenticity of the pathology. This however is not the case when trying to make circumstances appear normal and no such devices are used in these instances. ECF’s work to manage the responsibility of Mr and Mrs Clamp, showing that any parent with a child like this would find it difficult to discipline and deal with. This serves as a justification for their reactions to their son.

- Mr and Mrs Clamp employ narratives and scripts as a way of constructing and authenticating the Phillip’s pathological character. They position important points sequentially in the narrative and script certain events in a way that is dispositional.

- The pathology is directly oriented to and stated specifically in ways that point to it being the reason for the abuse.

Analysis

In sum therefore, in the cases of cited actual abuse there are again the same two devices for accounting for such behaviour. In this analysis I focus again on normalizing and pathologizing. The data in this chapter comes specifically from the Clamp family, the only family in the data to discuss issues about allegations made against them by social services in terms of child protection issues. The talk is full of issues of accountability and follows similar patterns to extracts in chapter 5.

Normalizing as an account

In this chapter I address a fundamental issue, how accounts for actual child abuse are construed in the context of normalizing. Chapter 5 shows that when a parent positions their children as at risk from abuse, one way to account for such risk is to
normalize the events and behaviours in ways that manage their stake in the events. One might assume it is more difficult to make ordinary actual abusive occasions. Despite this difficulty though there are occasions when an account is provided in such a manner to manage stake and account for their actions. Again they achieve this in a number of different ways.

The number of examples of these sorts of accounts is more limited as the family’s discussions of actual episodes of child abuse are infrequent. Because this is an important issue however it is given attention for analysis.

**Pathologizing as an account**

An alternative way in which Mr and Mrs Clamp manage their stake is to blame Phillip for their actions by describing him as pathological in some way. Parents may offer a version of their child as in some way different or abnormal such that any potential ‘abuse’ of the child is accounted for by this pathology rather than their own agency. In other words, Mr and Mrs Clamp work to show Phillip as relevantly and specifically different for understanding the range of activities in which he and others are involved. They orient to the unpredictable and aggressive behaviour of Phillip in order to construct the behavioural disability of him. The devices to construct Phillip’s pathology are in some ways similar to those used to work up normality and in some ways different.

One of the main devices used by Mr and Mrs Clamp to normalize and pathologize is lexical choice. They carefully manage the words they use in a way that orients to accountability. They use lexical choices in two ways. They use specific words in ways that present their treatment of Phillip as normal and they pathologize him in a way that suggests their behaviour towards him is necessary.
One of the salient issues arising from the data is that of violent behaviour. Violence, conflict and abuse are frequently raised topics by the members of the interaction throughout the therapy sessions. A particularly notable point is the performative function of the categories of their constructed type of disability. In other words the way in which Mr and Mrs Clamp construct the category of disability in order to perform a function in their accountability and how that category is used to account for such inappropriate behaviour, and to provide accountability for the speaker’s own actions as a person within the narrative. In the therapy sessions Phillip is discursively produced as the central problem and pathologized to provide an account for the displayed behaviours. A rhetorical function of that focus is to disattend to other possibilities such as bad parenting or discipline problems, and to manage the current speaker’s ‘stake’ in these matters.

So the way in which Mr and Mrs Clamp attend to these issues is salient in this analysis. One of the strongest devices used to both normalize and pathologize was that of lexical choices.

**Lexical choices**

One available way of projecting the normal is in the choice of terms to apply to events. In Extract 1 Mr Clamp provides a narrative in which he describes an event in which he 'smacked' Phillip's 'bum' with a belt. His lexical choices here accomplish normality. What is usually at stake for people is the actor’s claim to good character (Buttny, 1993) but in this case Mr Clamp’s identity is at stake as a rational responsible parent and in order to maintain this identity he needs to minimise or dismiss the accusations of child abuse (directed by social services).

**From Extract 1**

202
I mean I've learnt how to control myself with Phillip (.) and whatever- (.) even though I'm on these tablets (.) I can still control myself (.) but I was not in a bad mood or nothing was I (.) I was just smacking his bum because I thought he was naughty and he needed that punishment.

FT: Hu::m

Dad: a bit more (.) than a smack with my hand (.) because that was not learning him (.) I smacked him with me hand and it wasn't learning him<

FT: Hu::m

Dad: >I don't like smacking the children don't get me wrong<

FT: No no =

Dad: = >I don't like smacking the children< because I don't believe (0.4) in that anyway (.) but sometimes they do have to be smacked> (.) you know (.) you see (.) if there's no way to discipline (.) you send them to bed (1.2) he just starts banging on the floor o::r whatever and that lot you know what I mean (.) banging on the windows sticking his fingers up at the people outside and whatever

The therapist knows (via Mr Clamp's own reporting) that he used a belt to exact the punishment and that social services are involved. They have inspected the bruises, and made Mr Clamp accountable for using such objects so he provides reasons for his punishment. The lexical choice used several times here is smack, 'a bit more (.) than a smack with my hand> (.) because that was not learning him' (lines 10-13). The 'bit more' serves to minimise the impact of the using a belt as punishment suggesting that is only a 'bit' more severe than a 'smack' with a hand. He specifically contrasts this with the 'smack' with a hand. The implication here is that Phillip is unresponsive to
normal usual techniques of punishment. He notes that the belt wasn’t the primary option, ‘I smacked him with my hand and it wasn’t learning him’ (lines 12 - 13). Mr Clamp produces Phillip as the problem and therefore manages his identity, working against any notion that he is prone to handing out excessive punishment for no good reason. Smacking a child is normal behaviour; it is the child that is not.

His identity is further attended to in his expressed dislike of smacking, ‘I don’t like smacking the children don’t get me wrong’ (lines 15 -16). This piece of emotive talk serves as clarification for the therapist. He expresses a dislike for his own imposed methods, which reiterates the necessity of the technique. One would not expect an individual to behave in a way they dislike unless it is ultimately essential. His lexical choice however is ‘smacking’ although many more accurate descriptions are available. It should be noted that it is acknowledged by professionals that there is an emotional aftermath for parents showing that 79% of parents feel upset afterwards (NSPCC, 2003). These statistics tell us very little though about what it means to be upset but do provide support for Mr Clamp’s position.

The use of physical force to discipline children is currently a form of debate in Western countries and there are questions as to whether ‘smacking’ is a legitimate form of punishment (Hazel, Ghate, Creighton, Field, and Finch, 2003). Not only is Mr Clamp in a position whereby he may be called into question for ‘smacking’ his son, but also his accountability is made stronger by the use of a belt to enforce the smacking. Mr Clamp however moves to account for why, despite disliking them he still engages in such activities, ‘but sometimes they do have to be smacked’ (lines 20-21). He continues with the lexical choice of the word ‘smack’. He does not refer to the belt and talks in a way that presents the punishment as a normal ‘smack’, simple parental discipline. This positions the problem with Phillip and works in a way to remove responsibility from himself. It removes choice by promoting it as necessary.
By doing this it proposes that there is no alternative to 'smacking' Phillip. His frequent use of the word 'smack' minimises the reported actual punishment, using a belt, not his hand.

My analysis shows again that normalizing can be employed to manage stake. Mr Clamp uses normative terms to describe an incident, which has been interpreted by social services as abusive and in turn he manages these accusations for the therapist. Through his lexical choice he orients to normal notions of punishment and works up that there are not alternatives in a way that expresses the necessity of it. In addition he orients to the pathology of Phillip talking about the need for him to be 'smacked'.

Lexical choices are notable in Extract 2. Mr Clamp in his talk directly and explicitly denies one potential description of the behaviour and instead uses a vague non-descriptive term. In this extract Mr Clamp is making reference to the convicted ‘actual’ abuse carried out by Joe, the children’s uncle.

Extract 224:

01. Dad: >because, what's happened< (.) is years
02. and years ago .hh I know as I say they
03. do keep (1.4) depends on .hhh but the
04. trouble is (.) it was not as actually if he
05. inter\(\text{fered}\)\,\,\,\,\,red with somebody .hhh or
06. whatever in my eyes (. ) >I don't see it as
07. that< ( . ) I know that he has done wrong

Mr Clamp's first step in his narrative is to deny the abusive description. He resists the term ‘interfered’ (line 05) strengthening the deniability with ‘actually’ (line 04). This works to remove the sex offender label and minimise potential accusations of abuse.

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24 Please note that in this extract the Clamp family are discussing the nature of the father’s brother’s convicted sexual offences. They have to account for his original offence and the risk he may pose to their three children.

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205
His choice of description instead is wrongdoing. He says 'I know that he has done wrong' (line 07). Through his lexical choice he sets up the usualness of the behaviour. It is culturally understood that people 'do wrong' regularly without that wrongdoing being assumed to be child abuse. This choice of description removes attention from the significance of the events.

Descriptive words are strongly performative in the sense that they create visual imagery for the talk recipient. In Extract 3 Mrs Clamp employs two descriptive words, which are grounded in violence categories to create a contrast in ways that set up normalcy.

Extract 3

01. Mum: and >I says< go on >I says< up to bed and
02. >he says< no and he turned round and hit
03. me (.) so I just tapped him (.) like that
04. ((pushes the air with one hand)) and he hit
05. me again (.)

In this extract Mrs Clamp displays Phillip’s violence in ways that reduce and minimise her responses to it. She states ‘he turned round and hit me’ (lines 02-03). This unoccasioned (he turned round) aggression is projected as unnecessary and violent in response to a simple request ‘go on >I says< up to bed’ (line 01). The ‘hit’ is an important lexical choice as it serves to contrast with her response ‘so I just tapped him’ (line 03). ‘Tapped’ in contrast to ‘hit’ is significant, as it is understood to be lighter and less aggressive. This is important work for Mrs Clamp as it displays Phillip as the aggressor and her actions as in response to her son. What this achieves is identity work. It shows that Phillip is an aggressive and violent boy with an
unpredictable element and requires parental control. She projects in this extract that this controlling sometimes requires physical force.

Lexical choices that mark a contrast are also a way of managing the event details. In Extract 4 Mrs Clamp’s actions are proposed as a usual response to a disobedient child and is particularly contrastive with the severe physical violence of Phillip.

**Extract 4**

01. Dad. And erm (1.2) I mean he hit Jordan
02. yesterday he grabbed hold of Jordan< and
03. (. ) practically killed him and< everything
04. yesterday so
05. Joe. He hit him this morning as well
06. Dad. [I pushed Phillip
07. as well yesterday

The gloss over what the two boys were doing that prompted Mr Clamp’s response is one that lacks detail. He glosses over the events by saying ‘practically killed him and< everything’ (line 03). By using the lexical choice of ‘killed’ works to maximize the violence of Phillip. The implications of the levels of violence are strong in this sentence as the maximum damage one can apply to another person is to bring an end to their life. The softener however ‘practically’ works to present the version as exaggerated but only to some extent. The suggestion of extreme violence from Phillip still stands strong.

The contrast then works well for Mr Clamp in projecting some level of normality. He argues that in response ‘I pushed Phillip’ (line 06). The word ‘push’ in contrast to ‘kill’ is much softer and normal. Sacks, (1992) in his analysis shows how words can ‘do’ things. He cites data whereby there is a negotiation of the words

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45 From part one, Lecture fourteen, Fall 1964 – Spring 1965: The inference making machine.
'smack her one' (: 113) and how this gets negotiated as 'hit' or 'shove'. What Sacks considers in his analysis is how the talk recipient orients to the fact that the police have been called out suggesting there were conditions in place to prompt the calling and how this contrasts with the violence descriptions. Edwards (1997) refers to this as 'cultural knowledge' (: 96). The idea that certain common sense notions are employed when statements like this are made and he shows how certain violence descriptions invoke certain kinds of interpretations. In this extract Mr Clamp has the same difficulty. He has reported social services’ concerns about the incident and he is providing descriptive words that minimise violence in the same way that Sack’s data suggests. Mr Clamp sets up the 'push' as a response to Phillip’s pathological violence and in contrast works to show that his response was not only necessary but was also not pathological in any way.

The contrast then works well for Mr Clamp in projecting some level of normality. He argues that in response 'I pushed Phillip' (line 06). The word 'push' in contrast to 'kill' is much softer and normal. Mr Clamp sets up the 'push' as a response to Phillip’s pathological violence and in contrast works to show that his response was not only necessary but was also not pathological in any way. Auburn, Drake and Willig, (1995) demonstrate how these violence contrasts can work to demonstrate the differences between two people. In their data they report the speaker as using the word lipped’ in contrast to the other person’s response ‘push’ and start a fight. They show that this functions to manage the level of responsibility the speaker has in the fight. In this instance Mr Clamp is managing his level of input into the punishment of Phillip. He speaks in a way that shows the therapist that it was Phillip performing violent acts towards Jordan and he as a father only ‘push’ed Phillip. This contrast serves to set a scene of violent behaviour and works to minimise Mr Clamp’s violence and work up the Phillip’s. Mr Clamp has available a number of potential
descriptive words he could have used, like in Sack's (1992) data he could have said 'shove', but he employed the word push in a way that reduces the severity of the aggression involved.

Lexical choices are important in deflecting the label child abuser. In this extract Mr Clamp projects his violence as usual and just a punishment technique that is a consequence of the pathological character of Phillip. Therefore normalizing is a response of pathologizing.

Extract 5

01. FT: I mean I guess today (1.0) I know we’ve met a
02. number of times and talked about a lot of things
03. but I think today may be more about (.) <hearing
04. what’s happened> (1.0) and how you’re all dealing
05. with it (.) really
06. Mum: It’s terrible
07. Dad: It’s not really good at the moment
08. FT: W- w- what
09. Dad: not with Phillip anyway (1.0) he’s been banging
10. Jordan’s (.) head against the (1.0) wall upstairs
11. he took him upstairs Jor- (.) and I was in the
12. computer room
13. FT: Hu:mm
14. Dad: >and he was banging his head against the wall
15. punching him< (.) in the face and everything (.)
16. when I told him to leave him alone he told me Tno
17. FT: Hu:mm
18. Dad: so I said right fair enough you’ve gone too far now
19. so I took me belt off and smacked his bum twice
20. FT: Hu:mm
21. Dad: But (0.8) I bruised him (.) he bruises easy anyway
Mr Clamp here uses the pre-narrated constructions to provide an account for his punishment technique. He claims 'so I took me belt off and smacked his bum twice' (line 19). What is particularly interesting about this account is that the earlier part of his talk determines Mr Clamp as agentive of his actions and as aware of the inappropriate behaviour displayed towards Phillip. This agency makes him accountable for his action and therefore he needs to provide reasons for his violence. He uses an interesting array of words to describe his response. He has already provided for his own behaviour as only in response to the source of the complaint, Phillip's pathological violence towards Jordan. It can be noted that Phillip was 'punching' Jordan (line 15), a severe violent category, which is here being contrasted with his own 'violence' 'smacked'. This serves to demonstrate that his behaviour is in response to violence and is a reduced form. What is particularly poignant in this narrative section in his combination of the word 'belt' with the word 'smacked'. The word belt carries expectations of a severe beating of a child, it is generally understood to be abusive to hit your child with a belt. This however is contrasted with the word 'smacked', which implies a normal framework for parental discipline. It is considered to be a typical discipline technique, particularly aligned with 'his bum' a traditional discourse of minor punishment for a naughty child. By employing this combination he softens the implications of his own violence, which is furthered by his use of numbers, 'twice'. This aligns with the research produced by Edwards (1997) who demonstrated that different 'violence' words 'do' different things. Furthermore it functions to contrast with the violence portrayed by his son. He displays Phillip as pathologically violent towards his brother, deliberately causing him harm, whilst his own behaviour is portrayed as controlled, as carrying out his normal parental duty, mildly but necessarily punishing Phillip.
Mr Clamp, in his account, uses Phillip’s pathology to account for his violent punishment technique. He works to justify the need to use a belt to punish Phillip by providing an example of Phillip’s violence in a pathologized way. He provides a specific example of Phillip abusing Jordan to demonstrate the pathological nature of his son and using this violence to justify his own. He builds his account gradually working up events over a short time span. He works lexically to construct Phillip’s pathology by demonstrating his agency in his violence towards Jordan. He uses extreme categories of violence to show how negative the behaviour was, while using less extreme terms to display his own violence, his lexical choices to show Phillip’s ‘punch in the face’ contrasts with his ‘smacked his bum’. This locates Phillip as responsible for the violent actions and accounts for his own response in a minimal, down played way, thus reducing his responsibility and reducing the potential category of child abuse.

Justifying and excusing

In traditional social psychological literature the language of justification and excusing is viewed as important. This is also the case for discursive researchers. Scott and Lyman (1968) distinguish the difference between excuses and justifications, with excuses denying responsibility and justifications denying the offensive nature of the event. They begin to show the function of such accountability through language. There are two important issues in this data. In some instances Mr Clamp accepts that he has performed a behaviour and then works to justify the reasons for that behaviour and in other instances, he excuses himself with discourses of intention and blame. These devices function to provide an account for the therapist in relation to the reported abuse. In Extract 1 he accepts that Phillip received a physical punishment
from him but goes on to provide the therapist with reasons for this as justified and necessary.

From Extract 1

01. Dad: I mean I’ve learnt how to control myself
02. with Phillip (.) and whatever- (.) even
03. though I’m on these tablets (.) I can still
04. control myself (.) but I was not in a bad
05. mood or nothing was I (.) I was just
06. smacking his bum because I thought he
07. was naughty and he needed that
08. punishment

The difficulty of control is expressed as an excuse by showing that he has additional problems to those of other fathers, ‘even though I’m on these tablets’ (lines 02-03). This is an interesting account. The implication here is that the medication has previously been responsible for his lack of control and this removes the emphasis from him and onto external factors. In this context he makes reference to the progression of therapy to support his excuse by claiming ‘I’ve learnt how to control myself with Phillip’ (lines 01-02). The claim here is that despite the medication, ‘I can still control myself” (lines 03-04). This shows that Mr Clamp is able to control his behaviours and no longer loses his temper in response to Phillip’s behaviour. This excuse therefore serves two rhetorical functions. Firstly it positions Phillip as the problem, as causing him to ‘lose control’ and secondly displays Mr Clamp as willing to move forward.

He continues to project this rationality in his recall of the incident being described, ‘I was not in a bad mood or nothing was I’ (lines 04-05). The common sense notion is that violence is accompanied by emotion and this can be irrational and therefore viewed as negative. By denying this he reinforces the rational nature of his action and this confirms the aforementioned control. One notable point to note is the
tag question. He seeks confirmation from his wife, which is interesting because self-control is a personal thing, something that is difficult for another to comment on.

This pre-requisite sets up events in a way that provides detail of Mr Clamp’s rational and non-emotional state of mind. In describing the actual events Mr Clamp orients to normal notions of child punishment techniques as a way of justifying his action, ‘I was just smacking his bum because I thought he was naughty and he needed that punishment’ (lines 05-08). Here Mr Clamp constructs his actions as a normal parental response to a badly behaved child. The ‘just’ in his sentence serves to minimise the behaviour displayed by him. This downgrades the aggression and reduces it to minor punishment. The ‘smacking his bum’ is also a relevant description. It is a minimal normal technique for punishing naughty children. This is reiterated by Mr Clamp. He states specifically that his behaviour was in response to Phillip being ‘naughty’. This is emphasised in speech which further positions Phillip as the problem and continues to normalise the actions what is omitted from the extract is the behaviour expressed by Phillip is actually pathological violence towards his brother and his response is to ‘smack’ him with a belt. Therefore in this context ‘naughty’ serves to normalise the behaviours of Phillip and the ‘smacked bum’ is a normalised response to a naughty child. This is strengthened with ‘he needed that punishment’. This shows how necessary the punishment was which is reinforced by the emphasised speech. By arguing that the punishment is ‘needed’ it removes the accountability from him. One problem for disabled children is that they are often viewed as transcending antisocial behaviour (Sobsey, 1994) and here Mr Clamp reinforces the view in ways that attend to his own accountability.

This concept of ‘smacking’ the child’s ‘bum’ as a punishment technique was further justified by Mr Clamp in Extract 5.
The implication in this extract is that a violent, agentive child needs punishing, and an abused sibling needs protection, there for a ‘smacked bum’ is required and necessary and is not therefore abusive and thus does not require intervention from professional bodies. Mr Clamp in this account has a lot at stake give the potential child abuse accusations and he uses the pathologized nature of Phillip to justify his treatments of the child and deflect blame and responsibility away from himself. He uses Phillip’s actions as an account for his own reaction and treatment of him, allowing him to provide an account of treating children in a way that would not normally be expected.

In Extract 6 however Mr Clamp fails to accept responsibility for the actions. He tells a story whereby he excuses responsibility from himself with the issue of intention. He claims that because the shoe was not intended to be an act of violence he should not be held accountable for it. He shows that Phillip came to be hit by the shoe, not that the shoe was thrown at Phillip. This effect is produced by the way in which Mr Clamp designs his talk and it is the ways in which the excuse is achieved that is essential for understanding it to be an excuse.
05. the stairs  
06. FT: Yeah  
07. Dad: and as I threw the shoe down the stair (.) he put his head back round the corner and said  
08. “nah you won’t hit me” and the shoe actually  
09. did hit him on the =  
10. FT: [Right  
11. Dad: = eye so I had a case conference for that

The serendipitous nature of the child abuse here works as a way of managing Mr Clamp’s stake and presenting the unjustified consequences of the actions. He demonstrates provocation by Phillip and then blames Phillip for the shoe hitting him. The ‘all I done’ (line 01) begins the narrative in ways that minimise the following behaviours. It orients to the events being non significant in some manner.

The significant part of the narration lies with the location of Phillip at the time the shoe was thrown down the stairs. Mr Clamp claims ‘he went round the corner’ (lines 03-04). This is specifically relevant to Mr Clamp’s account. Given that Phillip was not visible when the shoe was thrown it demonstrates that the act was not one of deliberate child abuse.

He locates Phillip as the reason why the shoe hit him by saying ‘and as I threw the shoe down the stair (.) he put his head back round the corner’ (lines 07-08). This puts the responsibility for the head movement with Phillip and reduces his responsibility. This is reiterated with the active voicing of Phillip (Hutchby and Wooffitt, 1998). The childish taunting displayed strengthens Mr Clamp’s position. He quotes Phillip as arguing ‘nah you won’t hit me’ (line 09) which promotes Phillip as provoking Mr Clamp and being resistant to parental authority.

This is different from the justification extract whereby Mr Clamp accepted his part in the actions and removed any negativity from it by normalizing the actions.
Here however he is excusing what happened, he does not justify the act as he constructs it as unintentional and therefore excuses it instead.

**Extreme case formulations ECF’s (Pomerantz 1986)**

Despite building strong cases throughout the therapy there are few occasions whereby they extrematize what is being said. In the case of normalizing the events there are no occasions where ECF’s are employed, however in the case of pathologizing children there is one instance which serves to build a picture of what things are like at home. The extreme version works to strengthen their justifications of physical punishments of Phillip.

Like in the normalizing discourse though this is used to justify the abusive act. In the normalizing talk the parents use excuses and justifications in order to normalize the events and minimize the label of abuse. In this Mr and Mrs Clamp use ECF’s to justify how bad the situation is and therefore in response excuse their behaviour towards Phillip.

**From Extract 5**

04. what’s happened> (1.0) and how you’re all dealing
05. with it (.) really
06. Mum: It’s terrible
07. Dad: It’s not really good at the moment

Prior to any talk of accountability of pathology of Phillip, Mr and Mrs Clamp use a pre-requisite using an extreme case formulation to summarize the circumstances for the therapist. This provides detail for the therapist and sets up what is to come. Mrs Clamp claims ‘it’s terrible’ (line 06) to build the negative at home. This shows him
that things could not really be worse than they are at that current time and allows for Mr and Mrs Clamp to progress into detail about what it is that is ‘terrible’.

This functions to provide surrounding detail to the events around the reported abuse for Phillip in a way that provides a reason for it. This serves to justify Mr Clamp’s response to Phillip and also excuse himself by positioning blame with Phillip as the orientation to the ‘terrible’ is Phillip’s behaviour.

From Extract 4

01. Dad. And erm (1.2) I mean he hit Jordan
02. Yesterday >he grabbed hold of Jordan< and
03. (.>practically ↓killed him and< everything
04. yesterday so

In this extract the ECF is softened in a way that works up the levels of violence portrayed by Phillip but manages the realism of it. Mr Clamp here extremizes the violence of Phillip by using the adjective ‘killed’ to describe the events and circumstances that led to his punishment. By softening it with ‘practically’ works to manage the situation as really happening. If the child had succeeded in ‘killing’ Jordan then the consequences would have been more severe than discussed in this extract. What is achieved for the listener is an extreme scene of sibling violence that works to justify intervention from Mr Clamp.

Managing responsibility

An important issue at stake for Mr Clamp in this data is his identity as a responsible parent. One way in which he manages his responsibility is to invoke the category of parent with the implication that parents should discipline naughty children, that it is his responsibility to conduct
punishment. In Extract 1 Mr Clamp manages this responsibility by stipulating that this enactment goes against his personal wishes, but in accordance with what is expected of him he carries out the physical discipline technique.

From Extract 1

18. Dad: >I don’t like smacking the children<
19. because I don’t believe (0.4) in that
20. anyway (.) <but sometimes they do have
21. to be smacked> (.) you know (.) you see
22. (.) if there’s no way to discipline (.) you

Mr Clamp expresses his lack of choice in terms of the discipline by demonstrating a preference ‘I don’t like smacking the children’ (line 18). The implication here is that it is the children whom force the discipline and the proceeding punishment goes against his preference. This is reiterated with ‘I don’t believe (0.4) in that’ (line 19). The suggestion is that he is only ‘smacking’ them because he has to. This is counter dispositional (Edwards, 1997). He shows that his punishment of Phillip is not because of something inherent in himself, the type of character he is, but because the situation, the external circumstances require it.

In Extract 6 Mr Clamp shows how Phillip came to be hit by the shoe. He manages his responsibility by demonstrating that the shoe was not intended to hit Phillip and blames Phillip for walking into the shoe. This also implies a non-abusive event. It shows that there was no physical violence projected towards Phillip with the use of a particular object and therefore sets up the accidental nature of the events. Accidents are a regular part of life and Mr Clamp here formulates his talk in ways that orient to this.
From Extract 6

07. Dad: and as I threw the shoe down the stair (. ) he
08. put his head back round the corner and said
09. “nah you won’t hit me” and the shoe actually
10. did hit him on the =

Any father has a responsibility to his children to keep them from being physically or emotionally harmed. In this extract Mr Clamp is made accountable for hitting his son with a shoe and he manages this responsibility in two ways. His first construction is of intention. He formulates the events that construct the action as an accident, as one of those things that happen in life. Secondly he positions Phillip as responsible for walking in the line of the shoe. He blames Phillip for both taunting and getting in the way of the moving shoe.

He shows that as the shoe was reaching the bottom of the stairs ‘he put his head back round the corner and said “nah you won’t hit me” and the shoe actually did hit him’ (lines 07 – 10). This shows the therapist that Mr Clamp believed Phillip to be removed from the scene for the shoe and build the lack of justification for the case conference.

In this line he also acknowledges briefly the consequences of Phillip being present. He says ‘and the shoe actually did hit him’ (line 09-10). This part of the narrative works to show the therapist that he did hit Phillip but works in alignment with the rest of it to show that it was unintentional, and even Phillip’s fault.

Narratives and scripts

Telling a story is a way of working events up to make a point (Labov, 1972). In extract 5 Mr and Mrs Clamp narrate events in ways that construct Phillip as
pathological in ways that account for the physical punishment directed towards him. Notably in the previous chapter when providing scripts to account for putting their children at risk it was performed in ways that achieved normalizing and demonstrated that in this case scripting was rarely used to achieve pathologizing. When faced with reports of actual abuse though scripting is used in ways that work up the pathology of the child rather than the normality of the circumstances. There are two central ways in which accountability is achieved here.

1. **Narrative sequentiality**: the actions can be understood, and the cause of them viewed as pathological, by their position and order in the narrative sequence. The story provides for the explanation.

2. **Aspects of the narrative are scripted and dispositional** in ways that manage accountability. By working up the repeated expected nature of the child's actions Mr Clamp shows the therapist that those actions stem from Phillip's nature. Therefore if those actions are negative/bad it demonstrates that Phillip is bad, or pathological.

**From Extract 5**

09. Dad: not with Phillip anyway (1.0) he's been banging
10. Jordan's (.) head against the (1.0) wall upstairs (.)
11. he took him upstairs Jor- (.) and I was in the (1.0)
12. computer room
13. FT: Hu::m
14. Dad: >and he was banging his head against the wall
15. punching him (.) in the face and everything (.)
16. when I told him to leave him alone he told me ↑no
17. FT: Hu::m
18. Dad: so I said right fair enough you've
gone too far now

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Mr Clamp proposes Phillip this time as the central problem and creates a narrative that pathologizes his son, which serves as an account for his own later inappropriate behaviour. This is a central issue in this analysis. In this narrative Mr Clamp requires an account for his own violence and builds Phillip’s difference to manage his credibility. He uses this descriptive resource to manage his own accountability. He claims, ‘not with Phillip anyway’ (line 09). Within the family therapy sessions the defined ‘problem’ is often voiced in terms of the identified event whose shortcomings are defined through family complaints (Aronsson and Cederborg, 1994). In this, the ‘problem’ is formulated as being ‘Phillip’.

He continues by describing Phillip’s difference by summarizing details of Phillip’s behaviour. Whereas lay constructions and the traditional literature focus on adults abusing children, little research has looked at whether sibling violence constitutes an abusive relationship. Here Mr Clamp deals with violence by Phillip towards his brother Jordan. He formulates the behaviour as extreme and, through this, builds its pathology.

Mr Clamp claims; ‘he’s been banging Jordan’s (1.0) head against the (1.0) wall upstairs he’s brought (.) he took him upstairs Jor- (.)’ (lines 09-11). The initial, ‘he’s been banging’ serves as a generalized iterative summary of Phillip’s actions, demonstrating his continuous maltreatment of Jordan, which sets up the narrative detail that follows. The reasoning is ‘attributional’ and ‘scripted’ (Edwards, 1997; Edwards and Potter, 1992), that a person’s actions are a basis for causal and dispositional inferences about them as agents and as kinds of persons. The description ‘he took him upstairs’ begins to provide further detail about the violent events and reinforces the intentional nature of Phillip’s violence, shifted to a location where presumably the violence would be less easily observed. This emphasizes the agentive,
deliberate nature of the behaviour and constructs it as not being a one-off reaction thus working up the pathology of Phillip as disposed to violence.

This is further demonstrated in the absence of a circumstantial account; this is simply Phillip doing things without apparent cause or provocation. Mr Clamp, in his descriptions, provides a vivid narrative of the actual behaviour of Phillip, however he fails to include any information as to what may have provoked these actions. It is usual in narrative accounts to give details about how and why events occur, the absence of such detail here implies that these actions are simply a result of Phillip’s character. Sacks (1965a) shows that violence is normatively accountable, that violence without the accompanying emotion and accounting is psychopathology. He notes though that categories can serve as accounts, citing the story of a Navy pilot he demonstrates how category entitlements can invoke reasons for violence, that a military person has sufficient cause to display aggression. In this instance the category of ‘Phillip’ is enough to explain why he is violent, an orientation to pathology as the reason.

This section of the narrative performs a powerful rhetorical function. Mr Clamp describes Phillip as different and violent. He constructs Phillip as abusing his younger brother Jordan for no apparent reason and shows him as being in control of his actions. Normative notions of children do not include extreme frequent violent behaviour and the parents in this narrative display Phillip as the reason why they are in therapy, showing him to be uncontrollable, and causing pain, through the repeated and severe nature of his assaults.

Mr Clamp in his talk has an issue of stake (as a possible child beater, or good parent) and through Phillip’s constructed difference he is able to manage his accountability of the punishment he does. Following the work done to display to the therapist the pathological nature of his son in Extract 2 Mr Clamp continues his work
to manage his own stake in the event more explicitly. He first provides details of his location, 'I was in the computer room' (lines 11-12). This detail performs two distinct rhetorical functions. Firstly it positions himself as a member of the narrative. He specifically locates himself as part of the story, which implies he plays a role in the sequence of the events. This manages the issue of ownership and entitlement to knowledge of events. It demonstrates to the listener that he has the entitlement to retell the story. It helps build the authenticity of the account. Secondly it provides some accountability for any potential delay in responding to Phillip's violence. As Mr Clamp was not present in the same room as the behavioural sequence initially, then he would not be expected to intervene immediately.

This theme is continued when he introduces his own position into the dynamic, 'when I told him to leave him alone and he told me no' (line 16). This firmly displays Phillip as agentive and resistant to legitimate parental authority. It is a point blank refusal, containing no account for his defiance and no hedging words to soften the conflict. One notable point to acknowledge is the sequence in which it is uttered. This actively voiced 'no' is located immediately after a reasonable parental request and this demonstrates Phillip's defiance. This shows further the unreasonable behaviour of Phillip. One important thing this does for Mr Clamp is to demonstrate himself as a reasonable and responsible parent.

The category of parent invokes multiple expectations, and in this context one would expect a reasonable parent to intervene and stop Jordan from being hurt further. Mr Clamp orient here to such a normative version of parenthood by first intervening verbally, where verbal intervention is not the only option. A more powerful function than building up a narrative of the behaviour, is that it also functions to demonstrate
that the reasonable parenting approach to pathological violence has been tried and failed prior to any physical punishment by him.

This therefore serves as a justification of the remaining narrative, which outlines his behavioural response to Phillip’s refusal to stop acting aggressively towards Jordan. Mr Clamp has revealed that his verbal appeal for Phillip to stop *banging* Jordan’s head and *punching* him has been bluntly rejected and therefore the expectation would be that the extreme violence continues and thus requires further intervention.

In narrating his response Mr Clamp uses active voicing, this time of his own words, to demonstrate to the listener what was said, ‘so I said >right that’s it< fair enough () and you’ve gone too far now’ (line 18). The ‘fair enough’ invokes fairness as his concern and orients to him being a reasonable parent.

Claiming that Phillip has ‘gone too far now’ carries the implication that he had been given fair warning and it is Phillip that is the problem. The blunt refusals and lack of accounting however displays an orientation to the pathology and difference of the child, suggesting something inherent within Phillip’s character.

**Indirect orientations to pathology**

When talking about pathology in the chapter about risk there are some very clear examples whereby an actual label for a disability was employed to make a point. In the case of actual abuse the direct stating of disability is not present in the talk. Instead there are indirect orientations to the pathology. The parents in their talk construct their talk in ways that point to the pathological nature of their child in a way that demonstrates difference. This works to justify the acts of the parents.
From Extract 1

10. Dad: a bit more (.) >than a smack with my
11. hand< (.) because that was not learning
12. him

A general consensus amongst traditional education researchers and those dealing with children is that children learn through the process of punishment and rewards and learn to stop repeating unwanted behaviours (see traditional texts on social learning theory; Brewer and Crano, 1994) and commonsensically it is expected that smacking children with a hand will prevent a repeat of the behaviour in future or more minimally stop the behaviour in the immediate short-term. Mr Clamp here is orienting to those normative ideas about child punishment and positions Phillip in contrast to other children by showing that unlike others Phillip does not learn from smacks with a hand and therefore this serves as the justification for using alternative means. Furthermore it works up the difference of Phillip to other children and shows that his difference is the reason why other means are required.

Later on in this extract he further orients to Phillip’s pathological nature by providing a list of some of the unusual behaviours Phillip presents.

From Extract 1

20. anyway (.) <but sometimes they do have
21. to be smacked> (.) you know (.) you see

In this part of the extract the orientation to pathology is less obvious. Mr Clamp however does show that there is a need to smack Phillip even though he leaves the reasons not clearly stated there is an orientation to abnormality. This is stronger with the following part of the talk.
The extent to which these behaviours are pathological is interpretative but in the context of this analysis these sentences are not being treated in isolation of the whole extract and therefore it can be seen that Mr Clamp is orienting to the unusual and disruptive nature of Phillip's behaviour in a way that shows the therapist that it cannot be allowed to continue. Any reasonable adult would expect Phillip's parents to intervene should such behaviour be occurring and there would be an expectance for them to stop it from continuing. Coupled with the further information Mr Clamp provides in this therapy serves as a justification for his intervention in Phillip's behaviour.

Summary

Child maltreatment is a prevalent theme in academic literature and a growing concern for professional practice. There is an extensive literature examining the aetiology of perpetration and the effect of such behaviours on its victims. In addition to this there is a more limited investigation into the abuse of disabled children and adults and the reasons why they are targeted. Traditional psychology still has a trail of rhetorical questions and few answers.

Discursive approaches are also attempting to examine the misconduct of adults against children and the ways in which the phenomenon gets talked about. This piece of research begins to add to the growing body of literature in the social sciences by investigating the actual words of those involved in victims' lives. This chapter is
concerned with the accounts the parents provide for the abusive acts directed towards their children. In some instances it is the speaker who stands accused of perpetrating the abuse and in other instances it is a significant member of the family. The parents have at stake their position as a responsible caring parents and the potential removal of the children from the family home.

I argue in this chapter that the Clamps in therapy use two devices to account for abusive behaviour. At stake for these parents is the possibility that their children may be removed by social services. They therefore normalize the events in ways that attend to this stake and pathologies Phillip in ways that remove responsibility for their actions. The normalizing and pathologizing is achieved in similar ways to the risk of abuse.

It is shown that multiple devices are used in conjunction with one another, despite being on face value distinctively different. It appears that normalization and abnormalization are bipolar concepts but in their narratives in the therapy sessions the parents conjoin both of these devices in order to provide an account for the alleged reports of child abuse. They achieve this normalization and abnormalization through a variety of conversational techniques that were outlined at the beginning of this chapter as, lexical choices, excuses and justifications, narratives and scripts, extreme case formulations and orientations to abnormality.
Part 4: Re-examining Disability and Therapy
CHAPTER 7: Discussions, reflections and concluding remarks

The main aim of my research is to provide empirically grounded observations of family therapy talk in order to raise interest in the issues generated by the participants in their interactions. I want to provide insight into the problems parents construct in relation to their disabled child(ren) by examining the linguistic practices whereby the members of the interaction make sense of and manage their accountability and stake within the institutional framework.

I set out to explore sensitive issues through the analytical approaches of discursive psychology with the aim of making a contribution to the theoretical and analytical aspects of the discipline. This current work generates themes of interest to the field of disability and more widely critical psychology and highlights issues for discursive research by demonstrating that the methods of analysis can and do reveal interesting and insightful information about institutional talk and disability.

In this thesis I investigate the ways in which parents and their children interact in a therapeutic setting. I examine the ways in which parents talk about their children and the ways in which problems are constructed. Discourses of disability and pathology are prevalent and the boundaries of therapy oriented to by participating members. In this thesis I examine the ‘real’ talk of ‘real’ people in terms of family interactions in order to give insight into the problems families experience when taking care of a child with a developmental disability. This particular piece of research adds to the growing discursive literature on children and disability as well as contributing to discussions of the methodological difficulties qualitative researchers experience. I consider several key areas in this chapter in order to give a comprehensive overview of what this thesis has presented and to provide the juxtaposition between the analysis and the conclusions. In this chapter I therefore explore these issues:
Using therapy as data

In this thesis I use data from a family therapy setting in order to investigate the salient issues that are discussed by families of children who have had their child constructed as having a disability of some kind. A general theme of interest in my research is the institutional nature of talk. I look at how the boundaries of therapy are oriented to by the members of the interaction and how this deviates from aspects of mundane conversation on occasion. Buttny (1996) shows in his analysis that when interacting within a therapeutic framework, the clients and the therapist will orient to the boundaries of that framework. My investigations also show this is the case. The therapist orients to issues of neutrality and this is particularly prevalent in the chapters on complaints.

The discursive approach and family therapy

The discursive approach has led to new ideas in the context of therapy (see Silverman, 1997, 2001) and of accountability (see Buttny, 1993; Edwards and Potter, 1992).
Furthermore there is a slight shift towards examining disability more critically (see Finlan, 1994; Oliver, 1990, 1992; Soder, 1989) and some are examining it more discursively (see Mehan et al, 1986; Rapley et al, 1998).

Despite this recent critical turn there is still relatively little research that adequately addresses the families who experience disability and their interactions within the institutions that they face day-to-day. In my research I move to show the issues that are raised by families in a therapeutic setting and give them a voice in academic literature.

Throughout the therapy many salient issues arise for the clients, both the parents and the children make contributions to the talk. The adults in the interaction however dominate the conversational floor. This is shown to be the case in clinical interactions where children are routinely excluded from the main talk (Strong, 1979). My data consists of twenty hours worth of family therapy and it is a general feature that the children involved, when present, speak less than their adult counterparts.

On some occasions the children are removed from the room altogether in order that the main interaction can take part without them, and on other more rare occasions the parents do not even bring the children to the therapy. This talk is carefully managed by all the parties and many issues are discussed. I give the most prominent issues attention in this thesis as many different topics are raised across the therapy sessions.

Revealing the process of family therapy

Conversation analysis reveals to us the aspects of how mundane conversation works normally (see Sacks, 1992). I make reference in this thesis to many works on therapy talk that draw on the conversation analytic perspective to show us how therapy usually works.
Clients and therapists talk in ways to create a therapeutic arena for change (Ferrara, 1994). A space is created for clients to air their troubles (McLeod, 2001) and both the therapist and the client are active in the talk production (Buttny, 1996). The basic therapeutic framework is shown to be quite straightforward. Edwards (2001) shows that clients provide a therapeutically relevant trouble for undertaking therapy and the therapist makes neutral responses. The role of the clinician is to facilitate the conversation and there are orientations to therapy as progressive (Leahy, 2004). The therapy talk is a conversational activity (Labov and Fanshel, 1977).

My data reveals information about these normative processes of therapy, but in relation to family therapy, involving children with problems as this is relatively unexamined to date. Notably many of the normative frameworks are in place. The families provide reasons for their need for therapy and the therapist provides neutral responses. The therapist orients to the therapy as progressive and talks about ways in which he can help the family resolve their concerns and troubles.

What my data also reveals, though, is the importance of this normative framework as when families deviate from it, it is hearable and notable and made relevant by the therapist. In Chapter 3 I discussed the ways in which parents complain about external agencies, like social services. By orienting to their unhelpfulness the therapist reveals information about what is expected in that setting. The suggestion is that there are helpful ways of talking and unhelpful ways of talking. He actually does in places use the word 'helpful' to convey his point.

My data shows that there are expectations about the process of family therapy for both the clients and the therapist. It shows that the families change their ways of talking over time to make it more therapeutically relevant and when this is not achieved by the therapist, he continues to take steps to change the conversations. The implication then is clear. Family therapy, like other forms of therapy has an agenda,
and the therapist's version is important to the process as it has an effect on the direction of the therapy.

The turn to language-based approaches to investigate therapeutic talk is only in its infancy and it is clear that much more work is required for us to understand the process of therapy. Family therapy is a broad discipline and we need to understand how it works if we are to come to appreciate deviant cases. Deviant cases, like those of complaints reveal important information about the ways in which therapy works and more interest in this type of analysis needs to be generated.

Topical and methodological issues raised by the research process

This particular piece of research has implications for the research on children with disabilities and their families' interactions with them. It also has implications for methodological approaches to examining family talk and institutional talk. I raise many issues throughout this thesis:

- Parents raise concerns about the levels of and types of help they receive from professional bodies and formulate complaints about this. There is an implication that social services and other agencies are inadequate and this is addressed from the parents' perspective.

- There is an issue for therapists raised in terms of these formulated complaints. Boundaries and styles of therapy orient to progression and neutrality. In some cases the therapist has difficulty redirecting the talk away from complaints and back to issues of troubles. The parents often reformulate and repeat their complaints suggesting that the issue is still important to them and this has
implications for the length of time people spend in therapy and the way in which it is conducted.

- Putting children at risk from abuse and perpetrating abusive acts are large societal and institutional concerns generally. In this thesis these topics are prevalent and thoroughly discussed. Management of accounts and stake are important issues for examination. In this thesis I investigate the types of accounts formulated by the parents for such acts and this has implications on two levels, firstly for discursive researchers in terms of the ways in which accounts are formulated and secondly for practitioners in terms of how to manage parental concerns and issues.

Aside from the topical issues I raise in this thesis there are also methodological ones in terms of qualitative design:

- Conversation analysis and the original works in discourse analysis predominantly focus on the order and technical functions of conversation (Sacks, 1964) and therefore there is a leaning towards looking at the interactions between two people, for example telephone conversations (Schegloff and Sacks, 1973). As the discipline grows more different types of conversations and interactions are being studied, one-to-one therapy (Buttny, 1990; Fasulo, 1997), ordered courtroom interactions (Drew and Heritage, 1992), couples therapy (Edwards, 1997) and news interviews (Greatbatch, 1998; Heritage, Clayman, and Zimmerman, 1988). On those occasions, though, where there are more than three members in an interaction (and in this thesis up to seven members could be present in the room with two behind a one way mirror) transcription difficulty is inevitable.
Another difficulty for transcription is having children present in an interaction. In the therapeutic room the therapist had provided toys (many of which are noisy, musical instruments and so forth) for the children to play with. In addition to this there are many side interactions when the children attempted to engage their parents in conversation.

Salient themes of analysis

I discuss a number of themes in this thesis. In discussing their problems through the process of therapy the parents raise a number of issues and manage their talk in various ways. I address the issues of accountability managed by the speakers, the complaints that are structured and highlighted in the therapy, and issues of child abuse and its relation to disability talk.

Accountability

Accountability is a strong theme within the therapy. In the sessions parents frequently manage their stake in events and account for any actions (or lack of action) taken by them. They manage blame and responsibility often projecting this onto others through the use of category expectations and complaints based on failure to comply with these expectations. I give attention to how this is managed by the family therapist. Accountability is also a feature of the talk concerning abusive behaviour. When issues of child abuse are negotiated, the parents account for their role in ways that deflect possible accusations. Sacks (1992)\(^{25}\) demonstrates that in many instances of ordinary conversation people provide reasons why they did things, an account is provided. It should not be a surprise then that the parents in this data provide accounts when

talking about delicate issues like child abuse. Normatively and in common sense terms child abuse is not accepted and it could be considered unusual by the therapist if an account was not provided for such behaviours. I show in this thesis that accountability is a salient theme running through all four analytical chapters and that the parents in these sessions provide accounts in many instances. Antaki, (1994) suggests that accountability is a social action and is accomplished through interaction. I demonstrate in the analysis that accountability is often jointly achieved by both parents and on many occasions is oriented to by the therapist.

Complaints and accountability

With an overarching theme of accountability, a predominant issue for parents is the involvement of professional bodies in their family life. In this thesis I show that parents use the therapeutic arena to air their complaints about professional bodies such as social services which implies that there is an expectation of understanding and even practical assistance in resolving the issues raised. The boundaries of therapy however are oriented to by the therapist with the normative framework being considered. My analysis shows that the therapist only provides minimal responses to complaints, orienting to their unhelpful nature for therapy and later goes further by moving to close down those complaints. This demonstrates that it is not the business of therapy to deal with complaint issues but troubles telling ones.

Drew (1998) in his research on complaints demonstrates that one of the predominant functions of complaints is to manage stake and project blame. When a person formulates a complaint against someone they are holding that someone accountable for the non-accidental behaviour and showing that the behaviour has transgressed a normative standard. The implication here is that if someone else is responsible then the person speaking is not.
As Drew demonstrates the parents in the therapy speak in ways that blame the social services for the action (or lack of it) in a way that holds the services responsible for the narrated consequences. This in turn manages their stake in the events. It projects responsibility onto the social services and away from them as parents. This works as a pre-sequence to other talk on issues such as child abuse and inadequate parenting skills.

The parents in these talk sequences have a difficulty, though, as they are constrained by the boundaries of therapy. In his research Drew demonstrates that affiliation with the complaint is the preferred response to a complaint and Boxer (1993) shows that agreement with the sense of injustice is the common response. In therapy however therapists are restricted in their responses to complaints and tend not to endorse them. In my data it is not uncommon for complaints to be continually repeated and reformulated.

This is a problem for therapists. They are normatively restricted in their responses and the return to troubles telling is a fundamental concern, but by not affiliating with the complaint there is a tendency for repetition. Complaints are not a normative concern for therapy, as shown by the therapist’s responses and it is a feature of the setting to withhold affiliation. Neutrality is a considered feature of many institutional settings, (consider news interviews and courtrooms) and for therapy.

The therapist rarely offers any practical assistance regarding the subject of the complaint and there is no agreement with the content of the complaint. This therefore leaves the issues of the complaint unresolved for the clients. The second part of the complaints section shows that the concern for the therapist is to return the narratives back to troubles telling. The difficulty experienced, though, is that the parents continually complain. This raises a large concern for therapeutic practice in terms of the progression of therapy. If parents are using the therapeutic floor to air their
grievances about other professional bodies how can therapy progress? Therapy is an active process whereby therapists facilitate clients' realization of their troubles and promote practical and emotional recovery. It is possible that the complaints difficulty is prolonging the length of therapy that of course raises questions of cost and time.

For some of the families in the data complaining about the involvement of social services served as a pre-requisite for the problems of abusive behaviour. In the second section of this thesis I dealt with the issues of accountability and stake management in terms of parents putting their children at risk from abuse or actually perpetrating the abuse. Issues of accountability are heightened further when it becomes more complicated by the issue of the child with a disability.

**Child abuse and disability**

Traditional critical literature shows that the topic of disability and child abuse has largely been ignored by researchers of all disciplines (Sobsey, 1994). In this thesis I attempt to give insight into the talk of families about such a problem. They parents show the therapist throughout the sessions that social services are active in their family life and they also demonstrate an awareness of the authority of social services in terms of their children. In order to be able to keep their children at home with them parents need to demonstrate that they are ‘fit and suitable’ parents. Therefore at stake for them are the children. This is evident in the narratives of the parents in the latter part of this thesis.

In this thesis I have dealt with two key areas of child abuse discourse. I examined how parents manage their narratives in the context of therapy when reporting situations where they put their child at risk from potentially abusive acts. I also investigated how parents manage their accountability when reporting allegations of actual child abuse against their disabled children. Westcott and Cross (1996) argues
that disabled children are very much at risk from child abuse and claimed that professionals in both practice and research should not ignore this vulnerable group. In my analysis I show that families of children with disabilities discuss child protection issues in the therapeutic sessions and discuss with the family therapist their reported versions of events.

Westcott and Cross (1996) further argue that a large proportion of research conducted on children with disabilities in the context of child abuse is rather poor and has many shortcomings methodologically. I would maintain that the reason for this is because a large portion of research into this subject has taken a quantitative approach to the study and has therefore denied the experiences of the real families involved with the children and with the abuse. Being informed by statistics about how many children suffer from child abuse tells us little about the nature of the reported abuse or the experience of those involved. This is not to say that this is all quantitative research informs us of, but it does deny the lived experience of disability and of abuse. In chapters 5 and 6 I acknowledge the complexity of accountability and start to show the issues for therapy in relation to this topic. For example, it is particularly interesting that complaints are constructed within the discussions of reported risk or reported abuse. In the thesis framework these complaints are analyzed separately in the form of the first two analytical chapters but this is not to deny the integral nature of the talk. Some (but not exclusively) of the complaints narratives are in the context of child abuse discourse.

O'Hanlan, (1992) shows that many people seek therapeutic assistance in adulthood for issues of abuse that were present in their childhood and therefore there is the suggestion that it is a therapy relevant topic. In practice child abuse is a multi agency concern and the issues for parents and families cannot be denied within this. My interest in child abuse talk grew out of the data and was not preconceived prior to
collection. My analytical approach allows for the exploration of the families’ talk about issues like child abuse and to investigate the issues that the participating members make relevant. Thus it reduces the imposition of my own ideas.

Normalization and pathologizing talk are two particularly interesting themes in both of the child abuse chapters (5 and 6). When discussing both risk and actual abuse the parents tend to employ two distinctive accounts for it. They account for the potential abuse by talking in a way that produces the surrounding circumstances and events as normal and ordinary, producing utterances that suggest that there should be no concerns due to the normal nature of events. They also account for the problems by working up the child’s character as pathologically different in some manner. They express the child’s deviance from normality and demonstrate the abnormality of the child’s behaviour. Sobsey (1994) shows that one problem for disabled children is being viewed as transcending anti-social behaviour. Whilst Sobsey’s research is not discursive it nonetheless raises issues about the ways that disabled children are talked about by adults. Notably my discursive analysis of this family therapy provides some support for this claim. The parents use discourses of pathology in their talk ways to manage their accountability and culpability. In some instances they blame the pathology of the child for their behaviour towards that child.

The use of the discursive approach

Any methodological approach in the social sciences is subject to both appraisal and criticism and because of the fundamental debates in terms of both methodology and epistemology. In this thesis I adopt a qualitative methodological approach, drawing on the principles of discursive psychology to perform analyses operating from the principles of relativism. This approach allows me to explore the communicative
techniques used by the members of the interactions in a way that no other method would allow. Sacks (1984) suggests that theory should be data-driven and data should not be theory driven. In alignment with this view I use a methodological and philosophical approach that allows me the freedom to explore issues of disability and therapy without imposing a large amount of my ideas onto the research. I am able to explore the data freely and allow the revelation of salient themes and issues to arise from the videotapes rather than having preconceived ideas about what I may be looking for. This allows for analysis to emerge without the constraints of looking for specific things prior to data collection.

The discursive approach to investigation stresses that language is functional and constructive and is a medium through which individuals can accomplish communicative tasks (Hutchby and Wooffitt, 1992). This methodological approach allows researchers to look at how tasks are accomplished in interaction and provides participants' own versions rather than reducing them down to statistics.

I do not want to reduce disability or any other issues that participants make relevant to categories and numbers and deny their experiences as so many researchers have already done. Instead I want more freedom to explore what the actual members of therapy deemed important and the opportunity to uncover how this gets accomplished through joint constructions. A discursive approach to the data shows how the parents construct their problems and how they manage their identity as parents within an institutional framework in a way that other qualitative methods would not allow.

Contributions

In this thesis I set out to widen our understanding of institutional talk and families, and their children. Through the process of writing and analyzing important features of
talk and important topics are raised by families in therapy. I am able to provide a valuable insight into issues related to disability and issues of therapy. I make an important contribution to the analytical approach of discursive psychology, to the research fields of child abuse and disability and to the study of institutional talk, specifically therapy talk.

**Contributions to discursive psychology**

Through this piece of research I add to the growing literature using discursive psychology and the principles of both discourse analysis and conversation analysis to study institutional talk. An interest in therapy talk generally generates sporadic research investigating a variety of topics within this and this in this thesis I start to show how discursive analysis can reveal some of the complexities in the relationships between family members and the family therapist.

Chapter 1 begins to uncover the limited available literature that deals with children with disabilities and their families in family therapy settings. I demonstrate here that discursive psychology is a relatively new area and has only just begun to examine many important psychological topics. I move here to demonstrate the usefulness of the discursive approach to look at family talk surrounding issues of disability.

The four analytical chapters move to integrate the accountability literature (from a CA perspective) into the field of talk about disability and therapy. I show here that issues of accountability are important in therapy and show that the discursive approach is a strong way to demonstrate how accountability is managed in such institutional settings.

I do not move beyond my data to make claims about what is happening within it and show how my data fits with traditional CA and DA work already conducted on
sensitive and delicate topics. I attempt to bridge a gap in the disability literature that critically appraises research in the field but rarely examines it in such detail using this epistemology and analytical approach.

**Contributions to therapeutic talk and interaction**

This thesis contributes to the literature on discursive psychology and institutional talk. Specifically it contributes to the growing body of literature that examines therapy talk. There is a wide range of different therapies available for both adults and for children. In this thesis I specifically examine family therapy in order to obtain data that focuses in family interactions within an institutional framework.

Ferrara, (1994) claims that thousands of people in the Western world are seeking therapeutic assistance, and family therapy is a growing institution. In this thesis I provide an insight into how clients of family therapy construct and portray their troubles to a therapist as a family. I show some of the important issues that are reported by parents and considered a group of people not often considered from this perspective; disabled children. Buttny, (1996) demonstrates that clients are not passive recipients of therapy, but active in the process. I show in this thesis how they are active in constructing their troubles and their complaint, and how they manage their accountability within this framework.

I move towards an understanding of the ways in which people talk in family therapy settings and some of the ways in which the therapist responds to certain kinds of talk. Therapy is a social practice between the client and therapist (Leahy, 2004) and in the analysis I show how this social practice is worked through with multiple members.

With others in the field I demonstrate that institutional talk is different from mundane conversation and show how ordinary talk can help us understand these
differences. I show how the therapist orients to therapeutic boundaries and speaks in ways that manage the therapy.

**Contributions to professional bodies talk**

This thesis also considers how families talk about the multi agency intervention in their lives. In my analysis I demonstrate that it is salient for families to complain about professionals in the context of therapy. Complaints and complaint structures are considered in the discursive literature and serve as a benchmark for my own analysis, but the complaints I analyze are constructed within the boundaries of therapy and therefore this is also addressed in Chapter 4. This demonstrates that complaints are treated differently in institutions from mundane conversations and provides information on how institutional talk works. It also demonstrates that clients will and can treat therapy as an arena to air their complaints against other professional bodies and that the therapist has difficulty treating these.

**Contributions to disability and child abuse**

In Chapters 5 and 6 I show that little attention is paid to the experiences of child abuse and the disabled from family perspectives. Child abuse and risk from abuse is a salient topic of discussion raised by the parents in these sessions in line with talking about the intervention of professional bodies. I consider the claims by many researchers (like Oliver, 1989) of power relationships and the disabled and move instead to examine the real talk of the real people involved. I argue that power is constructed and is only relevant if the participants make it relevant. In my data parents address the issues of child abuse and make relevant professional intervention. I discuss how they present issues and how they manage their accounts. I move therefore to consider what points parents in therapy make important for discussion in a way that acknowledges those
who are actually involved in the day-to-day existence of disability and relationships with professional bodies.

I argue that researchers should pay more attention to what issues families of disabled children consider important for them and attempt to understand the ways in which they speak about events and their children. Research should examine how concepts are constructed by therapists and parents and begin to acknowledge the real experience of such families.

Future directions

In this thesis I demonstrate that there is a limited literature examining disability or mental health from a discursive perspective (see Leuder and Thomas, 2000; Rapley et al, 1998) and a very limited literature looking at issues of child abuse and disability (see Sobsey, 1994) and that literature examining child abuse of the disabled from a discursive perspective is near non existent. There is a growing literature examining accountability (see Antaki, 1994; Buttny, 1993) and a growing literature investigating complaints (Drew and Holt, 1988; Edwards, forthcoming) albeit not in the context of disability. My research therefore begins to bridge the issues of accountability, child abuse and disability by looking at discourses of complaints and child abuse within the boundaries of institutional talk. I show that there is a need to further our understanding of these phenomena as at present it is limited and reduced to a select number of projects. In this thesis I outline the problems with existing research into these topics and the limitations quantitative research imposes and I demonstrate the need to highlight such issues discursively in order to improve our understanding and not deny the real lived experiences of those directly involved.
Because of the weaknesses and limitations of much of the existing literature on disability and related issues that seeks to reify labels and problematize the children it becomes obvious that a wider literature and research is needed. Discursive psychology is a relatively new discipline with Harvey Sacks only starting to develop conversation analysis in the 1960’s from which the discursive perspective grew. Despite its infancy discursive psychology has added to our understanding of a wide range of issues and topics, but it still has unlimited investigations to continue in many areas. Our understanding of issues for families with disabled children has metamorphasized and grown with the development of critical approaches and a turn to language to understand the social aspects of it. Discursive psychology can begin to advance this critical thinking and explores the social accomplishment of such constructs. In this thesis I examine how pathological talk has been used in a way that accounts for parents responses to the child (see Chapters 5 and 6) but this is simply the beginning of a new range of rhetorical questions which new research must seek to explore.

Discourses of child abuse and disability are not limited to therapeutic arenas and it would be interesting to explore narratives of accountability in other institutional contexts. For example future research could move to examine the talk of prisoners convicted of crimes against children, mothers, fathers and strangers as this is particularly limited (see Auburn and Lea, 2003) or an examination of complaints made directly to social services could yield interesting advances to our understanding of how complaints are constructed and treated in sensitive fields.

I explore a wide range of topics and concepts in this thesis all of which have only been minimally investigated by the academic field. It is reasonable therefore to suggest that discursive psychology could advance our understanding of these issues and has an unlimited arena of natural settings, mundane and institutional to research.
Issues for reflexivity and qualitative research

Critical methodologies are changing and evolving over the course of the history of qualitative methodology and qualitative researchers now tend to accept that the researcher is active in the process of interpreting data and of late reflexivity has become a central investigative tool in qualitative research (Finlay, 2003), “Reflexivity has become the new buzz-word of critical psychologists” (Spears, 1997: 15)

This section of the chapter seeks to do two things: provide an appreciation of the reflexivity literature in a way that demonstrates the importance and value of reflexive practice in qualitative research and secondly to provide a reflexive analysis of the research I conduct and present here. This is because even naturally occurring data is not untouched by the researcher and is subject to interpretation (Silverman, 2001) and as a researcher these interpretations require attention.

Traditional social psychologists may encounter difficulty with the concept of reflexivity and the idea of analyzing one’s own scientific practices (Lubek, 1997) and reflexivity actually challenges traditional methodologies in a way that extends the scope of social science (MacMillan, 2003). Reflexivity however is a concept of importance for those taking more critical approaches to research including discursive psychologists. Reflexivity became a new and exciting thing to do and became the centre of methodological thought (Seale, 1999). The concept of reflexivity and the process of achieving it however do vary amongst disciplines. For example in feminist research reflective practice became a means for examining potential imbalances of power between the participant and the researcher (Wilkinson, 1988). An important aspect of reflexivity for social constructionist researchers though is a focus on deconstructing the language used and an examination of its rhetorical functions
(Billig, Condor, Edwards, Gane, Middleton and Radley, 1988) as it allows us to see the importance of 'situated-ness' of the production of knowledge and how it is produced (Hepburn, 2003: 232).

In this section of the thesis I take a reflexive position in relation to the data and the analysis and argue that as a practicing discursive analyst I should adopt an approach that is reflexive, increasing my accountability for my interpretations (Gill, 1995; Harper, 2003). In order to manage this as a researcher I must become more self-aware and begin to make sense of how the members make sense of their world through their own words (Ashmore, 1989). Reflexivity enables the researcher to turn the analysis back on itself and then the research itself can become a topic under investigation (MacMillan, 2003).

The debate about whether to take a reflexive approach has long been settled and it is now accepted amongst qualitative researchers that they should be reflexive about their research process, instead a new debate has arisen, how to do reflexivity (Finlay, 2003). The process of being reflexive about one's research is not a simplistic one and whilst MacMillan warns against turning reflexivity into a process with a defined set of rules there is little literature that shows researchers how to be reflexive. Furthermore there are warnings about the considerable restraints on being able to be reflexive (see Smith, 1994 for more detail).

In my research I am clearly influenced by my ideals and personal interests in disability and family therapy and these may have impacted on how the analyses are performed. Taking a discursive view means that I make every attempt not to step outside of the data to make claims about it but the selection process of which data to include and which themes to make relevant and turn into a thesis cannot be so easily countered. In this section I appreciate and ponder the influences I have on the data and
consider these effects in more detail. I am reflexive here on four main issues that are present in the thesis:

- Disability and children
- Family therapy
- Child abuse and parenting
- Professional bodies

Reflexivity is an important aspect of discursive research and many salient issues are present in my research. My motivations for undertaking this study I outline in the introduction and these personal ideas and knowledge have an effect on my analysis.

**Disability and children**

I am frustrated with much of the traditional literature on disability because it seeks to reify the labels and problematize disability. It reduces individuals to categories and pre-assumes large numbers of factors and opinions. While the critical literature has started to address some of those issues I still feel that families with disabled children are being largely ignored by academics who have limited real experience of disability. Having worked and lived with disabled children I want to understand their lives more adequately than examining categories of mental health and problem behaviour.

In my personal life and career I have come into contact with many children who suffer from learning or behavioural problems. The time it takes to acquire diagnoses and then further help from the professional field seems to vary and some children have many problems obtaining the assistance they need. During my analysis I find myself aligning with the families and having some level of empathy with their
situation as I have seen this kind of frustration in parents before on many occasions. As a researcher I am supposed to stay neutral, in the same way that the family therapist is supposed to stay neutral during the process of therapy. Neutrality as a concept though is rather ideological and in reality only potentially achievable at some level rather than exact. I feel that whilst analyzing the data I was actively being neutral rather than it being a natural thing. I was constantly aware that my judgments and empathy could impact on my choices and my analysis and carefully examined my practice in order to ensure that this had minimal impact. On reflection I see that I do have empathy and sympathy for the parents and accept that this may have influenced my choice of topics to analyze, but I do feel that I managed a neutral position effectively because of the constraints of the analytic approach.

In effect any judgments I have about the situations the families find themselves in and my own frustration at the therapeutic services and more specifically the social services have no effect on the families themselves as I never actually met any of the members of those families. It is possible, though, that my own feelings about the inadequacy of help available to children with disabilities may have impacted on my choice of topics. Disability and child mental health as a broad topic within the research is motivated by my curiosity about the lived experiences of disability. I lived with an autistic sibling through my childhood and have always been interested in whether other people experience it in a similar way. It is fair to assume therefore that without these preconceived ideas about disability and experience I may not have ever chosen to conduct this type of research at all and so its existence is dependent upon my frustration and curiosity.

What I note and have noted over time is that the ways in which many academics report disability is inadequate. They fail generally to consider the children with the disorders themselves or their families and instead rely on their own notions
of disability and standardized tests. Oliver in his writing, writes from a more personal perspective because he himself is disabled and I feel that this gives his work more credibility in the sense of understanding. I feel that having close links with disability provides you with privileged knowledge of institutional processes and emotional encounters that cannot be achieved from a textbook. In order to gain insight and understanding of a phenomenon a person needs to live it or live with it to acquire understanding that goes beyond the academic world. My lived experiences with disabled children gives me a personal insight that many academics can never achieve. Statistics and tests provide information about a diagnosis or a label but tell us little about the experience of disability. Using a discursive perspective, researchers can scrutinize experiences and achieve some insight into the lives of disabled people but there is a stronger identification with those experiences and a more credible understanding of it if one has lived through it. Therefore during the analytic process I make assumptions that each speaker's version is equal to another's and as a family unit they co-create the discourses and narratives that I then make relevant for analysis.

**Family Therapy**

Generally people have ideas as to what counseling and therapy are. They tend to appreciate the basic rules of therapy and have some level of understanding as to the aims of it. These lay opinions will vary and some people have more accurate notions than others.

The academic literature and training manuals on family therapy provide me, as an academic, with the jargon and idealistic ways in which family therapy is conducted. I am aware through published writing of the different types of family therapy and read widely around systemic principles, as this is the approach they adopt in my data. Knowing these 'facts' about family therapy though does not make me an
expert. I am not trained as a therapist and have only limited counseling training but I am still aware that every family is different and therefore each session will vary somewhat dependent upon the therapist and the family and the topics raised.

I have some appreciation for the normative frameworks of therapy and have digested the discursive literature on therapy talk that provides me with the contextual information about how normal therapy works and therefore I am able in my analysis to ponder the deviances from this basic framework, which I do when considering complaints. This does not mean however that I can escape my own biases and experiences when analyzing the data.

During my analysis my preconceived ideas and experiences of family therapy may have contributed to the claims I make about the process and the progressive nature of it. I have no access to the final session from each family as they all continued the therapy after the completion of this study and therefore are not available for consideration yet. Despite this though I still share ideas that family therapy is progressive and that at some point there will be that final session. In the chapter on complaints I orient to this progressive nature of therapy by discussing complaints and provide data that supports this orientation. Again though my choices of extract and topics may be guided by my ideas about how therapy works and it is possible that my thoughts on what therapy is has affected the ways in which I analyze the extracts. In other words as I approach analysis of my family therapy data I have a whole eclectic range of resources and understandings of therapy and some of these are more influential than others at different points of the analytical phase. It is inescapable that I use my beliefs and knowledge of normative therapeutic frameworks to guide my analysis.
Child abuse and parenting

Of all the issues I raise in the thesis the most interesting and yet difficult for me was that of child abuse. It is not a topic that I expected to consider and did not feature in my proposed work, but nonetheless turned out to be a highly salient topic in the data.

In this country it is illegal to have intercourse with a child under the age of sixteen, and intercourse with a prepubescent child is considered a serious matter for the law. The law is quite clear on the matter of underage sex, paedophilia and rape. The child protection agencies also take physical abuse and neglect seriously and the law prosecutes offenders. The moral and ethical positions taken by society on these issues vary amongst communities and people have different ideas about where the boundary lines are, and what punishments if any should be exacted on the offenders. There are even debates about whether parents can smack their child for bad behaviour.

I have relatively strong views on the subject it is an issue that stood out in the data for me and forced me to question my own principles and understanding of the issue. In this thesis I discuss two types of child abuse, physical and sexual. In terms of sexual abuse, two issues are raised; the issue of an adult male having sex with a prepubescent girl, and the issue of institutional abuse, peers sexually tampering with others.

Of the two types of abuse talked about by the families, the one I find most difficult to consider is physical. Whilst I find the sexual abuse most horrifying and difficult to digest I find the physical worse as I have some empathy with the parents. Children with behavioural disorders can be quite violent when expressing themselves or when frustrated with something and in some cases the victims of that violence are the family and more specifically the siblings. My personal view is that there is very little help available to parents and social services generally don’t provide much
support to those parents. In one therapy session Mr Clamp asks the therapist what he is supposed to do. He describes a situation whereby Phillip is being considerably violent towards Jordan and refuses to go to bed. He reports social services as telling him that he can’t physically restrain Phillip. This leaves him with the negotiating with Phillip option while he continues to beat Jordan or ignoring the social services. Having been in this position (or similar) it can be very difficult to reason verbally with a child who has a behavioural disorder and the threat of real physical damage to the sibling is very high and very real. So what do you do? Unfortunately very few parents know the answer to this and I myself am at a bit of a loss to. There are behavioural techniques but training is limited and very little support is offered to these stressed out parents. Unfortunately I find myself agreeing with Mr Clamp that in extreme circumstances being physical is possibly the most immediate and easy answer. This dies not mean that I endorse physical violence. The physical restraint can be minimal and there are alternatives if the professionals would just take the time to understand and help the family but the point I making is that I understand Mr Clamp’s fear for Jordan, his frustration at social services and his desperation in those circumstances. Problematically for me also is my own common sense reasoning that if social services are providing advice to parents that states they cannot physically restrain their children it does suggest that they should have an answer for these parents. What do you do? Social services seem to fail to answer this basic appeal.

There are other discussions of physical abuse that I align far less with though. The discussions about using a belt to punish Phillip give me less reason to empathize. This implies motivation and during the analysis it is harder to not make judgments on the family.

The sexual abuse talk was more straightforward to analyze as I had no empathy or understanding for it. My own moral principles and distaste for this type of
action has probably had some impact on the analysis. Because I personally found it
shocking that Mr Clamp was justifying a nineteen year old man sleeping with a nine
year old girl I am sure this is why the extract features so heavily in the chapter. On a
personal level it is difficult to listen to a tape where parents discuss in some detail
what they report to have happened and not form some sort of judgment about it. In my
judgments I hold some level of assumption that most Western academics reading my
thesis will share the opinion that this is somehow wrong, not only as according to the
law but also morally and ethically. This therefore may affect the line of analysis
despite my best efforts to keep the analysis grounded in the data and keeping it
neutral.

The institutional peer abuse is also a difficult topic to consider. Mr and Mrs
Webber talk considerably about the sexual tampering Daniel has experienced from
older peers. Mrs Webber goes into some detail about the events of this abuse and it is
very difficult to listen to. This difficulty therefore is likely to impact on the analysis
and a reliance on the transcript to avoid listening to the tapes too often is inevitable.

**Professional bodies**

It is apparent here in my reflexive account that one of the issues that seem to run
through my text concurrently is that of professional bodies. The one fundamental
issue for me is that of social services and the lack of adequate help families tend to
receive from outside agencies.

My family’s experience of social services to provide assistance with my
autistic sibling has been limited over the years and the help they do provide has never
been simply given but instead fought for. I find myself empathizing with the Niles
family when they talk about the excessive paperwork they had to fill in for the
medical services, and with the Clamp family when they talk about the inadequacy of social services.

Because of these interests in my analysis I felt drawn to pull out complaints about professional bodies. I find myself affiliating with the families as they provide endless complaints about social services and the problems they have encountered. The difficulties I have faced myself in the past with social services drew me to these excerpts of talk, helped by the frequency in the data and therefore I am not surprised that they later became a focus for analysis as I am interested to see how they manage their complaints given that the therapist himself was a professional body too. I myself was driven to complain to social services and even that process was considerable.

There is a practical and academic need for answers. In analyzing the extracts it is evident that the parents ask questions of the professionals and have a need to have those questions answered and in my life I have asked some of those same questions. Unfortunately answers are not forthcoming.

Although it is difficult to remove the researcher from their data and the research process, using the relativist approach to discursive psychology does guide me in the right direction. When tempted to start making claims beyond what is there, the boundaries of the analytical tool force me to look back at the data itself and find empirical observations of it. Of course there are many more themes in the data that I could give analytic attention to but the two fundamental themes that I present here (complaints and child abuse) in this thesis are given attention by the participants involved. This means that there is no shortage of empirical examples to use in the chapters.
Final thoughts and conclusions

It is important for disability researchers to acknowledge the importance of language, but more specifically, situated discourse, and to understand how parents pathologize their children in ways that explain and account for their own conduct that would ordinarily be taken more seriously. This particular piece of research adds to the growing body of discursive work that examines talk-in-interaction, examining actual accounts of people’s conduct, produced as part of the management of the real life settings in which they occur. We need to move beyond reducing people to numbers and begin to explore the complex ways in which people interact with one another and how they accomplish complicated achievements through such interactions.
Appendix one

Miss M O'Reilly
Loughborough University
Loughborough
Leicestershire
LE11 3TU

1/11/99

On behalf of the community learning disability team, I hereby provide consent for Michelle O'Reilly to conduct research using data provided by my clients. I understand that all BPS ethical guidelines will be adhered to and that all data will be made and kept confidential and anonymous. The tapes are to be viewed only by the aforementioned researcher and a small team of professionals. Data is to be transcribed and analysed from a discursive perspective and there will be no way to trace these back to the institution or individuals involved.

Sincerely

Jon Taylor (Family therapist).
At the heart of the practice of psychotherapy is the relationship between the client/s and the therapist. This relationship, like all healthy relationships, is built on the acquisition of trust in which the client/s is enabled to disclose material concerning the most intimate areas of personal life. This disclosure of personal and private matters proceeds in an atmosphere where the client/s can confide in the therapist. In order to confide the client/s requires confidence, and such confidence is invested in the confidentiality offered by the therapist.

Thus, confidentiality is one key element of the practice of psychotherapy and relies on a safe secure environment in which the privacy of individuals is protected.

In agreeing to have others observe their sessions in therapy, either on video tape or live via one-way screen and/or closed circuit television, the client/s must be assured of this confidentiality.

I understand that the client/s are aware of my observation of their work for training purposes and have given their consent.

I understand the importance of confidentiality and will make no mention of what I see and hear outside of this observational placement.

I undertake not to observe anyone who is known to me personally or professionally in any way.

Signed: ........................................

Date: .............................................
Appendix 2: Transcription Conventions

The transcription conventions used in this thesis follow the guidelines that were set out by Gail Jefferson for those practicing conversation analysis and are being used increasingly in discursive research (see Edwards, 1997; Potter, 1996). For a full guide on these symbols and transcription as a method please refer to Atkinson and Heritage (1984).

*These symbols were used in the transcripts and appear throughout the thesis:

( . ) A full stop inside brackets denotes a micro pause, a notable pause but of no significant length.

( 0.2 ) A number inside brackets denotes a timed pause. This is a pause long enough to time and subsequently show in transcription.

[ ] Square brackets denote a point where overlapping speech occurs.

> < Arrows surrounding talk like these show that the pace of the speech has quickened

< > Arrows in this direction show that the pace of the speech has slowed down

( ) Where there is space between brackets denotes that the words spoken here were too unclear to transcribe

( ( ) ) Where double brackets appear with a description inserted denotes some contextual information where no symbol of representation was available.

Under When a word or part of a word is underlines it denotes a raise in volume or emphasis

↑ When an upward arrow appears it means there is a rise in intonation

↓ When a downward arrow appears it means there is a drop in intonation
An arrow like this denotes a particular sentence of interest to the analyst.

**CAPITALS** where capital letters appear it denotes that something was said loudly or even shouted.

**Hum(h)our** When a bracketed ‘h’ appears it means that there was laughter within the talk.

= The equal sign represents latched speech, a continuation of talk.

:: Colons appear to represent elongated speech, a stretched sound.

The family members in the therapy are always marked by their category for simplicity. For example,

- Mum: represents the mother talking
- Dad: represents the father talking
- FT: represents the family therapist talking
- Children are referred to by name (or a shortened version of it).
APPENDIX CHAPTER 3: Transcription issues

One concern for those practising discursive psychology and conversation analysis is transcription quality. This appendix chapter outlines some specific problems I encountered during the transcription process. Transcription quality is a fundamental issue that has been addressed by various researchers in the field to date. I outline the reasons why quality transcripts are important in this chapter.

During the process of transcribing the data I encountered a small number of problems that are not adequately accounted for in Jefferson’s transcription guidelines and so examine the importance of transcription as a relevant and necessary issue for discursive analysts.

- There were problems about background noise. As many participants were present in the therapy, and a number of them were children, a large amount of background noise could be heard during much of the therapeutic interactions. The children would play musical instruments and have side conversations with one another. The importance of transcribing such incidents and the pragmatics of it are addressed here.

- Overlapping talk constitutes further problems with multi-party talk. Jefferson accounts for overlapping in her system of transcription, but this is less simple to follow when multiple people are competing for the floor at once. Not being able to hear what is being said because of these interruptions is an important issue for analysts and not being able to hear young speakers’ talk is also a difficulty faced.
Importance of transcription quality

The process of transcription is not a simple one and at each stage the analyst faces difficulties. The transformation of video recordings into written transcription represents a selection process and the analyst's choices of particular symbols is important as these make visible the features of the interaction for those who do not have access to the videotape (Psathas and Anderson, 1990).

Difficulties are twofold for transcribers. There are two phases of transcription, the auditory coding (transcribing the exact spoken words) and the transcribing of other elements (interruption, extraneous sounds and so forth) (O'Connell and Kowal, 1995). All types of vocalisations can have interactional meaning (Ten Have 1999) therefore cannot be taken out of the transcript and it is not just the exact words spoken that form the interaction but all other interactional features too. Hutchby and Woffitt, 1998: 76 write "Conversation analysts are also concerned to transcribe as precisely as possible all of the sounds that are uttered by participants, whether or not these are conventionally recognisable words." Therefore while the precise verbal elements of the talk are always transcribed the prosodic, paralinguistic and extralinguistic features pose more difficulty (O'Connell and Kowal, 1995). The prosodic features are defined by O'Connell and Kowal as the volume of delivery in terms of intonation and are considered in Jefferson's transcription system (See Atkinson and Heritage, 1999), paralinguistics O'Connell and Kowell define as the descriptive delivery, for example smiling or laughing during the talk (see Jefferson 1984) and they argue extralinguistics to be accompanying gestures and non-verbal communication is claimed to be an important reason to use videotaped data (Bottorff, 1994). Laughter is prevalent in interaction and has received analytic attention (Jefferson, 1979; 1984; 1985) and so has crying (Hepburn, forthcoming; 2004).
Conversation analysts consider all of these aspects of the data important for analysis and make the assumption that any sound has communicative meaning (Hutchby and Woofitt, 1998). In the course of interaction, participants may make noises that need to be included in the transcript and which are usually represented by descriptions in double brackets (Ashmore, MacMillan and Brown 2004). There are claims that the literature has failed to review the quality of transcript prior to undertaking analysis, which in turn may affect the analysis and interpretation of the data (Poland, 1995). While I note that some sounds have received attention, like 'mmm' with attention being paid to semantics (Wiggins, 2001) and other noises like 'uhu' (Schegloff, 1982) there are many noises sounded in my data that require some attention.

So when reviewing my transcription method there are a number of issues that need to be considered prior to analysis. Not all of these are given full attention in the thesis chapters however they do arise in the complete transcription which is conducted prior to any analytical writing and therefore whilst they may not be given any focus in any of the analytical chapters it is important to have an accurate transcript before analysis takes place. Transcription precedes analysis in DP and many issues require some form of resolution before themes and analysis can be considered. Therefore they posed difficulties during the transcription process and deserve attention in this thesis.

Background noise

The problem of background noise is consistent. The majority of the extracts I cite in this thesis had a considerable amount of background noise. I do not represent this noise in the analytical chapters as it deviates from the analysis and has no contribution
to the main interaction and the analysis. It is an issue though and in some cases is oriented to by members of the interaction and in these instances cannot simply be removed.

**Musical instruments and play**

Not all noises are part of the current interaction, but many are still rich in meaning and worthy of analytic attention. However representing extraneous sounds on the page can interrupt the flow of the text converging the main conversation, but removing them from the transcript to counter this may lead to other difficulties as the members of the main interaction orient to the background noise on occasion. Take the following example:

Extract 3

01. Steve: I NEVER
02. Nic: You (did
((Lee plays a musical instrument during this sequence of talk ))
03. Mum: [^stop ^lit please

By placing the description in between Nic’s turn and Mrs Niles breaks up the transcript and the readability of it. However in this case it needs to be shown as Mrs Nile’s turn is an orientation to the noise being made by the musical instrument (displayed on the videotape as she turns to the child and makes eye contact). To represent the sounds of the instrument as ‘ding ding ding’ in their relevant overlapping places would be complicated and over zealous maybe and therefore the difficulty remains.
Extract 3 revised

01. Steve: I N[EV::er
02. Lee: [Ding d[ng =
03. Nic: [Yo[u d[ng
04. Lee: = ding ding din[g ding
05. Mum: [↑stop it ↑please

The pragmatics of presenting the musical instrument playing here is twofold. Firstly the musical instrument playing is sporadically sounded throughout the conversation and therefore pinpointing the exact overlap of the musical instrument sound and the words of the speaker are incredulously difficult. The second more prominent difficulty for the reader of the transcript is that it appears by looking at the transcript alone that Lee is saying the word, 'ding'. It is not immediately obvious that Lee is not speaking but rather is playing a children's xylophone.

On some occasions though, the analyst can remove the extraneous sounds made in the background when they are ignored by the interacting participants and are not going to be analysed by the researcher. For example if the instrument being played by Lee hadn’t been oriented to by Mrs Niles it would be less important to have such an accurate transcription of his playing. Consider extract 4 where the noises made in the background are in no way relevant. One can always put them back in should they ever become a focus or concern.

Extract 4

01. Dad: We don't get on (. ) me and he[r mum =
02. Ball: [bump bump ((ball 
bumps against coffee table ))}
This extract comes shortly before the launch of the Clamp’s complaint, given in Chapter 3 and the ball is thrown about the room whilst the complaint is being made. If I include the ball noises in the complaint extract it makes readability very difficult and makes no analytic relevance at all, therefore I removed it from the transcript but deal with it here instead. I deal with it here as an issue for transcription and to consider the relevance of background noises in transcription. It is not relevant to the analysis and so I can justifiably remove it from the main analysis but it is an important issue for discursive researchers and the process of making these decisions should be considered.

In this extract Jordan and Ron are playing with a ball. Jordan makes no attempt at speech during this short sequence of play so therefore the only talk, is provided briefly by Ron. The ball itself is quite noisy as it bounces off various bits of furniture. These extraneous noises do not form part of the main interaction and are not oriented to by the members of the main interaction. Due to this they can be removed from the transcript to make it more readable.

Consider it written this way:
Extract 4 revised

01. Dad: We don’t get on (.) me and her mum
02. don’t get [on =
03. PT: [Right
04. Dad: = all that well (0.6) sin[ce I took Joanne
05. off (0.8) her in a way =
06. Ron: [Chuck it (0.4)chuck
07. it (.) chuck it ((with reference to a ball being played
   with and bouncing off the furniture noisily))
08. Dad: = you know what I mean

Ron’s side sequence of conversation in this piece of talk makes little sense in this
context but can be rectified with a description in brackets (in accordance with
Jefferson). By removing the actual noises of the ball it makes the text more accessible
to the reader. Furthermore, the removal of the noises of the ball makes no difference
to the analysability of the main conversation. They would only be relevant if it was
the children’s games that were being analysed and then they could be put back in.
Problematically though as the noisy ball continued for some time it questions how
often the same description would be required.

Schisming; two concurrent interactions

Schisming (Egbert, 1997) is also a problem for the transcriber. When two concurrent
interactions are taking place it is difficult to represent this on paper. When there are
many people talking in one room it is inevitable that there are going to be occasions
when smaller side conversations take place outside of the main interaction. This is
particularly common amongst the children in the interaction. When they are not being
fully engaged in the main conversation they often break away and talk to each other.
When the parents make their complaints about social services the children are often

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talking quietly to each other in the background. The current interaction however, continues at the same time and effectively the analyst hears two conversations happening at the same time. The schisms need to be given representation too. Again there are a few different ways that schisms can be presented.

Extract 5

01. Dad >so the dog thought< (. ) I'm not havin' (. ) this,
02. grabbed him (. ) and dragged him across the livin' room
03. (0.6)
04. Dad but [= 
05. ((schism)) Kevin ^Ask him for me
06. Dad = as a result (. ) we were gonna t'ave =
07. ((schism)) Lee >do you want the paper?<
08. Dad = the dog destroyed (0.2) and I said ^I'm not havin'
09. the dog destroyed [just ^because
10. ((schism)) Lee Do you want paper?
11. Dad = >he's tormented the dog<

In this extract there are two conversations taking place. The two young boys are negotiating whether to ask the therapist for paper, whilst Mr Niles is conveying the therapist the bad behaviour of their older son Steve. Both conversations are potentially analysable in their own way. It is possible for me to analyze the schisms and the main interaction. In my thesis I focus on main interactions and only orient to schisms if the participants do. This is because schisming can distract from the points of the analysis. This is not to say however that schisms do not deserve attention in the transcript and therefore I consider it as an issue here.

The readability of the transcript, though, is marred by the presence of the other. By using the word 'schism' in the margin it does convey to the reader that this
is a side conversation and not part of the main conversation, but as it all occurs in overlap it distracts form the main interaction and interrupts readability.

*Interruptions and overlapping talk*

Not all overlapping talk is in the form of a side conversation/schism. In instances of multi-party talk there are many occasions when two or more people attempt to talk at once. In some cases these interruptions and overlapping talk is fairly straightforward and can be transcribed simply by following Jefferson’s guide. Consider the following example.

Extract 6 (taken from chapter 3)

01. Dad: because now we’ve got ‘em living right *next
door to us
02. Mum: [Right next door to them

In this instance Mrs Niles simply interrupts Mr Nile’s sentence and this is depicted in the Jefferson way, by using square brackets to show where the talk comes in. The problem for transcription becomes more complicated when several speakers compete for the floor at once and it becomes difficult to pinpoint exactly where each speaker comes in. Furthermore it makes the readability of the transcript more complicated. Consider the following extract where Mrs Niles, the therapist and the children are all trying to speak at the same time.

Extract 7

01. Kevin: I *watch *telly tubbies
02. Mum: *Yes *you watch telly
tubbies and the Tweenies =
03. Lee: [tell];:y tubbi::es
During the conversation here, there are many instances where the talk overlaps with the preceding speaker. Jefferson does account for overlapping talk in her transcription system but this becomes particularly difficult to follow and read when multi-party talk is taking place. Part of the difficulty is hearing the talk-taking place as two or three voices are heard at once, and the second problem is representing this in transcript. During lines 03 – 05 three people were speaking at the same time. Mrs Niles was finishing her sentence, Lee was overlapping with reference to the ‘telly tubbies’ and Kevin laughed. This problem occurs again in lines 06 – 08, where Mrs Niles attempts to finish her sentence that was already overlapped by two speakers and is overlapped again by two people; the therapist with his question and Kevin with his laughter. Separating this in transcript fails to do justice as to the speed this short extract took place in, nor does it really give justice to the multi-party talk occurring in such a short floor space.

This is an important issue for analysis. It is necessary to transcribe in detail and exactly and when multiple overlapping occurs it can be difficult to hear what is being said and represent it exactly in the transcript. Consider extract 8.

Extract 8 (taken from Chapter 4)

11. Dad: D’oh
12. Lee: His [son [Bart
13. Mum: [I bet Joe watches it heh heh
14. FT: [Heh heh heh
In this extract there is multiparty talk occurring at the same time. While Lee is providing an answer to an earlier question from the family therapist Mrs Niles makes reference to the programme being discussed. During her interruption the therapist begins to laugh. All three utterances occur quickly and at the same time and therefore transcription needs to be accurate to show where each person comes in. The ability to hear these three utterances on the tape however proves difficult and a lot of time is spent trying to capture exactly what was said and how.

**Young speakers**

A less significant but important problem in transcription is that of young speakers. The Niles family have a young child (Kevin) present in the family therapy sessions and on occasions Kevin makes contributions to the talk. Sometimes however I am unable to comprehend what is said and therefore have to simply put a space in brackets to show this piece of talk is missing.

Extract 9 (taken from Chapter 4)

21. Dad: and the school one is completely different
22. Kevin: °Hello (    )

In this extract Mr Niles is talking the therapist about the paperwork involved in diagnosing Steve. From a transcription perspective though it is the youngest son who causes transcription problems. Kevin who is talking here is reported to be about three years old and his speech is not fully developed and is quieter than the others. Due to this there are several occasions during the therapy sessions where Kevin’s speech overlaps the others and is completely lost amongst the other talkers, or, like in this extract is spoken so softly and in a child like tone that it is near impossible to
decipher. While perseverance is important for those practicing transcription, with speech like this the difficulties have to be accepted and Jefferson's brackets system used.

Summary

In this chapter I have addressed some of the difficulties faced by transcribers. I showed that although the system of transcription presented by Jefferson is comprehensive and suitable for conversation and discourse analysis, there are some elements of talk not yet accounted for, or not fully developed.

Despite a well-written transcription convention, I still faced some problems due to the type of data collected for analysis. During the talk from four families across family therapy sessions various transcription issues arose here and considered before analysis took place.

Many of the participants in the therapy make noises to represent things in their talk requiring decisions about representing those noises. Noises such as background noises or singing cause difficulty during the transcription process and required consideration prior to the data being analysed.

Many of the interactions in the family therapy involved children and there are a considerable number of people involved in each interaction. Floor space was therefore open to multi-party talk. More specifically the children created transcription problems because of four main things. They played with noisy toys in the background whilst the adult members continue their conversation. They had conversations with each other while the main conversation continues, leading to the problem of schisming. There was a tendency for more than one person to speak at once causing the problem of transcribing overlapping speech (although the adults did this too). A small number of the children were young or had speech difficulties and so it became very difficult to understand what that child was saying.

Transcription is an important process for those in CA or DP and this chapter shows that transcription is not a straightforward process and involves a great deal more than typing the words verbatim. I show that even considering the great level of detail in Jefferson's transcription system there are still problems faced in the process.
References


Drew, P. (1990). Strategies in the contest between lawyer and witness in cross-


Fasulo, A. (1997). Other voices, other minds: The use of reported speech in group


Wiemann, & S. Pingree (Eds.), *Advancing Communication Science: Merging Mass and Interpersonal Processes* (pp. 77-109). Newbury Park: Sage.


Hutchby, I. (Forthcoming) *Child counseling Discourse: language and interaction Between Counselors and Young Children*. Amsterdam and New York: John Benjamins.


McLeod, J. (2001). *Qualitative Research in Counseling and Psychotherapy*. London:


Pomerantz, A. (1984). Agreeing and disagreeing with assessments: some features of


http://www.troubleteen.com

http://yourdictionary.com