An examination of the ways in which power arises, and is managed, between systemic psychotherapists and parents working together in a social care context

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ABSTRACT

This study aims to understand and describe some of the ways in which power arises, and is managed, between clinicians who are systemic psychotherapists and the parents they are working with in a social care context. Examining their interactions in detail, particularly their talk, aims to do this. Interest in the questions arose from my own practice as a systemic psychotherapist working in children's social care, with a focus on complex neglect, where I identified challenges to effective practice that were related to that context. My initial ideas were about power being a particularly salient issue in each of these challenges in one way or another, and I wanted to examine and extend this area of interest using qualitative research methods. Conversation Analysis (CA) is used here to examine the power dynamics at the heart of therapeutic work in this social care context. The primary overall objective of the study is to understand how power dynamics are managed to enable interventions aimed at reducing risk in families to be effective, by answering the following questions:

1. What is happening in moment-by-moment interactions between parents and systemic psychotherapists talking together, when the talk is taking place because of issues regarding risk to children? How are power dynamics being spoken about, negotiated, or managed in this high-risk context?

2. What is happening in moment-by-moment interactions between parents and systemic psychotherapists when talk that may lead to change, and reduce the risk to children, can be identified and seems to be being mutually created, understood and agreed between them? How are power dynamics being spoken about, negotiated, or managed in this particular high-risk context?

I examine 3 sessions, with 3 different sets of parents and systemic psychotherapists, in detail. I argue that power can be made useful when it is arising as authority that is *jointly created* between parents and therapists. I contend that the findings show how systemic approaches and practice can uniquely contribute to safeguarding work in contexts where issues of power prevail. I consider how the systemic practitioners in the study show their ability to deal with the power differentials arising, and develop relationships, that lead to effective and ethical working. I show how combining systemic and CA frameworks allow these abilities to be seen, and identified. These abilities are reflective of the systemic theoretical base, and

systemic techniques enable these theories to be put to use. I show how these elements of practice enable complex processes between people to be negotiated.

I argue how systemic approaches could contribute to mentalization-based approaches more than they do presently, and specifically when working with 'hard to reach' families. I argue that other therapeutic approaches such as these would benefit from dealing with the concept of power more explicitly, and benefit from understanding and utilising systemic approaches and practices in more depth to do so. I also use this understanding of what is happening in the relational systemic approach to examine the often-used concept of 'disguised compliance'. I make an argument for a more relational use of the term than is sometimes suggested.

All of the above areas have implications for practice, and for the training and supervision of systemic psychotherapists, and other practitioners working in a social care context.

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1 CHAPTER 1: INTRODUCTION TO THE STUDY

1.0 Introduction

This study aims to understand and describe some of the ways in which power arises, and is managed, between clinicians who are systemic psychotherapists and the parents they are working with in a social care context. Examining their interactions in detail, particularly their talk, aims to do this. Interest in the questions arose from my own practice as a systemic psychotherapist working in children's social care with a focus on complex neglect, where I identified challenges to effective practice that were related to that context. My initial ideas were about power being a particularly salient issue in each of these challenges in one way or another, and I wanted to examine and extend this area of interest using qualitative research methods. Qualitative research studies into therapeutic interaction have grown into a significant body of work in recent years (Peräkylä et al., 2005, Antaki, 2008, Kogan and Gale, 1997). Some address systemic family therapy in particular using discourse approaches, including Conversation Analysis (CA) (O'Reilly, 2007, O'Reilly, 2008a, O'Reilly, 2008b, O'Reilly, 2014, Strong and Sutherland, 2007) and CA is used here to examine the power dynamics at the heart of therapeutic work in this social care context. In order to set the landscape for the study, this will be an extended introduction in seven sections, describing: 1) the clinical context, 2) the way in which CA and systemic frameworks are combined, and 3) the epistemological roots of the study. Following this, 4) overall research objectives, and 5) the research questions, will be presented, and finally 6) a guide to the thesis. The chapter as a whole serves as an extended rationale for the study.

1.1 Introduction to the study: the clinical context

In this section the clinical context of practicing systemic psychotherapy within children's social care, and some of the dilemmas arising in the work that give rise to the study are described. To do this, I focus on: a) the social care context itself, b) approaches taken to address complex issues of neglect in families, c) the influence of models for intervention that are used within a systemic frame, d) why power is particularly important in this context, e) the national picture, and f) my own practice context.

It is commonly recognised in the literature that therapists occupy a position of power in

relation to their clients, which shows itself, for example, in who gets to speak when, or who gets to ask the most questions (Antaki, 2008). There is evidence that this is not only generally understood and accepted, but necessary, in order to achieve mutually agreed goals for change for clients (Stiles, 2008, Stiles, 2009). Different kinds of talk that come under the umbrella of 'psychotherapy' are generally imbued with enough shared assumptions about the task for this to be accepted without difficulty. It can be argued that this permission to direct the conversations, however subtle the guidance in one direction or another, is usually created not least by the voluntary nature of therapeutic work. The kinds of inherent tensions created are seen as inevitable, not necessarily problematic, and are seen to exist within every institutional context (Peräkylä et al., 2005, Toerin et al., 2011). It can be argued that, in a social care context, therapists are working with related, but different, and arguably greater complexities in relation to their position of power.

1.1.1 The Social Care Context

In an increasing number of local authorities, systemic psychotherapists, alongside therapists from other disciplines (all designated clinicians') have now been employed to undertake work alongside social workers in 'units' or teams, to enhance assessments and provide specific interventions in line with current evidence, directly related to the statutory responsibility of the organisation to safeguard children (Pendry, 2012b).

In these settings families are offered therapeutic work to reduce risk factors when children are thought to be at risk of suffering significant harm. Harm to children can be through emotional, physical, or sexual abuse, or neglect, either directly from their parents or carers, or through lack of protection. There is, therefore, a statutory imperative for the organisation to accept and use power in order to protect (powerless) children by intervening with their parents and wider families. Therapists are working in the context of the organisation's explicit agenda to reduce risks in families in order to safeguard children. Their work informs decision-making in relation to statutory responsibilities in this regard and, unlike most other therapeutic contexts, this work is not confidential. How to achieve therapeutic goals in the context of statutory roles and responsibilities has been a theme in the systemic literature (Knight, 1985, Crowther et al., 1990, Robinson and Whitney, 1999) and most of this literature comes from contexts where therapists are working outside of the organisation and can contribute to assessments from this position. This is in contrast to the position of clinicians

who are integral to any kind of ‘unit model’ of delivering social care services for children (Monroe, 2011). The application of therapeutic approaches, methods and techniques (Burnham, 1992) are recognisable as the therapies occurring in other contexts where participation is more voluntary (such as asking questions to increase reflection on a child’s experience) but the ways that these are implemented seem to have features particular to this setting.

1.1.2 Addressing complex neglect clinically

The families and children in this study can all be described similarly in that the reason for referral can be described as ‘complex neglect’. The NSPCC describes neglect as: “the ongoing failure to meet a child's basic needs and is the most common form of child abuse” (NSPCC, 2016), this includes physical, educational, emotional and medical neglect. Child Protection plan statistics last year showed that there were 24,360 children in the UK who were the subject of child protection plans under a category that included neglect (NSPCC, 2016). It is well known that neglect is hard to define, and often missed by professionals (Bentovim et al., 2013). In the field of social work research, a gap between research and practice on the ground has been identified (Davies and Ward, 2012) with concern that there is insufficient understanding about the impact of persistent neglect (Brandon, 2008). Research shows that collaboration with parents is difficult, with Farmer stating that 40% of parents may ‘resist or sabotage’ professional interventions (Farmer, 2013, Farmer, 2012). Ward states that the interests of the child are often at odds with the interests of the parents, and relationship difficulties with parents delay decision–making, where tensions in relationships with parents are not managed well enough for them to be able to access the work that might lead to change, and decisions are not made in a timely way, leading to case ‘drift’ that has a significant impact on children’s well-being (Ward, 2013). Farmer’s research suggests several factors that impact on effective case management by professionals including their over-identifying with parents and having a ‘fixed view’ of cases early on (Farmer, 2013), and this prevents dialogue about the needs of children. The implications for social work action in cases of physical or sexual abuse may be clearer than in these cases of complex neglect, and so it is not surprising that clinicians often find themselves working in these ‘murky waters’ in order to understand what is happening in the relationship between parents and social care, and trying to understand the motivation and capacity for change in the parents.

In the local authority where this study takes place, clinicians and social workers adopt a broadly systemic approach, where these difficulties of neglect are understood as arising within relationships. Work with families focuses on developing relationships, and intervening directly to alter patterns of relating which present a risk of significant harm to children, fostering relationships which promote responsiveness and collaboration between parents and children, involving wider family, and taking into account wider social and political contexts. Specific systemic approaches to the work such as structural approaches (Minuchin et al., 2014) may be used in families where there are poor boundaries to create 'safer' families; and a domains–based analysis (Hill et al., 2014) of family functioning can aid clarity of communication and boundaries within families.

1.1.3 Working with 'hard to reach' clients and concepts of personality disorders

The parents in this study also are similarly connected to each other, in that professionals have described them as struggling with emotional and relational difficulties, and there are hypotheses in the professional network that these difficulties may be contributing to struggles in engagement with the professional system. For systemic therapists, the use of diagnostic categories of mental illness presents dilemmas at a fundamental level. One of the major contributions that the systemic psychotherapy field has made in the field of mental health has been to provide a better understanding of the relational, societal and political contexts that explain individual difficulties. Systemic authors describe more complexity than these global, fixed and linear diagnostic explanations offer (Bateson, 1972, White and Epston, 1990, Tomm, 1991, Larner, 2004). A few systemic authors have addressed working with client groups with a diagnosis of borderline personality disorder directly (Allen, 2004, Lord, 2007) and these authors advocate that we "grapple skeptically but constructively" with the BPD diagnosis (Allen, 2004, p. 139). In 2013 it was thought that up to 70% of parents who had their children removed by the courts had a diagnosis of Borderline Personality Disorder (Adshead, 2013) either given before or during the court process using 'expert' and 'independent' psychological or psychiatric reports. Therefore, I would argue that it is important to acknowledge the diagnosis out of necessity, but also because there is a social consensus, which accepts that certain kinds of difficulties exist that are relevant to the safeguarding of children, and play an important part in shaping which models and approaches that are given prominence when allocating resources to public services.

The main features of the difficulties of those parents who are diagnosed with a Borderline Personality Disorder (BPD) can be described in terms of presenting behaviour, cognition, and affect, and are given in the DSM-V as significant impairments in personality functioning manifest by: 1. Impairments in self-functioning (a or b) a. Identity: Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress. b. Self-direction: instability in goals, aspirations, values, or career plans *and* B. Impairments in interpersonal functioning (a or b): a. Empathy: Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted); perceptions of others selectively biased toward negative attributes or vulnerabilities. b. Intimacy: Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealization and devaluation and alternating between over involvement and withdrawal (Association, 2013). Professionals have described the parents participating in this study in ways congruent with these descriptions.

Several lines of evidence (Lyons-Ruth et al., 2014, Crockett et al., 2013, Obsuth et al., 2014, Adshead and Sarkar, 2012, Stepp et al., 2012, Fonagy et al., 2016) describe particular struggles in parenting related to BPD, which could have a deleterious effect on children's development. Interactions between the parents' characteristics, the individual attributes of the child, the family, broader social factors, and environmental risk factors and protectors are known to determine the extent of the difficulties (Adshead and Sarkar, 2012, Adshead, 2003). Adshead and Sarkar describe what is familiar to social workers and clinicians who struggle to maintain relationships with this group of parents: "A rule of thumb is that symptoms of personality disorder will be exacerbated during periods of stress, particularly if the stress is linked to relationships with partners, parents or dependents. As a result people...may behave in socially alienating ways at times of stress - ironically, at the time of their greatest need...(they) may consequently be excluded from help or they may reject help, without realising they are doing so" (Adshead and Sarkar, 2012, p. 14). There is strong evidence that adults with so-called personality disorders have themselves been raised in hostile or abusive environments and this ongoing exposure to trauma in childhood or exposure to severe trauma in adulthood has limited their attachments and emotional and psychological development, and so limited their care-giving capacity (Stepp et al., 2012). Parents describe feeling envious of the help being offered to their children, and angry that offers of help come only now, not

in the past, and not for their sake, but because their children are at risk. We can understand that if these parents had been compliant with the social norms and expectations and responded to the expectations of the statutory power, then they would not be under scrutiny. Fonagy and Allison describe how, for the therapist, the person has become "*hard to reach* and potentially interpersonally inaccessible" (Fonagy and Allison, 2014, p. 375). All these elements combined can leave parents and professionals feeling powerless, and the professionals can respond with unhelpful 'swings' between withdrawing from the family, to recommending increased involvement using statutory powers. It is vital that we gain more understanding of what happens between people, particularly when clinicians hold at bay the pressure to respond in such ways, and try to offer a more containing experience, so that relationships can be maintained and therapeutic interventions become effective.

1.1.4 Models for intervention used within a systemic frame

In this context, where clinicians work systemically, they often also apply the 'common elements' framework to child maltreatment. A common elements framework (Park et al., 2015, Bernstein et al., 2015) is adopted where elements of existing evidence are used to create interventions. This model uses elements of practice that have been shown through research to be 'most likely' to effect change. This way, the aim is that service users' needs are addressed where they most need help, and the service privileges the needs of clients over an adherence to a model that may be serving organizational interests (Park et al., 2015). These interventions are the ones that are most likely to effect change where there are risks to the safety of children and families, when used in different configurations, according to the evidence base available. Bentovim and colleagues have developed a manualised approach to intervening in neglect, 'Hope for Children and Families', that involves a comprehensive 'common elements' framework for training professionals to intervene appropriately and in a timely way in neglect (Bentovim et al., 2013).

Activities commonly used by therapists to address the risks associated with complex neglect are informed by a systemic approach and other evidence-based interventions based on social learning theories, including, for example, parenting programmes and psycho-education. Approaches that focus on building reflective capacity in parents about their children's experience, such as mentalization-based approaches, are the core of much of the work. Fonagy et al. describe how "Mentalizing is a form of social cognition. It is the imaginative

activity that enables us to perceive and interpret human behavior in terms of intentional mental states (e.g. needs, desires, feelings, beliefs, goals, purposes, and reasons)" (Fonagy et al., 2012, p. 4). Like the common elements framework, these approaches borrow much from different theoretical bases, including a strong thread of influence from systemic theory and practice (Asen and Fonagy, 2012). Clinicians may be using aspects of these, and other approaches, at any one time. They aim to address the consequences of maltreatment, and plans are made that focus on ways to support parents/carers to address their children's needs in all aspects of their development.

Further attention will be given in the discussion to mentalization-based approaches. This is because encouraging reflective abilities in parents that enable new ideas about their own and their children's experience to be taken on board is core to safeguarding children. There is a developing debate regarding the relationship between mentalization-based approaches and systemic theory and practice. Donovan calls the issues arising 'the politics of empiricism' (Donovan, 2015) and the relevance of the debate to this study will be developed in the literature review, and the discussion.

1.1.5 Why is 'Power' important in this clinical context?

Social work research highlights how the relationship between parents and professionals is the factor with the biggest impact on effective working in cases of complex neglect: whether parents are able to receive the interventions offered, or not, depends largely on the quality of this relationship (Galluccio, 2014, Farmer, 2013, Davies and Ward, 2012). In this research, I aim to understand how the power dynamics arising in this statutory context shape these relationships. The word 'dynamics' is chosen deliberately here, referring to "the forces or properties, which stimulate growth, development, or change within a system or process" (Oxford, 2010). Power exercised in a linear way, through the application of the legal process, is an organising context for much of the work. Applying statutory powers can polarise the professional system and families, and the families can experience local authority workers' involvement in their lives as a threat to their existence. How to remain therapeutic and work systemically in this context of safeguarding has been a recurring theme in systemic psychotherapy (Knight, 1985; Crowther et al, 1990; Robinson and Whitney, 1999), but what has been less often described is how power shows itself in more 'circular' and complex ways. My observation has been that parents can find ways to exercise their own power, and defend

themselves when they feel out of control. Professionals can then feel powerless, resulting in work being withdrawn when the families most need it, or they can exercise power more forcefully by recommending that social workers use legal processes. These observations are supported by social work research (Farmer, 2013). In this study I explore the power dynamics that are at the heart of the interactions between clinicians and parents who are deemed neglectful, and how the resulting challenges and opportunities are created and managed.

1.1.6 The national wider context

I have outlined the complex interplay of contexts that require clinicians to manage power dynamics in this kind of clinical work. These are additional to those faced by clients and therapists in other settings, because working with this group of parents to safeguard children using statutory powers creates unique dilemmas. Our practice as clinicians doing work in this safeguarding context is variable, and this research addresses gaps in our knowledge about how the power dynamics at the heart of this debate impact on us, and the parents we work with, and how therapeutic relationships and processes can be made and maintained, in order to address the well documented need to improve practice (Ward, 2013, Galluccio, 2014).

The national picture shows how the services certain groups of parents receive (including those who are deemed to be neglectful, and/or who have mental health difficulties) are variable and difficult to provide well (Adshead and Sarkar, 2012). There is often a lack of engagement, which has made the professionals more anxious about harm to children, and social workers are then more likely to make demands that are not negotiated with, or owned by, the parents (Farmer, 2013). This scenario can lead to court proceedings where 'expert' psychological reports are sought and parents' difficulties are often described with a degree of certainty, and through a lens of diagnoses. The recommendations for treatment may then not be achievable within the children's developmental timescales, and / or the treatment modalities recommended are not available within local services (such as one or two years psychotherapy); and children may be removed from their parents. Clinicians are finding ways of working with parents, by creating a chance for change to be achieved and tested before decisions about court proceedings are taken, despite the challenges described above. This study aims to articulate some of the ways in which this can be achieved.

1.1.7 My own practice context

The research questions were developed in relation to my own practice experience. I have found that systemic approaches, methods and techniques have provided the opportunity to consider and deal with the particular relevance of power in the work, and provide the kind of 'connectivity' needed to make and sustain therapeutic relationships while implementing evidence-based interventions. I have found that systemic ideas such as self-reflexivity and relational reflexivity (Burnham, 2005) and safe-uncertainty (Mason, 1993), can be useful in dealing with the impact on the relationship of carrying out an intervention that parents overtly disagree with, or covertly rail against. My experience has been that ideas or different descriptions of how things are, that might help to create change in family relationships, can come from therapists using interventions that are more or less directive, or from parents using ideas from their own beliefs, values, and knowledge bases. Ideas, or different descriptions of situations, can be rejected or accepted by the other and this is one place where power is negotiated. Ideas, or descriptions, can also be created in a more mutual way between the two and, it can be argued that this is the most desirable scenario, and most likely to lead to change. While difficult to achieve, this is congruent with a sense that most clinicians share, that what is 'therapeutic' has to include enabling parents to reflect more on the needs of their children, and act on an appreciation of these needs, rather than to adopt a stance of mere compliance with imposed expectations (what might be described systemically as the difference between first-order and second-order change). Clinicians are managing the ever-present power dynamics in subtly different ways, using a systemic repertoire, and this study is aimed at describing how this is happening in order to identify best practice.

1.2 Introduction to the study: combining systemic and CA frameworks

This study involves an interweaving of systemic and conversation analysis frameworks. This section will describe how and why this is important, and outlines the way in which the study is shaped by the combining of the two approaches.

Tseliou describes how there has been a growing call for the use of discourse approaches, including CA, in systemic psychotherapy research, because of an idea of 'fit' between the two (Tseliou, 2013). This idea of 'fit' between the systemic and CA frameworks points to

coherence at the level of how systemic approaches, methods, and techniques (Burnham, 1992) and CA research methods interact, and can be mutually influencing. Systemic psychotherapists have long been interested in the *process* of talk between people, the strategic potential of this, and the process of change (Watzlawick et al., 1974). It is not surprising therefore that a method focusing on the structure, and the interactional elements, in the processes of talk are appealing.

Coherent with understanding how language is a shaping force in systemic psychotherapy (White and Epston, 1990), CA attends to how actions are constructed between people through language, for example how using one word instead of another might shape a conversation. Peräkylä (Peräkylä et al., 2008) described how, of all the psychotherapies, systemic psychotherapy is one of the most detailed in its descriptions of how theories are enacted in methods and techniques in talk between people, such as the method of the reflecting team (Andersen, 2004), or certain questioning techniques (Tomm, 1987a), and CA allows analysis of these. This is because CA's focus is on the minutiae of talk, detailed analysis of the way in which people respond to each other's 'turns' of talk, how talk is sequenced, and how people consequently accomplish certain actions, such as repairing a mistake after some difficulty has occurred (ten Have, 2007). Systemic practitioners use of videotape and 'live', rather than retrospective, supervision fits with CA's preference for using *naturally occurring* data to understand what people are creating between them, and there is an argument that CA can increase the possibility for reflexive practice so important to systemic psychotherapists (Burnham, 2005). In the systemic field Roy-Chowdhury (Roy-Chowdhury, 2006) Guilfoyle (Guilfoyle, 2003) and Klaushofer (Klaushofer, 2007) used discourse analysis, and CA in particular, to critique the literature on the therapeutic relationship, and Stancombe and colleagues (Stancombe and White, 1997, Stancombe and White, 2005) used their understanding of the "situated and strategic nature of therapy talk" to expose blaming talk in family work (Stancombe and White, 2005, p. 21). These authors showed the potential for using CA in the field of systemic psychotherapy where the impact of the process, as well as the content, of talk is so relevant. Since then, this area of interest has been growing, and being refined, in a significant body of work (O'Reilly, 2007, O'Reilly, 2014, O'Reilly, 2015, O'Reilly, 2008b, O'Reilly, 2008a, Muntigl and Horvath, 2016, O'Reilly and Lester, 2016).

Critics of the CA method (Billig, 1999, Corcoran, 2009, Frosh, 1999) have been concerned that the focus on the normative structure and the minutiae of talk denies the importance of wider contexts such as gender, class, and race, ignoring political and social realities. Taken this way CA would seem the least appropriate choice for studies hoping to highlight issues of power; but I would argue, alongside the proponents of CA (Stokoe et al., 2012), that it is precisely because of the focus of CA that such issues can become more visible. It can be argued that who gets to talk about what, when, and in what manner, and how this is responded to, and accepted or resisted, can show how power is managed between people. Power can be seen as a temporary, constantly moving, and pervasive element in talk, present to a greater or lesser degree depending on the context of the interactions.

Tseliou has been critical of the early studies using CA in family therapy in particular, and the fervour, in some places, with which the methodologies were taken up that aimed to illustrate how practice can be understood and developed differently using this method of analysis (Tseliou, 2013). Tseliou undertook a methodological examination of these studies. She agrees that CA is potentially useful to the field, but warns that increased attention needs to given to epistemological coherence. She gave a critique of early studies for not stating explicitly how their epistemological premises were informing the analysis. She found shortcomings, where the studies did not have "systematically defined research questions" and there was "a limited number of empirical studies with designs other than case studies. They also include inconsistencies between choice of method, stated or unstated epistemological orientations, and knowledge claims" (Tseliou, 2013, p. 1). Tseliou (2013) describes how more recent work such as O'Reilly's work on family therapy (O'Reilly, 2007, O'Reilly, 2014, O'Reilly, 2015, O'Reilly, 2008b, O'Reilly, 2008a, Muntigl and Horvath, 2016, O'Reilly and Lester, 2016) shows rigour in these areas and more refined applications of the method that are more convincing. This can perhaps be viewed developmentally, where, having understood the potential, the literature reflects an increasingly refined use of this relatively new method in the field. It also may reflect how, in the field of CA there has been increasing interest in psychotherapy as an area to mine for studying talk (Stiles, 2008). This study aims to respond to the invitation to reflect recent work in the field, and to use CA while ensuring coherence between research questions, research design, and the epistemological underpinnings, to understand what occurs in the therapeutic talk.

1.3 Introduction to the study: epistemological issues

This section is included here in order to respond to Tseliou's invitation to ensure coherence through the study from the beginning, and be clear about the epistemological underpinnings in the work. Firstly a) the epistemological landscape is described, and then b) social constructionism and c) critical realism are introduced as important epistemological positions underpinning systemic approaches. Finally d) the roots of CA, particularly ethnomethodology and interactional order, are briefly described. This is in order to show how the systemic and CA epistemological positions are informing the study and also have some 'fit', in the same way they do at the levels of method and technique.

1.3.1 The Epistemological Landscape

The increase in studies using discourse approaches, and conversation analysis being used to examine interactions in family therapy (O'Reilly, 2014, Sutherland et al., 2013c) can be seen as a reflection of a transition in theoretical ideas (mirrored in many areas of thought from philosophy, literature, the humanities, and social sciences) towards an acknowledgment of the complexities of social relationships and how these influence the ways in which we experience and describe the world. This is a well-documented shift away from a kind of positivism that can be argued to be typical of quantitative studies that focus on rational measures of cause and effect, and that still dominate psychological research (Bidwell, 2007). These differences between the theoretical roots of different kinds of research can be described as differences in *ontologies* and *epistemologies*: that is, how we attempt to provide answers to the questions 'what can we know?' (Ontologies) and 'how can we know it?' (Epistemologies). We are thinking here about the nature of knowledge itself, about its scope, and about the validity and reliability of claims to different kinds of knowledge. Winch notes that there are qualitative researchers with very different ontological and epistemological positions, and he gives a "salutary warning against expecting from epistemology the formulation of a set of criteria of intelligibility. Its task will rather be to describe the conditions which must be satisfied if there are to *be* any criteria of understanding at all" (Winch, 1958/2008, p. 20).

Crotty defines the meaning of each element of research as follows: 1. Epistemology: the theory of knowledge that defines what kind of knowledge is possible and legitimate. 2.

Methodology: the strategy, plan of action, process or design lying behind the choice and use of particular methods, and linking these choices and use of methods to the epistemological stance. 3. Methods: the techniques or procedures used to gather and analyse data related to the research question (Crotty, 1998). According to Crotty the hierarchical nature of the structure determines the assumptions embedded in the primary element that inform each subsequent element. Crotty's 'top down' hierarchical model is helpful in understanding how the epistemological 'stance' shapes what can be known and how we can know it; while Leppington (Leppington, 1991) introduces ideas about reflexivity in the research process. Leppington argues that while what 'counts' as data is determined by the epistemological stance, and asks how the data itself, how it is being examined, and who is examining it, might in turn reflexively influence methods, methodologies and epistemologies (Leppington, 1991). This emphasis on reflexivity is coherent with systemic theory and practice.

Bidwell (Bidwell, 2007) describes how the 'turn to language' in philosophy, initiated in part by Wittgenstein's work (Wittgenstein, 1974), articulated a marked intellectual shift into understanding knowledge as arising in the space between people, and socially constructed in this way. Mirroring this, Dallos and Draper have described the development of systemic psychotherapy theory and practice as a journey through phases (Dallos and Draper, 2010). These phases reflected a shift in other disciplines away from positivist thinking, through constructivism, to social constructionism. Rather than a straightforward linear journey, there has been a complex development of competing, complementary, and mutually influencing ideas that is still ongoing. This was connected with, and influenced by, similar 'journeys' in other fields such as philosophy, literature, and social sciences. This is the theoretical landscape for the epistemological assumptions being made in this study about the concepts that provide the foundations of the research questions, including power itself. Here I describe the assumptions that subsequently inform each part of the research.

1.3.2 Social Constructionism

Houston gives a helpful summary of social constructionism (Houston, 2001, p. 846). He sees not one set of ideas, but a 'genus', linking a range of diverse theorists in their commonalities and making up an epistemology (Houston, 2001, p. 846) . The underpinning assumptions he categorises into two broad areas: one emphasising human agency (Giddens, 1990); and the other, the role of discourse in shaping our experience (Foucault, 1991). They include

assumptions that:

1. the social world is manufactured through language and human interaction; society is not viewed as a pre-existing domain (Berger and Luckmann, 1966).

2. understanding is historically and culturally specific and dependent on context for meaning (Garfinkel, 1967).

3. there are no essential structures in society, but there is relativism and subjectivity, where everything is perspectival and contingent (Lyotard, 1984).

4. everything is linked to action; our beliefs about the world shape our response to it (Thomas and Thomas, 1928).

Systemic psychotherapy, like other disciplines, took up social constructionism with gusto. It can be argued that this led to a time where there was a predominating view of the power of the therapist as negative, emphasising problems of restrictions and controls (Flaskas and Humphreys, 1993). Pocock critiques how social constructionism has been taken up in the field and states that "in practice, when social constructionism no longer supports practice we become covert realists" (Pocock, 2013, p. 168). This resonates with my experience of working in the social care setting. Indeed, Houston describes how social constructionism became the "orthodoxy in social work" where "relativities, uncertainties, contingencies" are central (Houston, 2001, p. 848). This way of working becomes uncomfortable when action is necessary to safeguard children, and I have had to reflect on the incompatibility of these positions in relation to power in my own work. It can be a confusing experience for families who are presented with simultaneous conflicting messages; for example, they are spoken to 'as if' they have control over decision-making, while being told that social care may apply to the courts for powers to remove their children. It is coherent with the question and context of this research to use a meta-theory that can take account of the insights from social constructionism, while acknowledging the presence of shaping structures that exist independently of the individual and their immediate constructions in relationships. I have found Critical Realism a helpful epistemological stance that provides a theoretical lens through which dilemmas like those described in my clinical practice can be addressed.

1.3.3 Critical Realism

Houston (Houston, 2001) and Pocock (Pocock, 2013) both advocate using Bhaskar's critical realism (Bhaskar, 1978) as an epistemological position that provides a "rapprochement… between moderate constructivism and moderate realism" and a way forward as an epistemological stance well suited to systemic psychotherapists (Pocock, 2013, p. 4). This epistemological position assumes that "there is a reality out there independent of our thoughts or impressions" (Houston, 2001, p. 850) and that this occurs at 3 levels: 1. an empirical level where events are directly experienced; 2. an actual level, where events occur whether they are experienced by us or not; and 3. a causal level, where mechanisms operate that generate events (Houston, 2001). These mechanisms occur as open systems, and produce tendencies towards certain outcomes (Pocock, 2013). A relevant example would be that the structures of power within children's social care could be seen to exist independently of immediate experiences of relationships. They are open systems that are mutually influencing, and they can cause tendencies towards certain thinking and behaviours in people and organisations. For example, fear in parents that their children will be removed often results in their avoiding social workers, despite feeling as though they might like someone on a personal level. Professionals with an assessment to complete may tend to speak in ways shaped by assessment criteria, such as using jargon, and this is not the way they usually speak when hoping to make and maintain relationships. These aspects of interaction can be said to be creating and influencing each other through ongoing feedback, and are reflexively impacted on by wider systems of influence. Bhaskar (Bhaskar, 1978) argued that social sciences should not be value-free but should "uncover psychological and structural mechanisms…to challenge their existence when they lead to human oppression" (Houston, 2001, p.851). There is an assumption here that, amongst other structures (such as poverty, racism, the media's portrayal of abuse, and the idealisation and demonisation of social workers), the power of the organisation to make decisions such as to apply to the courts to remove children *is* an experience for people, outside of the relationship being constructed between professional and family; and that these structures impact on the relationship and what it is possible to say and do in the work.

I would argue that Critical Realism could also help, where a 'bridge' is needed between existing structures of diagnosis such as borderline personality disorders and systemic thinking. I link critical realism here, through cybernetics, to Hacking's concept of 'the

looping effect of human kinds' (Hacking, 2002), to look at the ways in which the classifications used affect the people classified. In an unpublished work, McKenny describes how Hacking developed an idea linking therapists 'becoming' to clients' 'ill-being' (McKenny, 2009). Hacking uses ideas such as 'open systems' from cybernetics and ideas from Foucault about the constructing power of language (Foucault, 1991), to describe how these *becomings* of *human kinds* are engaged in looping effects that are mutually constructing each other (Hacking, 2002). They are beyond everyone involved, and inhibit curiosity. He argues that by contesting diagnoses we perpetuate the becoming of them. So holding in mind and being curious about this diagnosis (BPD) that is currently in ascendancy (understanding that it was not always so and will not be so in the future) is more ethical and useful than excluding it (McKenny, 2009). It seems more useful to retain curiosity, understanding that "human kinds most relevant to psychotherapists - those expressing ill-being - emerge in niches which therapists, among others both participate in creating, and must respond to as new realities" (McKenny, 2009, p.46). I am persuaded that these ideas sit neatly with a critical realist stance and also help with dilemmas involved in understanding what therapists *do* when they are responding to parents in this complex context.

1.3.4 The Epistemological Roots of CA

Jonathan Potter stated that CA "is not a project grounded in philosophy" (Potter, 1996, p. 658) and CA's theoretical roots do seem harder than some other research methodologies to tease out. CA developed separately from, but linked to, forms of discursive psychology; and the influence of various methods of discourse analysis and CA on each other are undeniable (Wilkinson and Kitzinger, 2008a, Wilkinson and Kitzinger, 2008b). Tseliou argues that CA has a close affiliation to the 'discursive turn' to language (Tseliou, 2013) and a coherence with constructivist and social constructionist epistemologies, locating knowledge in people's dialogic practices (Wittgenstein, 1974). Harold Garfinkel's ethnomethodology studies (Garfinkel, 1967) and Erving Goffman's studies of interactional order (Goffman, 1961) are described as important sources of this specific discipline (Tseliou, 2013). Potter describes Garfinkel's ethnomethodology as "the study of people's methods for conducting social life in an accountable way" (Potter, 1996, p. 42). He gives the basic tenets of this:

a) Indexicality: "the meaning of a word or utterance is dependent on the context of its use" (Potter, 1996, p. 43).

b) Reflexivity: "descriptions are not just *about* something but they are also *doing* something" (Potter, 1996, p. 43), so involved in creating as well as representing the world.

c) The Documentary Method of Interpretation: people understand events in terms of the expectations and ideas they already have about them, and their ideas are informed and altered in a circular way by their talking about them (Potter, 1996, p. 43).

Potter explains how CA can be thought of as "a development of ethnomethodology which has followed through the insights about the indexical and reflexive nature of action and applied them specifically to conversation interaction" (Potter, 1996, p. 57). The initial developers of CA: Sacks (Sacks, 1992, Sacks et al., 1978), Jefferson (Jefferson, 1984), and Schegloff (Schegloff, 1980), were also influenced by Goffman with whom they were working, and his work on the *order* of talk. They proposed that words were "not rough and ready make-do's, but are *designed in their detail* to be sensitive to their sequential context and to their role in interaction" (Schegloff, 1980, p. 58). CA is concerned with what is *there.* When using CA to analyse data, there is no attempt *in advance* of the analysis to consider, or contextualize, the talk in question in relation to, for example, the impact of the social differences between people. For Schegloff, whilst these contexts are hugely important in their consequences for interaction, they need to be shown as such: "they are there, in effect, when they are there for participants" (Potter, 1996, p. 67). Perhaps consequently, it can be argued that CA has developed a reputation for decontextualizing talk, and been criticized as such (Frosh, 1999) but for Schegloff the contribution of CA was, amongst other things, to understand the impact of these contexts in the way they arose in talk, not taking their impact for granted, or understanding this too readily. I will discuss how the impact of *who people are* (Stevanovic and Peräkylä, 2014) matters in the field of CA, as this plays an important part in the study.

It can be argued that the basic epistemological tenets of CA are coherent with an epistemological stance that can be positioned under the umbrella of Critical Realism, where something can be 'shown' and therefore 'known'. The 'knowing' is about what takes place between people in the moment and how their talk unfolds in action, and creates action. This approach to 'knowledge' can also have a place in a social constructionist position, where it is seen as created between people through language in the moment, and Wooffitt argues, that in his use of CA, Potter has shown "the relationship between words and the worlds they construct, thereby forging a distinctive contribution to social constructionist theory and

research" (Woofitt, 2005, p. 97). In this study, for any knowledge to be convincing, alongside elements within the critical realist stance, a focus is needed on systemic ideas linked to social constructionism in order to understand how any knowledge gained is constructed by me as researcher in relationship to participants, and the data.

1.4 Introduction to the Study: Overall Research Objectives

The primary overall objective of the study is to understand how power dynamics are managed to enable interventions aimed at reducing risk in families to be effective. This needs to be more clearly understood and described for clinicians working in social care contexts. An understanding of power dynamics will also aim to contribute to knowledge pertaining to work with clients in other settings, and to the growing body of work addressing issues of power in systemic psychotherapy. To achieve this, the approach of this study is to videotape three sessions between three different systemic psychotherapists and three different parents (including one couple) in the normal course of their work in the parents' homes. CA is used to transcribe, and then examine, the minutiae of the interactions. Using CA of naturally occurring data of sessions between clinicians and parents is coherent with the aim of exploring the moment to moment interactions, and how the therapeutic work is 'talked into being' (Heritage, 1984b), examining the part that power plays or does not play in the work, and how this is managed. The aim is to identify implications for practice in a much-needed area, and this gives rise to the specific research questions below.

1.5 Introduction to the Study: Research Questions

1. What is happening in moment-by-moment interactions between parents and systemic psychotherapists talking together, when the talk is taking place because of issues regarding risks to children? How are power dynamics being spoken about, negotiated, or managed in this high-risk context?

2. What is happening in moment-by-moment interactions between parents and systemic psychotherapists when talk that may lead to change, and reduce the risks to children, can be identified and seems to be being mutually created, understood and agreed between them? How are power dynamics being spoken about, negotiated, or managed in this particular high-risk context?

1.6 Introduction to the Study: Guide to the thesis

This introduction has served as an extended rationale for the study. Following this I will outline relevant literature from systemic psychotherapy in particular that is the landscape for the study. The method section then sets out the design of the study, including practical issues such as participation and consent. This section also outlines further relevant literature from CA that influenced the study, and gives reflections on the impact on me as researcher, and the process of the research, when using this method. The findings are then presented in three chapters of analysis named as: Lacking Authority, Pursuing Authority, and Jointly Created Authority. The findings are then discussed in relation to the implications for: systemic psychotherapy practice in a context where power prevails; how power is described in systemic psychotherapy theory; the contribution of systemic practice to mentalization-based approaches, and to the concept of disguised compliance; combining CA and systemic frameworks; teaching, training, and supervision in systemic psychotherapy; and, finally, issues of reflexivity in relation to the research process.

2 CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This section presents relevant literature in five parts:

- *2.1: The Concept of Power* briefly considers what is meant by the concept of power itself, and gives: a) background and definitions of power, introducing i) the work of Foucault as a relevant example, and ii) ideas about typologies of power; b) the concept of power in the relevant context of social work practice; and c) pertinent descriptions of the concept of power particularly relevant to this study.
- *2.2: The Question of Power in Systemic Psychotherapy* shows the ways in which power has been understood and dealt with in the systemic psychotherapy field. I focus on: a) cybernetics and the inception of systemic psychotherapy; b) increasing interest in power within families and the therapeutic relationship; c) working with mandated clients; d) critique of the 'not-knowing' position: invisible to visible power; e) increased interest in 'moments of talk'; and f) the 'Collaboration Debate' and 'Responsive Persistence'.
- *2.3: The Question of Power in Models of Intervention aimed at addressing abuse and neglect* briefly considers the extent to which two particularly relevant models of intervention address the question of power a) mentalization-based approaches, and b) the hope for children and families framework aimed at addressing complex neglect with 'hard to reach' families.
- *2.4: Conversation Analysis Literature* gives a) a brief background to CA, b) the relative positions of CA and Discursive psychology including 'stance' and 'stake'; c) explains CA applied to institutional talk; and d) how CA has been applied to psychotherapy.
- *2.5: Summary of Chapter 2 and Reflections on the place of the literature review in the research process.* This section gives a summary of the chapter, and also reflects on the process of examining the literature and the impact this had on me as a researcher going into the data analysis.

2.2 The Concept of Power

2.2.1 Background

Definitions of what power *means* vary, but the German political economist and social scientist, Max Weber, provided a description that has proved sustainable and popular. Weber regarded power as "the probability that one actor within a social relationship will be in a position to carry out his own will despite resistance, regardless of the basis on which this probability rests" (Weber, 1978, p. 53).

In her book *Power and the Social*, sociologist Westwood showed how power has been a hotly debated concept in many different world cultures over centuries. From the Greek philosophers such as Plato around 380 BC, to the 4th-century Hindu Sukraniti, the seeds were planted for on-going debates still lively today, influencing thinking in every academic field (Westwood, 2002). Philosophical thought about power has influenced all areas of academic interest in the arts and sciences, and particularly those concerned with social action, including sociology, anthropology, politics, psychotherapy, and psychology.

It is clearly impossible to represent this dense and far-reaching body of work here, but I emphasise the broad and pervasive influence of the debates about the nature of power on all areas of study on social interaction, as this is the landscape within which this study is situated. In order to illustrate the depth and breadth of the philosophical debates about power, and its influence, I will outline briefly some ideas from just one philosopher of the twentieth century, Michel Foucault. *Chapter 1: Introduction: 1.3 Critical Realism* showed how influential his ideas have been on other philosophers such as Hacking (Hacking, 2002) in their thinking about diagnostic categories, and Foucault's ideas have had a pervasive influence on systemic psychotherapy, particularly in relation to issues of power. For this reason, I have chosen to highlight briefly some of his work as an example. Further reasons for this example are that his consideration of power in institutions, and the importance of discourse to power relations, is particularly relevant parts of the theoretical landscape for this study.

2.2.2 The Ideas of Michel Foucault

Foucault (1926-1984) was influential in representing a departure from analyses of power as something possessed by some and not by others, to be used or misused, for example through physical coercion. He described how power is everywhere, and comes from everywhere, and is not simply an agency or a structure (Foucault, 1991). He was interested in the link between power and knowledge, and how they worked together through language, using the term 'discourse'. He emphasised how language (expressing knowledge, particularly scientific knowledge) *defined* people as well as described them. In so doing, the people creating institutions such as prisons and mental hospitals, who categorised people into 'normal' and 'abnormal', exercised enormous powers of control including legitimised incarceration of the 'abnormal' (Foucault, 1991). Fillingham summarises: "technical specialists always work together to establish their field and its dominant ideas. These technical fields have had ever-increasing power over people, and these discourses have profoundly shaped the structure of our society" (Fillingham, 1993, p. 101). Foucault did not see individuals' *agency* to resist as existing outside of the power relationships and structures created. For example, in the example of 'madness', those people resisting control by those imposing it on them could only be released if their resistance was seen as fitting in with the dominant ideas of normality, not as a resistance against misuses of power; for example they might be released only when they are seen as 'cured' with the accompanying 'fitting' behaviours.

These ideas about the defining power of language and the power of institutions had a profound effect on therapists such as Michael White and David Epston. They used Foucault's ideas about discourse as the foundations for their development of narrative therapy, and particularly their ideas about *externalising* the problems that were being brought to them by clients as internalised oppressive discourses (White and Epston, 1990). They proposed interrupting the potential objectification of clients that was taking place through language use, and in their therapeutic work deconstructed culturally defined and defining meanings that they saw as denying the clients their own agency through their using and perpetuating them. I link to critical realism here, through cybernetics, to Hacking's concept of 'the looping effect of human kinds' (Hacking, 2002), where classifications affect the people classified. Hacking uses ideas such as 'open systems' from cybernetics, and ideas from Foucault about the constructing power of language (Foucault, 1991), to describe how these 'becomings' of 'human kinds' are engaged in looping effects that are mutually constructing each other

(Hacking, 2002). The direct relevance of Foucault's ideas to the considerations in this study is evident, for example: how child protection services are created and configured; how clients' mental health difficulties are described and the kinds of interventions offered; how therapists and clients work within their accepted roles; and how the power of the institution operates, and any sense there is of the extent of the clients' own agency.

2.2.3 Typologies

Many authors have developed ideas about different typologies of power, including Weber, who distinguished between charismatic, traditional and legal power (Weber, 1978). British social worker, Roger Smith's work is concerned with social work practice (Smith, 2008) and he cites social psychologists French and Raven (French and Raven, 1968) as particularly relevant to this context. They distinguish between five bases of power:

- Referent power: meaning the effect arising from the identification of one individual with another individual or group.
- Expert power: the extent to which someone is acknowledged to have authoritative knowledge and skills in a given situation.
- Reward power: the ability to determine how resources are distributed.
- Coercive power: the ability to impose force or punish others.
- Legitimate power: 'probably the most complex' (p. 264), meaning the sources of authority bestowed by the state, religious bodies or other normative institutions.

French and Raven as cited in Smith (Smith, 2008, p. 20)

These five bases are still used in management and leadership courses in Britain[1] and are a good example of how influential ideas about different types of power have been, and how they can be used in different settings.

[1] See: www.mindtools.com; www.youtube.com/watch?v=eSb06mh7EHA: 22 Jul 2014 - Uploaded by Brighton School of Business

2.2.4 The Influence of the Concept of Power on Social Work Practice

Social workers have long been interested in how to work within their statutory powers for the benefit of their clients. This is reflected in studies such as those of Dumbrill and colleagues who have worked on the intersection of child welfare and anti-oppressive practice in Britain and Canada (Dumbrill, 2006, Dumbrill, 2010, Gladstone et al., 2012, Dumbrill, 2011). Dumbrill investigated parents' perspectives on social work interventions and the worker-parent relationship. He states:

It quickly became evident how difficult it is for parents to decide how to respond to intervention. Parents are very aware that if they made a ''mistake'', workers could remove their children. A father explained, "They've got power, scary power''. A mother reiterated, ''they've got power and you either listen, or you don't listen, and you suffer the repercussions''. Participants [social workers] perceived worker power as so pervasive that they were unsure if any specific advice they gave would benefit parents. In other words the hoped for ideas about how parents could develop alliance with workers were interrupted by a preoccupation with the considerable power imbalance in the child protection casework relationship (Dumbrill, 2010, p. 197).

Other studies also showed that parents were disturbed by the social workers' power and showed that parents felt forced into complying with plans because of concerns that their children might be removed from their care (Diorio, 1992, Thorpe, 1994, Corby et al., 1996, Reich, 2005). Ideas developed in the field to include what is often termed 'anti-oppressive practice', or 'emancipatory practice' (Danso, 2015, Hart and Montague, 2015, Tew, 2006, Dominelli, 2002). These movements are concerned to understand how social differences create imbalances in power between social worker and client, such as race and class, and promote the empowerment of clients in the face of recognised statutory powers. Long standing commitments to social justice, has led to 'critical social work' (Beddoe, 2011) questioning established ideas about power, encouraging reflective practice in social workers, and making recommendations for practice directly connected to managing power differentials (Fook and Askeland, 2007).

2.2.5 Relevant descriptions of power chosen for this study

Social Psychologist John Turner, echoed French and Raven's work on typologies, when he reviewed established concepts of power, and he was particularly concerned with the structures of human groups (Turner, 2005). Like conversation analyst Stevanovic (Stevanovic and Peräkylä, 2012) who uses Turner's framework, I have found his way of distinguishing between different types of power helpful and fitting for this study. He gives three possibilities through which power can become operational: coercion, persuasion, and authority.

1) Power through Coercion

Turner states "Coercion is an inherently conflictual attempt at control, given that one cannot influence the other person in any other way" (Turner 2005, p.12).

2) Power through Persuasion

Persuasion is described as "an attempt to get others to think or act in line with one's desires by providing reasons why the desired judgment, decision, belief or action is correct, right, moral, and appropriate" (Turner 2005, p.6).

3) Power through Authority

Turner argues that the presence of coercion or persuasion implies a *lack* of authority. So, where authority exists, there is an assumption that "someone accepts another person's right to prescribe his beliefs, attitudes, or actions. Because of such voluntary deference to authority, it is not experienced as an oppression" (Stevanovic, 2013, p. 16). Authority is described in this way as 'legitimized power' (Stevanovic, 2013) jointly created between participants. This extends French and Raven's ideas of legitimate power as something 'bestowed' into something created by joint action between participants. This idea of joint action fits with the basic foundations of relational systemic approaches and plays an important part in the study.

2.2.6 Summary of 2.2

In this section I have described how privileging the word 'power' in this study connects it to a growing tradition related to an understanding of how visible and invisible power is experienced in all its complexity as a potentially oppressive, or a potentially shaping, force. I have introduced the work of Michel Foucault as an example of the impact of philosophical thought about power in related fields of interest, particularly those concerned with social action. I have briefly shown how the concept of power has been important in the closely related profession of social work. I have described how the concept of power, as Turner

describes it, where authority can manifest as joint action (Turner, 2005), fits with the relational systemic approach. Using the concept of power in the systemic arena captures potentially divisive and potentially creative forces, where people influence, and are influenced by, each other in ways that are spoken and unspoken, visible and invisible. How this has been dealt with in systemic psychotherapy will be described in part 2.3.

2.3 The Question of Power in Systemic Psychotherapy

How the concept of power has been dealt with in systemic psychotherapy can be seen as an a core element of the journey through the phases of development in the field as conceptualised by Dallos and Draper (Dallos and Draper, 2010) and described in *Chapter 1: Introduction 1.3.1.* This journey reflected a shift away from positivist thinking, through constructivism, to social constructionism. Rather than a straightforward linear progression, there has been a complex development of competing, complementary and mutually influencing ideas that is still on- going.

2.3.1 Cybernetics and the inception of systemic psychotherapy

At the time of the inception of systemic ideas and practices, Bateson and Haley debated the concept of power, and Bateson described power as a 'myth' (Bateson, 1972). He was wary of the consequences of punctuating the world in terms of power (Keeney, 1982). Bateson's application of cybernetic principles to systems saw power as a large or important part in an eco-system applicable to what he named 'creatura', meaning systems based on living biology, patterns of communication, and feedback, rather than a quantifiable entity that could be thought about "according to billiard-ball physics" (Guddemi, 2010, p. 198). Haley thought that every member of a family was involved in a struggle for power, where power was seen in hierarchical structures. The cybernetic paradigm was increasingly critiqued as paying insufficient attention to power both within the family and within the therapeutic relationship.

2.3.2 Increasing interest in power within families and the therapeutic relationship

Alongside systemic psychotherapy's increased interest in context, there was an increasingly strong contribution from authors emphasising hierarchical power differences in families and other systems, created by differences across the social spectrum such as gender (Walters et al., 1988, Burck and Daniel, 1995), race (Boyd-Franklin, 1993, Hines and Boyd-Franklin,

1996, Hardy and Laszloffy, 2008, Pendry, 2012a), and culture (Krause, 1998). These developments paved the way for a gradual and significant increase of interest in the concept of the therapeutic relationship, greater than had been seen in the early years of systemic theory and practice. This was perhaps because systemic psychotherapy trailblazers were initially responding in part to the domination of individually focused psychoanalytic approaches that emphasised the therapeutic relationship at the expense of relationships within families or other contexts. Flaskas has been influential in foregrounding the therapeutic relationship in systemic family therapy, including highlighting the power differentials present in any therapeutic system, while reintroducing the contribution that psychoanalytic theory can make to systemic theory and practice (Flaskas, 2004, Flaskas, 2016), particularly in understanding and using the therapeutic relationship and describing the importance of the 'space between' people in the work.

Interwoven with these concepts, literature that focuses on the concept of the therapeutic *alliance* (Bordin, 1979) has dealt with the therapeutic relationship in a closely related way (Bacic, 2010). A wealth of research has been undertaken examining the connection between the therapeutic alliance and psychotherapy outcomes (Flückiger et al., 2012). Escudero has paid particular attention to the therapeutic alliance in systemic family therapy, exploring the 'expanded therapeutic alliance', taking into account multiple, simultaneous relationships that are necessary for family work (Escudero, 2016). According to Bordin, the therapeutic alliance is composed of three components: (a) the bond between therapist and patient; (b) agreement about the goals of therapy; and (c) agreement about the tasks of therapy (Bordin, 1979). The therapeutic alliance is a key component of what is known as the 'common factors' (Sprenkle and Blow, 2004, Duncan et al., 2010). It is argued that these 'factors' account for desirable change occurring in therapy. Common factors researchers, who describe themselves as understanding therapeutic work as socially constructed (Laska et al., 2014), describe the alliance as accounting significantly for change, alongside client factors (such as openness and honesty), and expectancy (hopeful expectations), with model / technique factors being the least influential factor accounting for change (Laska et al., 2014). Because of its social constructionist frame, it is implicit in the common factors research that power differentials must be important to achieving Bordin's three components of the alliance, but this is not considered in an explicit way in the literature in the same way as it is in systemic psychotherapy where the concept has continued prominence.

Authors, including Flaskas, focused on power associated with the therapist's actions in the therapeutic relationship (Beitin and Allen, 2005, Nylund and Nylund, 2003) and an accompanying acknowledgement of the 'prejudices' that the therapist brings to the encounter with clients (Cecchin et al., 1994); and consequently, there was an increased recognition of how important it is for therapists to acknowledge their own positions of power and be self-reflexive. Anderson and colleagues wrote about the 'not-knowing' collaborative position (Anderson and Goolishian, 1992) , and this concept was influential in addressing the 'problem' of power in the therapeutic relationship, in line with a social constructionist stance. They advocated privileging clients' own views about the preferred directions and outcomes of therapy, and the creation of more equal relationships between therapists and clients (Anderson and Goolishian, 1992). Linked to working with high levels of risk, Mason's paper: 'Towards Positions of Safe Uncertainty: From Certainty to Fit', gave a counter-argument to the inevitable trajectory of the 'not-knowing' position that downplayed therapists' expertise (Mason, 1993). Mason stated: "One of the reasons that clients come to see people for help is because they feel that the therapist has some expertise that can be useful for them. Rather than be disingenuous I suggest we can aim to hold a belief of *authoritative doubt*, one that encompasses both expertise and uncertainty." (Mason, 1993, p. 191): [my italics]. Mason's paper is often still quoted and used in social care contexts, and can be linked to the ways in which the dilemmas arising when working with mandated clients are dealt with.

2.3.3 Working with Mandated Clients

In the counselling field, authors have described their approaches as incompatible with working with mandated clients, and particularly in relation to the difficulties arising caused by limitations of confidentiality (Honea-Boles and Griffin, 2001). In systemic psychotherapy, alongside the developing dialogue about the contrasting 'expert' and 'not-knowing' positions, several authors became interested in how their approach could contribute to the dilemmas presented when working with clients who are mandated to attend (Rooney, 1992, Crowther et al., 1990, Knight, 1985), with significant contributions from those working using a brief solution-focused approach (Tohn, 1996, De Jong and Berg, 2001). Around the time of developing interest in context and the therapeutic relationship, authors identified child protection services as presenting particular challenges (Weakland and Jordan, 1992). Researchers into the therapeutic alliance have continued to be interested in the impact of clients being mandated to attend (Sotero et al., 2016, Snyder and Anderson, 2009). They have

discussed complexities such as how mandated families are often multi-stressed and poor, and how particularly these, but also other differences, such as cultural differences, can lead to misunderstandings between them and therapists who represent the state (Madsen, 2007). They recommend that therapists "resist the temptation to be scandalized when involuntary clients do not want to take part in therapy and...construe the negative reactions of clients as an expectable initial reaction" (Sotero et al., 2016, p. 53). They consider engaging with these issues as a crucially important part of the initial stages of the work. It requires clarity about confidentiality and goal setting; and also transparency about how much pressure is being exerted on the client, and an exploration of how this is being experienced (McCarthy, 2006). This body of work is inseparable from developments described below, outlining how systemic psychotherapy theory and practice continued to refine and debate ideas regarding power, dialogue, and the therapeutic relationship.

2.3.4 Critique of the 'not-knowing' position: invisible to visible power

There was a small but significant body of work, mostly undertaken between 2000 and 2007, which addressed the issue of power in systemic psychotherapy through detailed analysis of talk in therapy. Through discourse analysis Roy-Chowdhury (Roy-Chowdhury, 2006), Guilfoyle (Guilfoyle, 2003), and Klaushofer (Klaushofer, 2007) all critiqued the 'not-knowing' collaborative position (Anderson and Goolishian, 1992) as unintentionally power*ful*, and consequently disruptive to the therapeutic relationship. They illuminated the paradox that utterances made with the aim of achieving collaboration and eradicating power through uncertainty, instead could conceal its visibility (Guilfoyle, 2003). Guilfoyle described the power that therapists have when they construct the client's saying 'no' to an intervention as resistance that can be overcome through knowledge and expertise. He proposed that the ways that this is dealt with could show the extent of our regard or respect for clients. How much we attempt to understand the clients' meaning when resisting our ideas, or interpret the resistance through our own knowledge and theoretical frameworks, will determine how much we conceal and so further our own power. He also described how we might subtly disregard new ideas from clients that are not congruent with our chosen interventions, and thus exercise power to the detriment of the relationship. Overall, Guilfoyle proposed "that we consider power a 'shaping' rather than distorting force" (Guilfoyle, 2003, p. 140). Influenced by Foucault (Foucault, 2000) he argued for mapping local therapeutic practices within societal networks of power and acknowledging power's 'immanence in the

social arena' (Guilfoyle, 2003. p.140). Tseliou has critiqued these studies (as described in the *Introduction: 1.2 Combining Systemic and CA frameworks)* for the failure to challenge the way in which the discourse analytic methods being used were taken up in the field, and the lack of rigour in the studies (Tseliou, 2013). However, this body of work can be seen as indicative of a turning point in systemic psychotherapy away from approaches intended to help to dissipate therapists' power wherever possible, towards an acceptance that therapists bring their prejudices, and biases, into the work with them, as well as the contexts within which they work. Consequently issues of power are present and to be *worked with* rather than got rid of, and it can be argued that this idea has become generally accepted.

2.3.5 Increased interest in 'moments of talk'

Flaskas has continued to develop her ideas about the therapeutic relationship and the 'relational space' of family therapy using psychoanalytic ideas (Flaskas, 2016). She has incorporated more recent work on 'open dialogue' to inform her work. In what can be seen as an inheritance from Andersen's work on reflective talk (Andersen, 2004) and Anderson and Goolishian's work on human systems as linguistic systems (Anderson and Goolishian, 1988), open dialogue focuses on human attunement and responsiveness, where the therapist's humaneness and openness is placed at the centre of the work. Amongst other things, this leads to careful listening, invitations to reflection, witnessing, and use of inner and outer dialogues (Seikkula, 2008, Rober, 2005, Wilson, 2015, Shotter, 2015). It is beyond the scope of this study to describe these dialogical approaches in detail, but they are mentioned here because they illustrate how systemic psychotherapists have become more interested in the specifics of what happens in the moment between therapists and clients, and the importance of the therapists' ethical and authentic, or humane, positioning.

Flaskas describes "anti-therapeutic sequences" where the "therapist unwittingly begins to relate in ways which close down rather than open up space for the therapy to progress…and [so]..reinforce stuckness" (Flaskas, 2016, p. 155). She describes it as an "ethical obligation" for therapists to be "aware of and use the richness of the push and pull of our involvement" (Flaskas, 2016, p. 157). She describes what she calls "responsive relating in the present that creates the relational conditions for dialogue to emerge in the space between…[enabling] difficult conversations … to come to the fore, and uncertainty may be more easily tolerated and lived with" (Flaskas, 2016, p. 163). Her work links very closely to recent debates,

outlined below, that directly address this 'push and pull' in therapeutic work, explicitly in relation to the ways in which therapists occupy their power. These debates also focus on dialogue, but, unlike Flaskas, the authors do this through detailed examination of the talk in therapeutic work.

2.3.6 The Collaboration Debate and Responsive Persistence

Authors in Canada have revisited the discussion about power more recently. In what has been termed "The Collaboration Debate", the debate about power has been extended, and it has been questioned whether or not collaboration can be achieved at all. Echoing Guilfoyle, Zimmerman (Zimmerman, 2011) questions collaboration as a viable target, and argues that achieving equal power is impossible: "It would seem that much effort is misdirected in trying to equalize the therapist–client relationship by calling it collaborative and opportunities for a more frank evaluation of the relationship remain neglected. It may be more fruitful to acknowledge how one's experiences, degrees, age, gender, and so on contribute to each member's power… Ultimately, therapists ought to acknowledge power rather than to ignore it or to conceal their power simply by calling their therapy collaborative" (Zimmerman, 2011, p.221). In response, Strong and Sutherland argue that power, "viewed as the advancement of one's own perspective in a conversation (both the what and how aspects of such advancement), can be accomplished in the context of collaboration with other perspectives, rather than at their expense" (Sutherland, 2007, p. 202).

Strong and Sutherland use Bakhtin's theories (Bakhtin, 1981) to argue for language in dialogue as consisting of intersecting forces, influencing each other continuously, and Sutherland states that "Not only do these forces coexist in dialogue, they may be viewed as relying on each other for their continuing existence. The performance of power by one party requires the collaborative efforts of the other party, such as conformity or resistance" (Sutherland, 2007, p. 202) So, "Therapists do their ''knowing'' while closely attending to what clients offer in return and incorporating clients' emergent understandings, descriptions, and preferences into how both parties go forward" (Sutherland 2007 p.206). Strong and Sutherland (Sutherland, 2007) have examined the work of different family therapists using CA, looking in detail at Karl Tomm's collaborative practice (Tomm, 1987a, Tomm, 1987b, Tomm, 1988), Michael White's narrative practice (White, 2012) and de Shazer's solution focused practice (de Shazer et al., 2007), in order to understand their collaboration with

clients in their practice, and develop their own ideas about power. They argue for dialogical 'forces' of 'power-with', as desirable and necessary for creating change, rather than the more rhetorical 'power-over' (Starhawk, 1987), and argue for therapy as a negotiation between therapists and clients, with the client contributing actively to this *joint* performance (Rober, 2005). Recently they have developed these ideas into the concept of Responsive Persistence (Sutherland et al., 2013c, Sutherland et al., 2013a). Sutherland and colleagues are influenced by a study by Hill and colleagues (Hill et al., 1992) that "shows that the presence of client resistance or reluctance to consider or accept therapists' proposals does not necessarily indicate negative outcomes or poor therapist practices. In this study, clients rated as most helpful therapist behaviors that they initially strongly resisted" (Sutherland et al. 2013, p. 470). They define persistence as "therapists staying the course they have chosen, despite facing conversational 'obstacles' that could thwart their intention" (Sutherland et al. 2013, p. 471). They describe therapists as remaining responsive to clients feedback; and adjusting their own responses accordingly (thereby avoiding becoming abusive in their use of power) while simultaneously persisting with their desired direction to ensure they are being as useful as possible to the client, for example by using their knowledge. They distinguish between responsiveness in a wider sense (such as responding to feedback from outcome measures about approach or the goals of the work), and responsiveness of the therapist to the clients' feedback in the minutiae of talk in the moment (Sutherland et al., 2013b). They name therapists' patterns of behaviours as including "providing detailed descriptions, self-disclosing to provide information, adapting lessons to clients' interests, and changing format or structure of task or activity" (Sutherland et al., 2013c, p. 2).

In the context of this responsiveness, Sutherland and colleagues state that: "Therapists merely proposing an alternative understanding or course of action in a tentative, one-off conversational turn may be insufficient for the clients to experience change. What may be required is a therapist sustained focus, or persistence, when introducing new ideas or exploring new possibilities with the client. The course of action that therapists pursue may involve one of the following: maintaining the focus on a particular issue or topic; advancing a particular agenda or perspective in interaction (whether their own or of specific family members); holding a particular therapeutic posture for a period of the conversation; or guiding the conversation toward a particular therapeutic goal" (Sutherland et al., 2013c, p. 3). These ideas of collaboration as negotiation (Sutherland et al., 2013c) point to a shift in the field towards power being seen as arising as a result of complex joint actions between clients

and therapists, rather than something that is present more statically and simply, as existing *in* the therapist as powerful (with generally negative associations) and not existing *in* the powerless client. The concept of responsive persistence has echoes of Mason's authoritative doubt (Mason, 1993), and speaks directly to the issue of power, understanding power as a shaping (rather than always oppressive) force.

2.3.7 Summary of 2.3

In this section I have described how the concept of power has been explored, and become a pervasive and important thread in the development of systemic psychotherapy. Presenting interrelated work on the therapeutic relationship, and the therapeutic alliance, I have shown how there has been continued debate about how therapists can most ethically and effectively position themselves in relation to the power issues arising. I have described how, in an attempt to understand this, an important body of researchers has begun to privilege examining therapy as dialogue, with some looking in increasing detail at the minutiae of interactions, and at what occurs in significant moments that are increasingly seen as jointly created between therapists and clients.

2.4 The Question of Power in interventions addressing abuse and neglect in 'hard to reach' families

In *Chapter 1, 1.1.4: Models for intervention used within a systemic frame* I outlined two interventions used to address abuse and neglect in this context alongside a broadly systemic approach, or used together with specific systemic interventions. In contrast to the systemic literature, the literature pertaining to these models of 'evidence-based' practice does not directly address the issue of clinicians' power, or name it as such, despite there being an argument that this is implicitly contained in the work. How this is dealt with is presented in this section as an important context for work in this setting and with this client group.

2.4.1 Mentalization-based approaches

Mentalization-based approaches name the therapists' 'mentalizing stance', an 'inquisitive stance' (Fonagy et al., 2012) likening this to Cecchin's stance of curiosity (Cecchin, 1987). They describe what is strategically needed from the therapist to achieve a mutually

'mentalizing' relationship, encouraging curiosity about mental states. The therapist's use of self lies in the ability to use his or her own perceptions of the client, and make his or her own responses explicit, in order to create a working relationship that can be a catalyst for change. "This stance avoids assumptions of knowledge about the patient's mind, in favour of offering a mind demonstrating a willingness (an enthusiasm, even) to be changed itself through coming to a more accurate understanding of the patient's mind" (Bevington et al., 2015, p. 3). Clear recommendations are given about how this can be achieved:

- Maintaining humility derived from a sense of not knowing.
- Taking time to identify differences in perspectives wherever possible.
- Legitimizing and accepting different perspectives.
- Actively questioning the patient about his or her experience, asking for detailed descriptions ('what' rather than 'why' questions).
- Eschewing the need to understand what makes no sense (saying explicitly that something is unclear) (Fonagy et al., 2012, p. 41).

They advocate acknowledging the therapist's mistakes, modelling honesty and courage, (Fonagy et al., 2012) and it can be argued that this is a clearly strategic stance, in line with the focus on mental states, used to lower high levels of arousal that are unhelpful, and to encourage reflection.

2.4.2 Hope for children and families' framework

Bentovim and colleagues (Bentovim et al., 2013) recognize the impact of the therapeutic alliance, and 'common factors' research (Laska et al., 2014), where the three elements that create a therapeutic alliance between people are key to any intervention's success (Bordin, 1979). In their module 'Initial Stages of Work', they include engagement, establishing hope, and goal setting. They emphasise the importance of initial meetings, and advocate that therapists should use the following: thinking about ways of asking questions, including socratic questions and circular questions (such as 'questions about questions: are these useful things to talk about? does this make sense?'); they give 'scripts' of sayings to promote engagement such as speaking about 'what many other families have found useful'; and advocate using "I" rather than "You" statements (Bentovim et al., 2013).

Thus mentalization-based approaches invite a particular 'stance', and specific techniques that therapists can use to gain engagement from families; and in 'Hope for Children and Families'

the common elements interventions recognise the importance of the therapeutic alliance. Implicit in these descriptions are ways that therapists show themselves to be open to being influenced by clients' views and wishes, and remaining open to 'not-knowing'. This *might* indicate a willingness to have the power of the therapist considered, particularly in the mentalization-based approaches that describe a willingness to be changed by clients: an 'openness to discovery' (Asen and Fonagy, 2012). However, the literature does not explicitly address the therapist's power in using these stances strategically; for example, when therapists choose particular models of working and not others, or apply particular sets of techniques hoping for particular results. Neither does the literature address the impact of social differences between people on therapeutic relationships (such as race, culture, or gender); or the impact of the culture or the primary tasks of the organisation where the work takes place. The literature does not address the power differentials involved in describing people in relation to diagnostic categories, such as 'Mentalization-based treatment for borderline personality disorder' (Bateman and Fonagy, 2006). It is these issues of power that I experience as creating most challenges for clinicians despite their skill when adopting a curious or 'mentalizing' stance with 'hard to reach' families. There is a gap in our knowledge and practice about how to implement these interventions when risks are high and being addressed explicitly, and so issues of power are particularly salient. Consequently the tendency towards therapists becoming more certain, and retaining and using their power more readily, is subtly increased, potentially significantly.

2.5 Conversation Analysis Literature

In *Chapter 1, 1.2 Introduction to the study: combining systemic and CA frameworks,* I outlined the rationale for using CA in this study, examining the dynamic aspects of interaction and joint meaning-making in the work that clinicians and parents do together. In this section, I give: a) a brief introduction to CA; b) links between CA and Discursive psychology, including an explanation of the concepts of 'stance' and 'stake' that have particular relevance; c) an explanation of CA as it has been applied to institutional talk; and d) a description of how CA has been applied to psychotherapy in particular.

2.5.1 A Brief Introduction to CA

Pioneered by Harvey Sacks in California, in the 1960's, CA analysts understand meaning-making "as a 'between' process that requires meticulous co-ordination of intentions, preferences, and understandings of all conversational parties" (Sutherland, 2008, p. 57). In his *Lectures on Conversation* (Sacks, 1992) that took place from 1964-1967, Sacks began to outline alternatives to the sociological theories at the time. As I have outlined in *Chapter 1 1.3.4 Introduction to the study: Epistemological roots of CA*, he was influenced by Goffman's interactional order work (Goffman, 1961), and Garfinkel's ethnomethodology (Garfinkel, 1967). Joined by other early developers, most notably Emmanuel Schegloff, and Gail Jefferson (whose particular method of transcription is still in use today), the group developed ideas about how interactions are shaped in talk by loosely applied normative methods and 'rules' for initiating, contributing and responding in conversation (Sacks, 1992, Schegloff, 1998, Jefferson, 1984, Heritage, 1984b). Sutherland succinctly describes the principles, outlining three important main elements: "People do not *follow* the rules but *orient themselves to* them; thus, rules exist only as resources for organizing situated social practices…[1] communicative actions invite particular next kinds of actions and so on, [2] there is a sequential structure to interaction, [3] people attend to deviations from interactive norms and treat them as problems to be resolved" (Sutherland, 2008, p. 59).

Having begun his studies by analysing conversations in specific institutional settings (such as helplines for people who were suicidal), Sacks turned his attention to more commonplace interactions such as phone calls between friends. Based on detailed transcription, the body of work that Sacks had begun developed into a plethora of detailed descriptions of conversational devices and practices that occur in interaction. Attention to this detail showed how conversations are constructed in sequences turn by turn, and how the minutiae of talk can shape a conversation, determining the outcome and the resulting action. How greetings and endings are indicated and managed, how people respond to trouble in talk, and how laughter or crying are responded to (Hepburn, 2004, Hepburn and Potter, 2007, Shaw et al., 2013, Adelswärd, 1989), and the impact of the placing of words like 'oh' (Heritage, 1984a), or 'actually' (Clift, 2001), are all examples of devices and practices identified in studies on 'ordinary talk'. How people act in the main with a tendency towards keeping relationships cordial and trouble free wherever possible is a basic premise. In CA this is termed 'preference'. It is an important concept in this study.

More recently an important development has been the use of visual recordings to enable CA practitioners to take non-verbal aspects of interaction into account. Authors have shown how transcribing gesture, facial expression, and other non-verbal aspects of communication can enhance the CA process of transcribing talk and contribute to our understandings of how interactions take place, and how actions are accomplished between people (Heath et al., 2011, Mondada, 2007, Streek et al., 2011, Goodwin, 2000). Also, more recently, there is increased interest in using CA to understand interaction between people whose first languages are different, or talking across languages. Data has been drawn from languages as diverse as Japanese, German, Chinese and Finnish (Couper-Kuhlen and Cecilia, 2004).

2.5.2 Links between CA and Discursive Psychology: the concepts of 'stance' and 'stake'

In the *Chapter 1:1.3.4 Introduction to the study: the epistemological roots of CA,* I outlined the importance to CA of Garfinkel's ethnomethodology (Garfinkel, 1967) for the study of social life, and Goffman's work on interactional orders (Goffman, 1961). Potter emphasises that talk and texts as parts of social practices which are intrinsically part of ethnomethodology and CA, are also 'broader' than the talk-in-interaction of CA (Potter, 2004). He describes the need for a focus on wider aspects of *discourse*[2]. Discursive psychologists focus on language use, and how descriptions of the world are not determined by its objective properties. People select and negotiate descriptions that are competing.

Two concepts that illustrate the contribution of the focus on discourse and the reciprocal influence of CA and discursive psychology, and which are relevant to this study, are 'stance' and 'stake'. These words are explained here in order that their use in this study is explicit and anchored in theory.

1. Stance: is described by the Oxford English Dictionary as "The attitude of a person or organization towards something; a standpoint" (Oxford, 2010). In this study this is

[2] See Hepburn and Wiggins (2007) who give an account of how Discursive psychology and CA have heavily influenced each other. They show how DP "criticised the assumptions of the kind of cognitivism which assumes that the explanation of human conduct is dependent on the understanding of prior and underlying cognitive processes and entities. In these traditions of work action is treated in a more *constitutive* than *dependent* relationship to either the institution or the cognition. Indeed, both perspectives provide a critical stance onto the reified and solidified versions of institutions and cognitions." p. 9.

linked to Goffman's concept of 'footing', which "refers to different participant roles that interlocutors can take…For example, people change footing when they shift between different institutional roles (e.g. nurse and co-worker) or from an institutional role to a personal role. But footing also refers to finer changes, such as a shift in voice quality from an accusatory to an emphatic stance" (Iversen, 2013, p. 29). Du Bois states that stance is a "**positioning** that is achieved through overt communicative means (language, gesture, and other symbolic forms) and thus made publicly accessible" (Du Bois, 2007, p. 139) [my emphasis].

2. Stake: is closely linked to the concept of stance, and related to ways in which the issues of *who people are* in the context of institutional interactions can be taken into account. Potter describes 'membership entitlement' as 'the ways in which the identity of the agents who produce descriptions can be worked on to effect their credibility" (Potter, 1996, p. 122). These memberships can be seen in 'categories' and, for this study, categories could be applied such as 'therapists', 'parents', and 'clients'[3]. Potter links this to 'stake' or 'interest', arguing that members of different categories (or identified groups) 'have a stake in some course of actions which the description relates to, or there are personal, financial or power considerations that come into play" (Potter, 1996, p. 124). For the purpose of this study it can be reasonably argued, for example, that parents' stake in keeping a cordial relationship with social care is high, given a commonly perceived threat that social care has the power to remove children from families. This is in the context of the respective roles and identities of therapists (as agents of social change) and of parents (with children identified as being 'at risk').

2.5.3 CA Applied to Institutional Interactions

ten Have describes how 'pure' CA developed, as described above, to understand sociality better and how this can be contrasted with 'applied' CA that came later (ten Have, 2007). CA was applied "in the sense that interactions with an institutional purpose were studied in order to discover how those interactions were organized *as* institutional interactions" (ten Have, 2007, p. 174). Drew and Heritage describe how applied CA aims to examine how institutions are 'talked into being' (Drew and Heritage, 1992). Heritage described how all institutions have their own unique fingerprint; and he describes the basics that define talk in institutions':

[3] Membership categorization analysis is a tool used in CA to identify how socio-cultural knowledge can be accounted for in talk in interaction, and how people's interactions are 'category bound' depending on their membership,

1. At least one participant should be oriented to some institutional goal, task or identity: doctor and patient, teacher and pupil, and so on. Tasks are institutions reasons for existing.
2. Interactions involve special and particular constraints on what one or both of the participants will treat as allowable contributions to the business at hand.
3. Interactions are associated with inferential frameworks and procedures particular to the institution (Heritage, 1997, pp. 163-164).

CA has been applied in settings as varied as court proceedings (Atkinson and Drew, 1979), radio interviews (Hutchby, 1996), job interviews (Button, 1992), and news interviews (Clayman and Heritage, 2002, Clayman, 1988). Authors show how CA can highlight for professionals, areas in their work that might otherwise have remained invisible to them, and show how interactions can be most effective in achieving the tasks of the institution (Bergmann, 1992). Heritage and colleagues show this powerfully in their work in medical settings. They have shown, for example, how CA can lead to recommendations on how to reduce patients' unmet concerns (Heritage et al., 2007) and reduce inappropriate antibiotic prescriptions (Heritage et al., 2010). Stokoe and colleagues have similarly shown the impact of CA in making patterns of interaction visible, and making recommendations in the field of mediation (Stokoe, 2013, Sikveland and Stokoe, 2016) and policing (Stokoe, 2009a, Stokoe, 2009b, Edwards and Stokoe, 2011). Stokoe and colleagues have been particularly effective in showing how CA can also highlight power differentials, and how it can enable people to advocate for vulnerable groups. Examples in Stokoe's work includes work with colleagues on gender in domestic violence related to policing (Antaki et al., 2015b); men's denial of violence towards women (Stokoe, 2010); and the exploration of racial insults in police interrogations and neighbour disputes (Stokoe and Edwards, 2007). Another example would be the work with Antaki on whether people with intellectual disability can resist implications of fault when the police question them on allegations of sexual assault and rape (Antaki et al., 2015a). Stokoe has shown the impact of CA on practice in her model for communication training in these areas (Stokoe, 2015).

2.6 Applying CA in Psychotherapy

The field of psychotherapy has become increasingly interesting to CA researchers as a site of

fruitful institutional interaction, and some therapists, such as the psychoanalyst Peräkylä, have become CA practitioners, using CA to examine their own, and other's, work (Peräkylä, 1998). With colleagues, Peräkylä's early work explored interactions in HIV counselling (Silverman et al., 1992, Peräkylä and Bor, 1990) and in making diagnoses in primary care (Peräkylä, 1998, Peräkylä et al., 2005), before increasingly attending to the minutiae of therapeutic work in his own field and across different models of psychotherapy. Peräkylä and Vehviläinen described how different psychotherapies have 'Professional Stocks of Interactional Knowledge' (SIKS), and contained in these are the ideas that therapists have about their theories and how these link to practice (Peräkylä et al., 2005). They describe how, compared to other areas of psychotherapy, family systems theories have a high degree of detail in their SIKS, such as different types of questioning, and methods for working to increase reflection, such as reflective team working. Peräkylä and colleagues describe ways in which practitioners' perspectives and aims are informed by such theories, and CA can do several things: help to falsify or correct assumptions; provide a more detailed picture of practices; add a new dimension to the understanding of practices; and provide the description of practices not provided by the abstract or general SIKS (Peräkylä et al., 2005).

Published in 2008 '*Conversation Analysis and Psychotherapy*' (Peräkylä et al., 2008) brought together a collection of papers showing how CA could contribute to, and complement, psychotherapeutic approaches. In the introduction, Stiles (2008) describes how, in talk, "each word and inflection is there for a reason; CA actually studies the reasons in relation to the therapeutic approach" (Stiles, 2008, p. 1). Examining different kinds of psychotherapy including psychoanalytic, group, narrative and solution-focused therapy, the book showed how CA could contribute to an understanding of the interactional processes of therapeutic work in detail. Macmartin studied narrative and brief-solution focused therapies (Macmartin, 2008). She showed how clients often 'misaligned' with questions designed to constrain the answers to clients' strengths, abilities, and successes. This brought a note of caution to the theory and practice of this kind of work which promoted 'optimistic' questions as an intervention theorized as beneficial to 're-storying' people's narratives about the possibilities in their lives. Antaki showed the power that therapists have when they give formulations to 'delete, select and transform' what has been said by the client. He argues that editing their account in this way help the speaker's institutional interest in furthering the work in one way or another (Antaki, 2008). Bercelli showed how clients respond to therapists' reinterpretations in a way that maintains preference in the conversation (Bercelli, 2008).

These studies were seen to bring "a new insight into the specific mechanisms through which the change in the patient in these therapies takes place" (Peräkylä et al., 2008, p. 24)

The contribution from Peräkylä and colleagues at the Finnish Centre of Excellence in Research on Intersubjectivity in Interaction, University of Helsinki, has developed into a significant body of work, addressing varied aspects of psychotherapy. These include the impact of interpretations in psychotherapy (Peräkylä, 2011), how therapists show access to client's 'inner experiences' (Peräkylä, 2015), reworking diagnoses (Weiste et al., 2015), responding to emotion in psychotherapy (Voutilainen et al., 2010b), comparing existential and cognitive therapies (Kondratyuk and Peräkylä, 2011), and tracking change in therapeutic sequences (Voutilainen et al., 2011). Stevanovic, working with Peräkylä, has done work on deontic authority and interactive orders, which is highly relevant to this study, and is used to inform the findings, and this will be described further in Chapter 3: Methodology (Stevanovic and Peräkylä, 2014).

I have described previously some of the ways in which the systemic psychotherapy field has used CA in *Chapter 1 1.2 Introduction to the study: combining systemic and CA frameworks*, and described Sutherland and Strong's work on power and collaboration in particular (Sutherland et al., 2013c, Strong and Sutherland, 2007, Sutherland and Strong, 2012) in *Chapter 2 2.3.7 The Question of Power in Systemic Psychotherapy*. Closely linked to these, and the Finnish work on psychotherapy, authors such as O'Reilly and colleagues in this country have applied CA to give a rich contribution specifically to the systemic family therapy field. Included in their work, they have shown how parents use particular conversational practices to blame their children in front of the children, and they make recommendations about how therapists can remain aware of these practices, and so improve the therapeutic environment for children (O'Reilly, 2014). They have shown how therapists can respond to adults talking inappropriately when children are present (O'Reilly and Parker, 2014); how therapists need to remain alive to discourses associated with mental health and families' cultures and children's identities (O'Reilly, 2007, O'Reilly, 2015); how ideas about children's mental health are negotiated and talked into being, and how parents give accounts of punishing children with mental health problems (O'Reilly, 2008a); and how therapists interrupt children and parents differently in family therapy, questioning the value placed on the child's voice (O'Reilly, 2008b). These authors have shown how powerful an impact CA can make to systemic practice when applied to 'everyday' family work in public service

settings.

In this section I have given a brief background to CA, and applied CA, before showing how CA has been used to contribute to the examination of interactions in psychotherapy. O'Reilly, Sutherland, and Strong are examples of authors who show the potential for CA in *systemic* psychotherapy. Their work reflects ways in which systemic psychotherapy has a high degree of 'stocks of interactional knowledge', or SIKS (Peräkylä and Vehviläinen, 2003), such as descriptions of techniques and methods. The ideas contained in these professional theories can work in dialogue with CA, contributing to the developing discussion about there being a 'fit' between the two fields. This study sits within this body of work with a particular focus on power.

2.7 Summary of Chapter 2, and reflections on the place of the literature review in the research process

This literature review presents the areas of interest that were explored as they were pertinent to the contexts of the study, and the research questions that were presented in the introductory chapter 1.

In part 1 of this chapter, I have highlighted power as a concept with a long history of nuanced debate, and while it is not possible to represent the rather daunting extent of the literature pertaining to the concept of power here, it did seem important for me as a researcher to understand this landscape as much as possible (including the use of the concept of power in social work) and make choices, within obvious limitations, about how to represent it, if only briefly, for example in my choice to present Foucault's work as influential. It was helpful to identify the theoretical basis for the concept of power as 'joint action' (Turner, 2005) as fitting for this systemic study, and to identify this as potentially important.

In Part 2, I have traced how power has been dealt with in systemic psychotherapy in more detail. This area of literature is within my area of interest as a systemic psychotherapist and it seemed important to be able to present this in more detail, because the study aims to contribute to the field of systemic psychotherapy practice. I have suggested that this study has a place within this line of interest in the field, as I aim to contribute to the body of work looking at how power is managed in therapeutic relationships with clients who have little choice but to agree to the work. I am interested in the studies looking at the minutiae of the therapy talk such as 'Responsive Persistence' (Sutherland et al., 2013c) that echoed the

literature on power as ‘joint action’(Turner, 2005).

Part 3 shows how two important recommended interventions for working with risk in ‘hard to reach’ families, have not explicitly dealt with the concept of power in their literature. The dissonance between this and the systemic psychotherapy literature seemed to consolidate the purpose of the research, to examine what was happening within systemic psychotherapy work with mandated clients, and understand the role of power in the therapeutic relationships better. Gaining more clarity about this through reviewing the literature encouraged me to think that the research questions *were* directly relevant in a way that I had not fully appreciated, and that they could be most usefully answered by looking more specifically at the minutiae of talk using the method of CA.

In part 4, I have shown an increasing dialogue between CA and systemic psychotherapy. Gaining a more in-depth understanding of how CA has been used in systemic psychotherapy in particular, and has addressed issues of power specifically, excited me. The Method chapter that follows shows how this use of the literature of CA developed, as well as describing the process of the research.

3 CHAPTER 3: METHODOLOGY

3.1 Introduction

Chapters 1 and 2 described the context and rationale for the study, and outlined the research questions. This chapter aims to present the methodology used in order to answer those questions. It is also my intention to present a reflexive account through this chapter of how the research processes, and using the CA methods described here, recursively impacted on me as a researcher and subsequently on the research process. The aim is to present enough detail about the processes involved in order for an evaluation of the findings to be possible. The chapter is presented in four parts:

3. 2: Design. This section describes the practical issues of a) Overall design; b) Recruiting participants; c) Participants; d) Procedures; e) Issues of Consent; f) Ethical Approval; g) Identifying Sections for Analysis; and h) Initial CA Analysis. In point i) Reflexivity on the design and the initial processes of the research, I give a reflexive account of how these processes were thought about and impacted on me as a researcher.

3. 3: Conversation Analysis. This section gives more detail of the application of the method of CA used to analyse the data. 3.2 a) Outlines the basic concepts of i) turn-taking organisation; ii) sequence organisation; iii) repair organisation; iv) the organisation of turn design, and v) transcription. 3.2 b) Briefly addresses some critiques of this method, and in 3.2 c) I give a reflexive account of discovering the method and the recursive impact of this.

3. 4: **Concepts from the CA Literature used to illuminate the findings.** This section gives an outline of two particular areas of CA literature that I found especially useful, and that became the lens through which the findings are presented: a) Co-operation and Resistance shown through affiliation and alignment, and b) Authority as Joint Action in Momentary Relationship of Participants: Deontic, Epistemic and Emotional orders.

3.5 Summary of Chapter 3 Methodology

3.2 Design

3.2.1 Overall Design

The design of the research changed, after the initial data analysis began, when I discovered the richness in the details of the interactions I was examining through CA.

Three clinicians who are systemic psychotherapists recorded one session each with parents in which they were carrying out interventions aimed at reducing risk of harm to children. Recordings could take place at any time during a piece of work as long as clinicians could identify that they had completed introductions and were working therapeutically to reduce risk. Through the same process applied to each case, I identified sequences of interaction where I thought that power was being negotiated or discussed explicitly. I carried out conversation analysis of these sequences.

Elements of the design that were changed

Before carrying out the CA analysis of the sessions, I interviewed the clinicians and parents to gain an account of their experiences of identified interactional sequences using semi-structured interviews. The therapists and parents were also asked to record their thoughts and feelings following the session in a spontaneous way in the format of a video 'diary'. One out of three parents completed this, and three out of three therapists. I originally aimed to analyse the interviews and 'diaries' using a phenomenological approach. However, because of the richness of the data in the recorded sessions shown through CA, the other elements are not included in the main part of this study. In the discussion chapter I outline where further research is indicated using the data not used here.

3.2.2 Recruiting Participants

Clinicians who were systemic psychotherapists were approached and given information about the study (see Appendix 1). Six systemic psychotherapy colleagues expressed an interest in participating in the research. I met with them individually, and they were given the opportunity to ask questions about the whole research process and consent was carefully considered, explained and gained (see Appendix 2).

Clinicians were then asked to approach parent-clients with whom they were working to gain permission for me to visit them to speak about the research. The parents needed to be described by professionals and/or themselves as having some features that would fit with a description of being 'hard to reach', for example, having some difficulties with emotional regulation under stress, and difficulties in making and maintaining relationships that might be contributing for the reason for their involvement with social care, and impacting on their relationship with the service.

In my own clinical work I spoke with two parents who said they felt this to be a worthwhile topic, and while they would not be approached to take part this seemed a positive indication that parents would be interested in participating. Out of the six therapists expressing an interest, four gained consent from parents for me to contact them. One of these families was not in at the times I arranged to meet with them, and the therapist and I agreed not to pursue this further. Overall, the process of recruiting participants and gaining consent took three months.

3.2.3 Participants

Confidentiality and anonymity have been an important part of this study in relation to protecting parents' in particular, because of the power differentials at play and the sensitive context of safeguarding. Because of this, participants have been given pseudonyms, and identifying features have been changed.

Family and Therapist 1:

Parents: Maggie and Dave are both aged in their early 50's, they describe themselves as White-British and both grew up in the north of England. They are married; they do not work, and live in a busy town with their three children. They are involved in the community and have a supportive network. The reason for the involvement of the service is that there are concerns about the children's development and these concerns have been present in professional networks for some time. The children are not in school, and each of them suffers from multiple physical, emotional and mental health difficulties. Maggie is described by professionals as having difficulties in regulating her emotions under stress and struggling with making and maintaining relationships, and she describes herself as having difficulties with anxiety.

Systemic Psychotherapist: Tina describes herself as white American. She is in her early 40's, and trained in systemic psychotherapy 15 years ago. She has worked in this context for 4 years.

At the recorded session, a social worker, Helen, a white British woman in her early 30's is present, and participates in a minimal way. Many therapists work jointly with social workers.

Family and Therapist 2:

Parent: Sharon is a single white British woman aged approximately 30 who grew up locally. She does not work and lives with her three children, all girls, and the eldest, Cara, aged 14, is present as an observer to the session recorded, but not a participant and not in view. Social care are involved because Sharon has overdosed recently, and been out of control while intoxicated at home. She has engaged with risky behaviour outside the home. Previously there have been dangerous partners in the home and there have been repeated incidents of domestic violence. While she is not closely connected to any of her family of origin, she has friends in the community. She is described by professionals as having difficulties with emotional arousal under stress, and in making and maintaining relationships. She describes herself as 'depressed' at times.

Systemic Psychotherapist: Thea, who is white from South African background, aged approximately 45. She trained originally as a social worker in South Africa, 20 years ago, moving to this country to practice. She trained here 10 years ago, and has worked in this

context for 5 years.

Family and Therapist 3:

Parent: Lia describes herself as white-British, and grew up locally. She is aged 20, and a mother of two: a boy of 5, Charlie, and a baby boy, Freddie, aged 15 months. They are currently living in a hostel. There is no contact with either of the children's fathers. Lia does not have contact with her birth family at present. Social care are involved because of concern in the professional network about current neglect of the children and the family's isolation. The conditions they live in are poor; school are concerned about Charlie's behaviour and his presentation as having poor hygiene and personal care; and the health visitors have expressed concern that Freddie's attachment patterns and his behaviour in relation to his mother are worrying, and Freddie's physical presentation also of concern. Previously, Lia has used alcohol and drugs in a way that has affected her parenting, and there have been patterns of serious domestic violence in her relationships, although she currently does not have a partner. She is described by professionals as having difficulties with emotional arousal under stress, and in making and maintaining relationships. She describes herself as sometimes struggling with feeling low.

Systemic Psychotherapist: Pam is a white-British female therapist who is approximately 45. Trained as a systemic psychotherapist, she has worked in this context for 5 years.

All the participants' first language is English. So, linguistically, they were all interacting in familiar territory.

3.2.4 Procedures

Parents were given written information about the research study at the time of the topic first being introduced by their therapists (See Appendix 3) and consent was gained for me to contact them. I then visited the parents at home, independently from their therapists, to explain the research (See Appendix 3) and gain verbal and written consent to record one session and to use the data for the research (See Appendix 4). They also gave consent to be

interviewed. The parents were given the means to record their responses following the session. The clinicians then took responsibility for recording the next session they were having together at home following our meeting, and gave the recording to me.

Once I had viewed the recording, and chosen moments of significance, I visited the parents again to carry out a semi-structured interview and collect the recording of their response through the diary. In a parallel process I collected the therapist's responses, and undertook a semi-structured interview with them. The parents were offered £15 remuneration through vouchers for their time and participation in these two research visits.

3.2.5 Issues of Consent

I anticipated that clinicians participating in the research might feel exposed by sharing their work, particularly as I work in the same service, and I did not want them to feel obliged to participate. Therefore I did not ask clinicians whom I supervise to participate. I tried to ensure that other clinicians, who are my peers, felt that they had a choice about whether to be part of the study. I shared with my peers how difficult *I* find this work, and reiterated the purpose of the study. The Professional Lead for the therapists, who was supportive of this study, agreed to be available to the clinicians should issues arise that they preferred not to speak to me about.

The parents in this study were particularly vulnerable. For the first visit where I explained the research, an independent person came with me who was a research assistant in the service who I had not worked with previously, and I was not in any line management or supervisory relationship with. This was to ensure that I explained the processes and consent issues correctly, and to establish as much as possible that the parent had understood these. This was also to safeguard myself as a researcher, given the sensitive nature of the context. I wanted to ensure there was a witness to my explaining these things safely and without coercion, and ensure that I was comfortable that the parents understood their commitment. It was important to be clear and transparent about my intentions and I took care to explain clearly, through discussion and in writing:

- what the processes they would be involved in would entail.
- how they and others may benefit from helping to identify how the service can be improved.
- how they could decide to remove themselves from the study at any time without giving an explanation.
- how the work with their clinician would not be affected should they choose to withdraw.
- how the study is not part of the work that they were undertaking with the clinician, how the researcher role is different to that of the clinician, and how research interviews differ from therapy.
- how if safeguarding issues arose through the interviews, then the researcher would let the unit they are working with know, following a discussion with the parent.
- how the recordings and resulting data would be kept confidentially and securely.
- how the write up of the findings would be presented so that their identity would be kept anonymous.
- how they could make a complaint.

(See Appendices 3 and 4)

I anticipated that both clinicians and parents could find including their work as part of a study perturbing, given that there would be an observer through the tape. This issue was introduced into conversations with both of them.

3.2.6 Ethical Approval

Ethical approval was granted following application to, and meeting with, the Social Care Research Ethics Committee in 2013. Their approval letters (See Appendix 5 and 6) outline some of the areas of concern that we discussed at the meeting: the vulnerability of the parents; ensuring consent was appropriately presented; ensuring the independent person visiting at the initial meeting was positive and not overwhelming; ensuring a process was in place should safeguarding issues arise while I was in contact with families; and how the research could contribute in an area where this vulnerable client group is not often represented. I update the committee on the progress of the research every year.

3.2.7 Identifying sections for analysis

Initially I transcribed the sessions using ordinary transcription, and this oriented me to the sessions. It would have been impractical to transcribe all the content of the sessions using CA transcription. It was necessary for me to choose clips that I felt reflected either some trouble arising between people, that might point to issues in relation to power arising, or moments when it seemed people were working well together that might indicate power issues being less present at those times, or present and being worked with well to achieve something.

Extending the method to include non-verbal communication

Historically CA has focused on talk because of the resources available for study: for example telephone calls. Now, with more visual methods available to capture naturalistic data, there is a small but significant group working to understand 'embodied interaction' and linking this to CA methods (Mondada, 2007, Heath et al., 2011, Goodwin, 1986, Goodwin, 2000). Explicitly citing Bateson's ideas about the relationship between action and context, they simultaneously study visual details alongside talk.

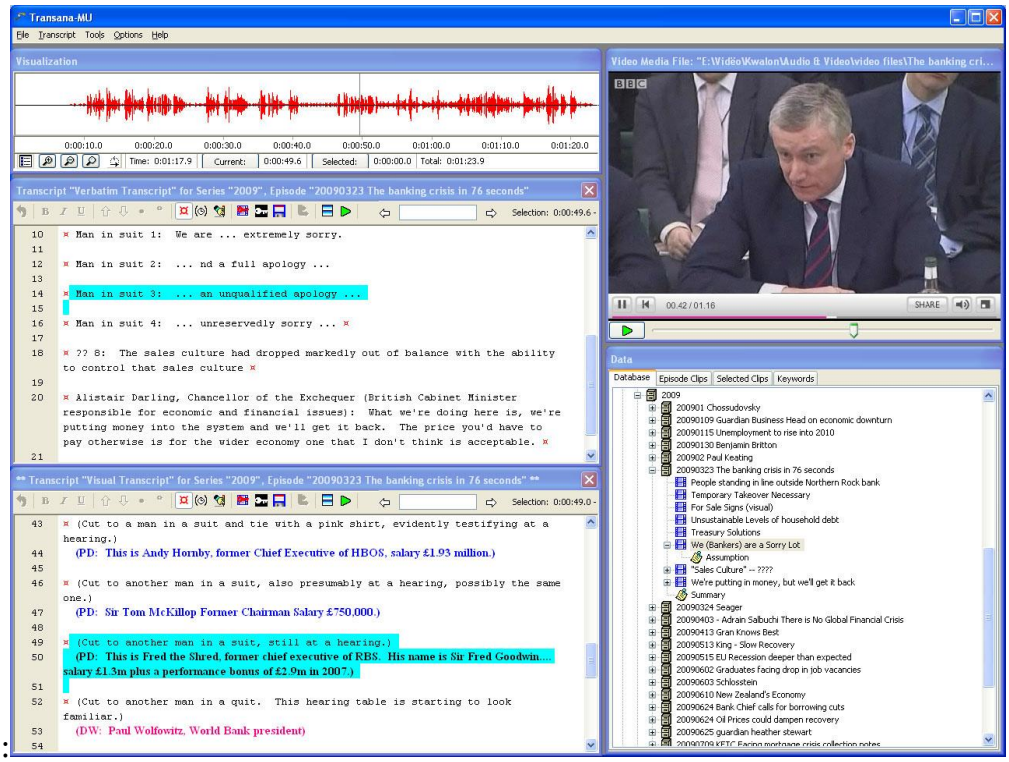
In my own practice working in people's homes I experienced how issues of power arise and are dealt with differently from those that occur in a clinic setting. In clients' homes there are opportunities for them to reassert power in subtle ways: for example, by diverting away from the conversation by making tea, or smoking a cigarette out of a window with their back to the room. My experience is that clinicians make judgments about whether to address these issues directly. Whether or not the television remains on during a meeting may show who is 'in charge' in any particular moment, and this may be particularly salient in a safeguarding context when there are difficult messages to give. In my own practice I have noticed that when there are serious concerns, and when, often as a consequence, the relationship is more tenuous, I am less likely to suggest changes that I might otherwise think beneficial, such as creating quiet, in order to promote the work. These observations, about the salience of the 'unsaid', have led me to want to incorporate embodied interaction in the research, and this influenced the way I approached choosing the clips to analyse for relevance to the study.

The process undertaken to choose sections of interest

I viewed the tapes first *without* sound, in order to identify times of interest in the interaction. I used handwritten notes while watching the tapes, and made a transcript of these observations, with moments of particular interest highlighted in red (the notes from Family 1 can be seen in Appendix 7). I then viewed the same tapes *with* the sound and identified moments of interest separately. This was also done by hand, and an extract of this can be seen in Appendix 8 in the same case of family 1. I then compared the two for moments of interest and found that the moments *did* coincide on the whole with those in my silent viewing. I noted where these coincided in a different pen colour on the notes of the transcript of verbal moments of interest (see Appendix 8). A list of chosen interactions, the clips, and the timings on the tape was then compiled and given names, and can be seen in Appendix 9. These were the moments chosen for CA analysis and I also used these moments to show to each family and therapist as the basis for the interviews I carried out that are not included for consideration in this study.

3.2.8 Initial CA Analysis

I used 'Transana', a programme used for recording transcripts of both verbal and non-verbal material. How this programme looks is shown below in Figure 1 (using a picture of an analysis of a select committee investigation of the financial crisis 2009). I used this programme to: order clips for each family; make notes of general observations; slow down clips to enable detailed and precise CA transcription, including timings of pauses and silences, and description of tone and prosody in a precise way; ensure that non-verbal material could continue to be taken into account; and to compare and contrast clips showing similar features between families with ease.

Figure1: 

The analysis of the verbal material *did* dominate but it was important to continue to contextualize this with non-verbal material. While this was not done with the same depth as some studies where non-verbal material is analysed in a great deal of detail, it did provide an important context for the talk, and so is included in the way I present the findings chapters. I use still pictures in the findings, and they are purposefully vague, and this is due to the high level of confidentiality necessary for the study. They appear there to show my consideration of these issues through the process and how the talk was contextualized by powerful non-verbal material in moments I was choosing to describe and analyse as interesting to the topic.

3.2.9 Reflexivity on the design and the initial processes of the research

My experiencing a shift in role from therapist to researcher, or therapist-researcher, and feeling the differences between these positions rather acutely, dominated the initial stages of the research. This was evident when I was gaining ethical approval, recruiting participants, carrying out consent interviews, arranging for recording of sessions, and carrying out

interviews. The position I needed to adopt was illustrated to me clearly when I met Maggie and Dave in order to gain their consent for the study. During the meeting, Dave, who had previously mentioned his need for crutches to walk, moved across the room with ease without them. His partner shouted at him 'where are your sticks?!..you need your sticks!' In the moment I was struck by how, as a researcher I was required to maintain my observing position, rather than to respond, as I would have as a clinician, where I might have spoken in order to understand the meaning of this between them. This experience of staying with, and managing, uncertainty dominated. I felt a sense of powerlessness that mirrored the topic under examination, particularly arising in moments where I had no control in the processes. For example, when 'giving up' the recording responsibilities to the therapists; when one family who had given consent were not in when I visited; when one of the memory cards that held a recording was corrupted, and I stood for hours overlooking a technical expert in a well known computer shop in order to ensure that he did not view the session on the card while the card was restored, not knowing if it was possible to recover it, and wondering how I might explain this to the family and therapist. I felt this powerless position in a different way to any powerlessness I had felt as a therapist, partly because of the reality of wanting the research data in order to complete the work. It led me to reflect on the aim of the research, which was to understand the power issues arising, particularly in relation to a vulnerable client group. It led me to reflect on the powerlessness of their position in relation to the system of safeguarding where processes can happen that are way out of people's control, and I was reassured that the study was a relevant and important one for me to carry out.

I began to experience these differences in role, and my discomfort, as useful. I hoped that in the processes of analysis I would be able to explore differences beyond what was familiar to me, rather than to 'collapse' what was arising from the data into outcomes already known to me (McCann, 2014). For example, I understood more clearly how my preferred ways of working might be called into question, and different ways in which power is managed and experienced by participants which were not in my repertoire, or that I had discarded, may be made visible. In carrying out the initial CA which requires staying so 'close' to the text, I experienced a helpful starting point from which to notice, suspend, and use my existing beliefs reflexively. This also led to my decision to stay with the detailed CA analysis and change the design towards an analysis of the naturally occurring talk, while thinking about

how the interviews might be useful to future work, and also potentially benefit from CA analysis.

3.3 Conversation Analysis

3.3.1 Introduction

In *Chapter 1, 1.2: Introduction to the study: combining systemic and CA frameworks*, I outlined the rationale for using CA in this study, which was to examine the dynamic aspects of interaction and joint meaning-making in the work that clinicians and parents do together. In *Chapter 2, 2.4: Conversation Analysis Literature* I gave: a) a brief introduction to CA; b) links between CA and Discursive psychology, including an explanation of the concepts of 'stance' and 'stake' that have particular relevance; c) an explanation of CA as it has been applied to institutional talk; and d) a description of how CA has been applied to psychotherapy in particular.

Thus far I have emphasised my intention to use a method that encapsulated meaning as an evolving process between people, emergent through the participants' actions in context. In this section I give more depth to the method itself by describing five building blocks of CA that are used to achieve this: a) turn-taking organisation; b) sequence organisation; c) repair organisation; d) the organisation of turn design, and e) transcription. Aside from transcription, this way of presenting these core ideas, in this order, comes from ten Have (ten Have, 2007). I briefly address common critiques of CA, and outline my own reflexivity about the process of discovering how to use CA and its potential for illuminating the topic.

3.3.2 Turn-Taking Organization

Turn-taking as an organized core aspect of conversation is based on an idea that people speak one at a time, with minimal gap or overlap, that can happen at any Transitional Relevant

Place (TRP) at the end of a Turn Constructional Unit (TCU). TCU's are sentences, a gesture or single utterance, which indicates that the *action* that is taking place (for example, an action of agreeing with the proposal from the first speaker with a nod and a simple 'oh yes') is complete, and it is another person's turn to speak. Sacks argues that: speakers can be selected by the previous speaker; speakers can self-select; and the person speaking can hold on to their speech turn (Sacks et al., 1978). ten Have describes how "turn–taking is one aspect of conversation in which a locally sensitive fine tuning takes place, which not only is actively adapted to the particular recipients involved, but also constitutes the parties as participants in 'this conversation' (ten Have, 2007, p. 129). Schegloff introduced the question of 'Why that now?' to address the significance of turn–taking to the action of what happens in conversations (Schegloff, 1996). It is possible to see that how people take turns in talk, hold onto their turn in talk, interrupt others, or select others at particular times can be seen to have direct relevance to how power might be operating in a conversation.

3.3.3 Sequence organization

This central concept is described using the idea of 'agency pairs'. People in conversation create utterances that make sense to the previous utterance to achieve certain actions. The way that someone responds to the first person's speech (first pair part), shows how they understood the communication, and whether they respond in a way that is fitting or not. Schegloff gives examples of simple agency pairs: question-answer, greeting-greeting, offer-acceptance/refusal (Schegloff, 1980). These basic sequences often involve expansions and insertions of great complexity, but the core sequence remains and determines the action carried out within the interaction, for example, an invitation being given, and whether it is accepted or rejected. ten Have describes how sequences are "patterns of subsequent actions, where the 'subsequentiality' is not arbitrary occurrence, but the realisation of locally constituted projections, rights, and obligations" (ten Have, 2007, p. 132). CA sees every

utterance in the context of what has previously occurred, and as determining what it is possible after. It is possible to see the importance of context here, where what is created between people is context dependent and depends upon its 'sequential implicitiveness'. People co-create conversations in unfolding talk that is dependent on how they are hearing what the other person is saying, or doing, in their talk, or trying to determine its outcome, for example, to politely refuse an invitation. It is possible to see how important this might be to studies of power in talk, where how people hear others and respond can determine the action of a sequence of talk and its outcome.

3.3.4 Repair Organisation

The concept of *repair* describes the organised ways that people have of managing *trouble* in talk such as misunderstandings. These conversational practices have been examined in great detail and are sequentially structured. ten Have describes how an utterance can be "reconstituted as a *trouble source*..and turned into a repairable. The initiative can be taken by the speaker of a repairable, which is called a 'self-initiated repair', or others can take such an initiative, 'other initiated' repair" (ten Have, 2007, p. 133). As a general rule, repair occurs as near to the trouble source as possible. So, once people realise they have made a mistake or been misunderstood, they attempt to repair this as quickly as possible. Repair therefore is an important conversational practice for achieving understanding and collaboration between people.

3.3.5 The organisation of turn-design

Turn design is the way in which utterances are shaped in particular ways in order that certain actions are most likely to occur. I will focus here on two aspects of this rather wide concept. a) Recipient design, and b) Preference organization.

Recipient design refers to how people say things in the context of their knowledge about that person and how things might be received. The formality or informality of how people are

addressed (Mr. Mrs. Sir / Madam, first names, nicknames) for example, invite a particularly formal or informal response, including a function of distancing or inviting closeness for participants, or imply a particular hierarchical place in relation to the other person. Hearers will be attuned to the choices that are made in particular contexts with particular people, and interpret them in certain ways in order to respond. Trouble may occur when a speaker designs, for example, a turn to imply a compliment (you're always so bubbly), but, depending on context, the recipient may receive it differently and respond as though there has been a criticism (I can be thoughtful too). Repairs may be needed in order to continue a conversation that is trouble free.

Preference organization is particularly important in that it relates to ways in which cordial and congruent conversations are privileged over and above those that include sources of trouble. This means that when choices are available, the one that is expected and preferred will be chosen (Person A: Do you want to go out tonight? Person B: Oh yes that'd be great). The first pair part is usually designed, as in this example, to elicit a preferred response. The response happens quickly and is fitting with the invitation and the design of the question. A 'dispreferred' response on the other hand, for example rejecting the invitation, might include much more negotiation, and possibly repair on the part of both speakers (Person A: Do you want to go out tonight? Person B: Um well actually….Person A: You're probably busy, I know your mum is here. Person B: Yes yes, I'm afraid so, another time). The conversational practices people use (like hesitation, anticipating a dispreferred response and repairing quickly, and apologizing) are designed to minimize trouble in the talk and *save face* on both sides. Again, it is clear that how people design their talk in order to elicit certain responses, and orient to each other's wish to keep conversations trouble free, is directly relevant to how power issues arise and are managed in conversations.

3.3.6 Transcription

The above building blocks of CA are brought to life through detailed transcription using Jefferson's enduring framework (ten Have, 2007, Jefferson, 2004). A transcription glossary of symbols used in this study can be found in Appendix 10.

I carried out initial CA transcription and an example of this initial CA transcription of family

and therapist 2 can be found in Appendix 11. I then carried it out again on the same areas of conversation taking more detailed notes on verbal and non-verbal elements of interest, and an example of this with family and therapist 1 can be seen in Appendix 12.

Basing my analysis on these basic concepts and use of transcription, I then used Heritage's 'Six basic places' framework for probing institutional talk: 1. Turn-taking organization 2. Overall structural organization of the interaction 3. Sequence Organization 4. Turn design 5. Lexical choice 6. Asymmetry (Heritage, 1997). An example of this stage of the process in family and therapist 1 can be seen in Appendix 13.

3.4 Critique of CA

In Chapter 1, 1.2: Introduction to the study: combining systemic and CA frameworks, I described how critics of the CA method (Billig 1999; Corcoran 2009; Frosh 1999) have been concerned that the focus on the normative structure and the minutiae of talk denies the importance of wider contexts such as gender, class, and race, ignoring political and social realities. Taken this way CA would seem the least appropriate choice for studies hoping to highlight issues of power; but I argue that, alongside the proponents of CA (Stokoe et al., 2012) it is precisely because of the focus of CA that such issues can become more visible. Sacks developed an interest in the interactional orders through which culture is produced and known between people. He developed membership categorization analysis as a means of analysing how socio-cultural knowledge can be accounted for in talk in interaction and this has been taken up by many CA practitioners as one way of addressing context very explicitly (Stokoe, 2012). I chose not to use this framework, and instead used different aspects of CA literature that will be presented in part 3 of this chapter, as I felt they were more directly relevant to my questions.

In Chapter 1, 1.2: Introduction to the study: combining systemic and CA frameworks I emphasised the fit between CA's preference for 'naturally occurring data', and live supervision and videotape in supervision and training in systemic contexts. Within the CA field the distinction between what is deemed as 'naturally occurring' or 'contrived' data has been somewhat controversial. While Potter emphasises how "what is gained by studying a video of a family therapy session is very different from the retrospective accounts of participants" (Potter, 2002, p. 541), Speer calls for more specificity in relation to what can be determined as 'naturally occurring' (Speer, 2002). For example, she questions the subtle presence of the researcher. In the case of this research, this can be argued to be present in the

video camera, the process of my discussing and gaining informed consent with participants, and their subsequent knowledge that the work would be used in research. It can be argued that this inevitably impacts on what occurs between people in the sessions being recorded. For work to be recorded and reviewed for further reflection in a research study creates potentially another set of considerations (and possibly constraints), for clinicians and for clients, going beyond routine reflections within the framework of an intervention. It is potentially a further context for 'evaluation' of the people involved. While we have the necessity of 'informed consent' for research, this is still something that can be seen as inevitable in much of research.

Potter and ten Have argue that, for data to be naturally occurring, it needs to pass the 'dead social scientists test', that is, that the event would take place regardless of whether the researcher was involved in any way or not (Potter, 2002, ten Have, 2002). While this is certainly the case for the sessions recorded for this study, Speer argues that what needs to be considered is whether or not the camera, and the context of the session being part of a research project, is "procedurally consequential for the analysis" (Speer, 2002). I would argue that what happened in the sessions being examined in this study was what would ordinarily happen in these circumstances, and performed as a matter of course (Lynch, 2002). This argument is thickened by an understanding of the context of systemic practitioners being used to videotaping their work as a matter of course to aid reflective practice. Parents in this context are also, not just used to being closely monitored and observed in different ways, they are also often used to practitioners using these methods of recording their work to consolidate and reflect on changes in thinking and behaviours.

In relation to transcription and analysis, Ochs is concerned that transcriptions have assumptions embedded in them, accounting for how different aspects of communication are highlighted in different ways by different people (Ochs, 1979). CA analysts acknowledge that what researchers choose to describe depends on their research questions and analytic perspective, but emphasise that arguments are founded so closely in the data that what is presented cannot be considered if it is not 'there', and the group nature of learning and practicing CA also mitigates against this.

This study could be critiqued for both sample size and for a basic application of CA rather than a full sequential analysis as is more customary in traditional CA studies. For the purposes of this systemic study however I was not aiming to make claims to contribute to the CA body of work concerning general patterns of interaction. In addition, O'Reilly and Parker have questioned the concept of saturation (that would require many more sessions) as a

marker for validity in qualitative research (O'Reilly and Parker, 2013). My aim was to understand local practices, not make broader comparisons, or to undertake a full analysis as more often used by the CA researchers (O'Reilly and Lester, 2016). I saw how CA's particular method of identifying practices might offer a useful way to answer the questions from a systemic perspective about what happens in moment-to-moment interactions when parents and therapists are working in contexts of risk.

3.5 Reflexivity on discovering Conversation Analysis

In this section I have given four basic building blocks for CA analysis and the transcription symbols that I used to illuminate these concepts, and briefly address their critique. During the process of learning how to carry out CA, I realized how much technical skill and practice is involved that might lead to me carrying out an analysis that I was satisfied with, in that I could develop transcriptions and consequent analyses that were not overwhelmingly embedded with my own assumptions. It was helpful to use Heritage's framework for probing institutional talk as a lens through which the basic concepts could be viewed for the specific institutional interaction I was studying. Through this, and through practising and learning CA rigorously with others, my analysis began to take shape. I was able to identify initial aspects of the talk within the sessions that characterized them, and practices in the conversations that had commonalities and seemed relevant to the research questions that I felt were convincingly present in the data.

My clinical work began to change as a result of the research process. For example, because CA methods involve such detailed examination of the minutiae of what is said and done, I found myself using fewer redundancies of speech and choosing my words more carefully. I found myself attuned in a different way to my own and others' talk in the moment, and this unexpectedly enhanced my work as I was able to comment on the processes of talking with people in a much more specific and explicit way than I had done previously, and monitor the impact of my own talk in a different way. I was excited by the way in which a research methodology could fit so well with my basic systemic values, and highlight them in unexpected ways.

At the stage described above, where I had done some initial analysis and used Heritage's framework to further this, I began to develop three main elements to the analysis: 1: tensions

arising and relationships being maintained; 2: how tensions are dealt with and opportunities created; and 3: opportunities leading to reflection.

I was then introduced to two particular areas of CA literature. This was a key stage in my research journey, as I felt that these concepts mapped seamlessly onto what I was discovering when examining the sessions using CA, and were directly relevant to the questions. Part 3 describes these aspects of literature that were used to illuminate the findings.

3.6 Concepts from the CA Literature used to illuminate the findings

In this section I will describe concepts from CA literature that are particularly pertinent to the research questions, and which I chose to use to illuminate the findings in the study. Concepts in two key areas of interest are used: a) Co-operation and Resistance shown through i) alignment and ii) affiliation, and b) Authority as Joint Action in Momentary Relationship of Participants: i) Deontic, ii) Epistemic, and iii) Emotional orders.

3.6.1 Co-operation and Resistance

Iversen has done detailed work, highly relevant to this study, on *participation* in institutional contexts: children's participation in psychometric testing (Iversen, 2012); participation in interviews with social workers and children about domestic violence (Iversen, 2014b), and participation in interviews with social workers and children about abuse (Iversen, 2014a). She has developed existing CA ideas of *affiliation* and *alignment*, to describe what happens at times of co-operation and resistance, and what is needed for co-operation to be achieved. She describes how resistance can occur at both the level of alignment and at the level of affiliation.

3.6.1.1 Alignment

Alignment occurs in the *structure* of talk by facilitating the activity proposed by the first speaker (Iversen, 2013). Aligning responses "accept the first [speakers].. pre-suppositions, topic, and action agendas, and they also match the formal design of the speech by the first

speaker " (Iversen, 2013, p. 38). This example is taken from the data in my research that will be discussed in the findings. Tina is the therapist and Maggie and Dave are the parents:

```
Tina:    When when did you leave home.=
Maggie:  =↑Oh ↑right, (.) Well you left early.=
Dave:    =I left home when I was twen:ty,
Tina:    When you were ↑twenny, (0.5) How was that,
```

Tina's question (line 1) we can see as having been accepted by Maggie and Dave as they align with the structural restrictions of the question (Iversen, 2013) on lines 2 and 3 in their answers. They show an interest in the question shown in the immediacy of their response, and the tone, and they also show direct alignment with the topic proposed by Tina.

3.6.1.2 Affiliation

Affiliation "refers to co-operation at the level of action and stance. Affiliation supports and endorses the other participant's project and stance-taking" (Iversen, 2013). Stance can be 'epistemic' (agreeing with the status of knowledge) or affective (in line with the emotion being displayed), or both. This is an example from my research of a clinician (Thea) affiliating with a client's (Sharon) not-knowing (epistemic) stance, and with the emotional stance displayed:

```
Thea:     What do you think she thinks about that?
Sharon:   °I don't know.°
Thea:     ↑No?
Sharon:   [Ha hah ha]          ((leaning forward on laughing))
Thea:     [£↑That's fine?£]
Sharon:   [Ha ha ha]
```

Thea: [↑Not to] know, Ha ha ha

Sharon takes a not-knowing stance towards the proposed topic and does not align with it. Thea, rather than pursuing her own agenda, is affiliative towards the stance of not-knowing taken by the client. Sharon uses humour in laughter, which Thea affiliates with, and they coordinate with each other's emotional stance to manage the potential difficulty between them created by the lack of alignment to the agenda chosen by Thea. Stivers and Rossano state that the social aspects of the interaction are privileged in these moments (Stivers and Rossano, 2010). Resistance can be seen as occurring in subtle ways, for example by the client remaining affiliative in their stance towards the conversation proposed, thereby keeping the conversation positive in a social sense, while not aligning with the proposed topic.

Co-operation can be seen to be occurring at both levels of alignment and affiliation. While alignment is always relevant to whether co-operation is happening (ie, with the proposed topic), affiliation is only relevant in regard to stance and the action that is happening. For the purposes of this study this is an important differentiation because it is a common experience in this context, where clients can be seen to be co-operating by being in the conversation and keeping it going (because their stake in doing so is high), but not co-operating with the topic proposed (perhaps because their definition of the situation is different). This can be confusing and hard to identify as happening in the moment. By the same token a speaker can be aligned and involved in the conversation, but not necessarily affiliative. It is beyond the scope of this study to address all the complexities in relation to alignment and affiliation in talk described in the CA field, but the relevance of these concepts is apparent when examining what occurs within therapeutic work, particularly in relation to how power arises and is managed and co-operation developed. These concepts are used to inform the analysis. Iversen states that these concepts "offer ways of understanding how issues of restrictions, cooperation, and resistance actually work in interviews" (Iversen, 2013, p. 41).

3.6.2 Authority as Joint Action

Stevanovic and Peräkylä, have addressed the issue of power in talk directly. They describe

what happens in ‘momentary relationships of participants’ through the examination of ‘deontic, epistemic and emotional orders’ (Stevanovic and Peräkylä, 2014). They use these concepts to link with Turner (2005) (discussed in *Chapter 2 Introduction, 2.2.5 Relevant descriptions of power chosen for this study*) to develop the concept of authority as ‘joint action’.

Momentary Relationship of Participants: Deontic, Epistemic and Emotional orders

Stevanovic proposes that human action is based around interactions between people that are a ‘complex interface between knowledge, power, and emotion’ (Stevanovic and Peräkylä, 2014). The Oxford English Dictionary describes ‘interface’ as “a point where two systems, subjects, organizations, etc. meet and interact” (Oxford, 2010). These areas of interface are interactions of ‘orders’: epistemic order (regarding knowledge); deontic order (regarding power); and emotional order (regarding emotion) (Stevanovic, 2013). Orders incorporate participants’ status, stance and rights in these areas. Stevanovic describes “momentary relationship of participants” emerging from the interface of these orders, that “build a bridge between local and wider aspects of social organization that bear on human action” (Stevanovic, 2013, p. 186). She describes how, “even if these three facets of the participants’ momentary relationships are all interwoven in single actions, the participants usually treat one of these facets as more salient than the other two” (Stevanovic, 2013, p. 186). Who people *are* to each other has a bearing on the action being created and how people attend to these different aspects emerging between them. It is in moments of intersection of orders that power can be seen to be operating and responded to, including whether or not authority is granted or withheld, in moments in talk. It is in these moments of intersection that power can be seen to be operating and responded to, including whether or not authority is granted or withheld, in moments in talk. Each order will be dealt with in turn.

3.6.2.1 Deontic Order

Emerging out of CA studies, the concept of deontics arose from studies about power in different contexts, such as medical settings (Peräkylä, 1998) and radio talk (Hutchby, 1996). Stevanovic and Svennevig show that recent attention has been focused on deontic rights and

responsibilities: "who has the capacity to define what is necessary and desirable, what should, and what should not, be done, in certain domains of action in relation to one's co-participants, and who has the obligation to do what others tell him or her to do" (Stevanovic and Svennevig, 2015, p. 2). Stevanovic describes 'deontic status' as the "rights that a certain person has in a certain domain, irrespective of whether they momentarily claim these rights or not" (Stevanovic, 2013, p. 26). She directly relates this to *who* the people in the interaction *are* to each other. For example, in this study we can see that this would apply to the respective rights and responsibilities of participants who are clinicians and parents.

Stevanovic describes how "when orientations towards each other are highly conventionalized these orientations remain mostly unnoticed, but when these orientations involve incongruences, they become visible" (Stevanovic, 2013, p. 11). This links to the ideas discussed previously regarding the power of therapists, and how their right to determine the direction of the conversation is not necessarily problematic (Antaki, 2008). Deontic status therefore can be taken as given, and "be deployed as an interactional *resource*" (Stevanovic, 2013, p. 27). Participants may not recognize that a person proposing a particular direction in a conversation is exercising his or her deontic rights. For example, for the purpose of this study, a parent may not recognize that the therapist is using an embedded suggestion, placed within a question that the conversation should move in one direction or another, when the question is tentative. Several authors have shown how, when this is the case, those exercising deontic rights 'pursue' (Pomerantz, 1984) or 'mobilise' (Stivers and Rossano, 2010) a deontic response from the recipient. An example from this context might be the ways in which therapists respond when parents do not seem to take up an initial tentative invitation. Therapists may then, directly suggest that the conversation move towards their agenda, or explicitly state a concern. My experience in this setting is that therapists understand their deontic status as having the right to ask certain questions, or make statements of concern, owing to their safeguarding responsibilities, and that they exercise their deontic right to do so. These concepts are relevant to an examination of power within the deontic order: in how clinicians occupy their deontic status (the nature of their position from a statutory safeguarding agency); the deontic stance they take (for example as someone who has the right to ask certain questions or make statements on certain topics such as risk to children); and the way they exercise their deontic rights in conversation to do this. In turn, the stance

shown by the parent in the moment towards this can resist this use of power, or grant the therapist the authority they are pursuing in order to further the work.

3.6.2.2 Epistemic order

Heritage has described ideas about epistemics that are helpful to an understanding of the complexity of asymmetry arising in talk (Heritage, 2012). He quotes Labov and Fanshel (Labov and Fanshel, 1977) who distinguished between A-events (known to A but not known to B) and B-events (known to B, but not to A). He explains how Pomerantz expanded upon this and described Type 1 'knowables': the right of people to know from their own experience, and Type 2 'knowables': known from hearsay, or reported by others (Pomerantz, 1980). Kamio developed this into 'Territories of knowledge' (Kamio, 1997), and Stivers and Rossano into 'epistemic domains' (Stivers and Rossano, 2010), to describe where specific knowledge can be assumed to be located within a persons domain. This has implications for the ways in which conversations unfold and, how requests for information are treated.

Heritage describes the epistemic stance that a speaker can take in relation to theirs and others' epistemic territories, or domains. He uses the concept of 'gradients' to describe taking a stance, depending on whether you are knowledge 'plus' (K+), or knowledge minus (K-), and how this expresses itself in talk. So, "While taking an 'unknowing' epistemic stance …invites elaboration and projects the possibility of sequence expansion, the more 'knowing' formats…tend to invite confirmation and sequence closure" (Heritage, 2012, p. 6). We can see how applying this in an institutional context is complex, and Heritage mentions psychoanalysis as a possible exception to how, in talk, "thoughts, experiences, hopes and expectations of individuals are treated as theirs to know and describe" (Heritage, 2012, p. 6). Systemic psychotherapists, informed by social constructionism, and alert to issues of power, are much discussed in the literature as remaining 'curious', using the feedback from the client,

and using questioning based on this feedback (from the clients epistemic domain, treating clients as K+), rather than making statements (from their epistemic domain, treating themselves as K+) to further the work. While tensions exist in every therapeutic context (Antaki, 2008) concerning the extent to which therapists use their expertise (deontic status) and follow the models they privilege (deontic stance), therapists' repertoire for creating change in a social care context is arguably accompanied by an epistemic stance of 'knowing' what direction for change they want to see in relation to care of children. They take a stance of being K+ in relation to this knowledge, including knowledge of evidence in relation to the impact of significant harm, and K- when asking questions to help encourage reflection. We can see how this has implications for how therapists and clients may have different 'definitions of the situation' (Clayman, 2002), including parents' stance based on their knowledge of their own children. This inevitably has a bearing on whether or not authority is created between a clinician and a parent in any given moment, depending on 'who knows what about what'.

3.6.2.3 Emotional Order

Stevanovic and Peräkylä describe how CA studies have shown "the timing and design of emotional expressions is firmly embedded in the sequential organization of interaction" (Stevanovic and Peräkylä, 2014). Studies on laughter (Shaw et al., 2013) and crying (Hepburn and Varney, 2013) in interaction are also examples. Stevanovic and Përäkyla state that "the whole gamut of socio-cultural, personal, and local expectations concerning the expression of affect within a participants' momentary relationship are anchored" (Stevanovic and Peräkylä, 2014) in the emotional order. They describe emotions as interactional phenomena that have, like the other orders, elements of stance and status. An emotional stance can be shown through means such as "lexis, grammar, prosody, posture, and facial expression" (Stevanovic and Peräkylä, 2014), and Edwards describes emotion words as

having a function "in building and in undermining the sensibility of a person's actions" (Edwards, 1999). Emotional status refers "to the socially shared expectations regarding experiencing, expressing, and sharing of emotions, arising from the position that a participant has in a certain domain of experience relative to his/her co-participant(s)" (Stevanovic and Peräkylä, 2014). We can argue that the emotional status of the clinician may be ambiguous relative to that of a parent. In order to maintain a preference towards affiliation, participants' emotional orders are often reciprocated, and this has been shown to be the case in psychotherapy (Voutilainen et al., 2010a), and in 'story telling' where the recipient's affiliation with a story teller has a calming effect on the storyteller's physiology while increasing the recipient's arousal level (Peräkylä et al., 2015). However, Ruusuvuori has shown how emotional stance can be received differently depending on context, for example in medical consultations, as not needing to be 'matched' but responded to as a cry for help (Ruusuvuori, 2000), so that social action can be determined in different ways.

This literature connects to the systemic literature on emotion. CA emphasises what Krause refers to as 'expressions of emotions', that is, how emotions are 'shown' in talk and interaction (Krause, 1998). She reminds us that this does not mean that what other people are feeling can be 'known' by us, but "presented as an opportunity to them and to me for glossing them" (Krause, 2010, p. 392). I link Stevanovic and Peräkylä (Stevanovic and Peräkylä, 2014) to Pocock, who describes the presence of emotional talk as an emotional 'ecosystem' containing real, remembered, or thought-about relations (Pocock, 2010). Krause is clear that 'the gloss is mine' (Krause, 2010, p. 394) when experiencing the emotional talk of others, together with our knowledge of the context. Those contexts that might be 'called' to our attention when experiencing the emotions of others (Krause, 2010), means that we can begin to attend to these things in our relationships, for example our understanding of stress related to child protection proceedings. This helpfully connects with the CA focus on what is 'there' to be seen in the data, rather than extrapolating meaning and having prior ideas about what is happening and taking the meaning of expressions of emotion for granted.

3.6.3 Summary of 3.6

The ideas outlined here are directly relevant to the research questions, as power can be understood as arising in interaction, constantly in motion, and temporary. Stevanovic's thesis that power shows itself and is managed through constant negotiations and interactions of 'orders' is consistent with this study's focus on power in interaction, and with the position of this study epistemologically. That is, it is consistent with a social constructionist stance where power is seen as ever changing and arising in interaction between people, and consistent with a critical realist stance proposing that this can be 'shown' in examinations of people's talk. Stevanovic's work creates a bridge between traditional CA (where the talk in interaction is seen and examined without prior reference to contextual factors impinging on the talk and shaping it from outside the interaction in the moment) and other areas of qualitative research where *who the participants are*, and their context, *matter* as a basic premise before any analysis has taken place (Stevanovic, 2013).

3.6.4 Summary of Chapter 3: Methodology

In this chapter I have presented the design of the study and the practical processes that I undertook, including gaining ethical approval. I have given some attention to reflexivity in understanding the processes that I went through as a researcher in relation to repositioning while conducting these procedures. I have given more detailed grounding of the CA method, outlining the basic ideas used, and briefly addressed their critique. I gave a reflexive account of how the method recursively influenced my practice, and the feedback loop occurring in these processes between systemic theory, method and practice, before introducing the literature from CA that became the lenses through which the findings are presented in the forthcoming three chapters.

4 CHAPTER 4: ANALYSIS: LACKING AUTHORITY

4.1 Introduction

Data from all three sessions revealed 'momentary relationships of participants' (Stevanovic, 2013, p. 186) where power differentials are seen to arise, and power is seen to be being negotiated.

In this chapter, the therapists are shown to be acting to explicitly evoke, and position themselves as part of, the statutory organization. They are seen to act with legitimacy to raise issues of risk to children, and direct conversations towards this agenda. They act to do this more or less depending on the context of the interaction and they orient towards minimising the potentially power*ful* impact of their actions in order to preserve the relationship.

Parents are seen to use different strategies as a resource for action, particularly using conversational practices that show their knowledge (for example about their own children) and display emotional responses. They attempt to counter particular descriptions or assumptions made by the therapists, or to deal with difficulties they are having just by *being in* these conversations that can be understood to provoke different mental and emotional states such as high levels of arousal, anxiety, or anger. Across the data the parents act to remain affiliative while simultaneously resisting the invitation to align with the direction of the conversation proposed by the therapist that would create cooperation towards a shared task: they resist granting authority to the therapist. This creates misalignment in the relationship and we can see significant power negotiations occurring in these moments in the interface between knowledge, power and emotion (Stevanovic and Peräkylä, 2014). Simultaneously both sides are working to save 'face' and reduce the risk to the relationship in which their stake is high (Stevanovic and Peräkylä, 2014).

Examples are given from the three family and therapists groups who were introduced in Chapter 3, are:

Family and Therapist 1:

Parents: Maggie and Dave are both aged in their early 50's, they describe themselves as White-British and both grew up in the north of England. They are married; they do not work, and live in a busy town with their three children. They are involved in the community and have a supportive

network. The reason for the involvement of the service is that there are concerns about the children's development and these concerns have been present in professional networks for some time. The children are not in school, and each of them suffers from multiple physical, emotional and mental health difficulties. Maggie is described by professionals as having difficulties in regulating her emotions under stress and struggling with making and maintaining relationships, and she describes herself as having difficulties with anxiety.

Systemic Psychotherapist: Tina describes herself as white American. She is in her early 40's, and trained in systemic psychotherapy 15 years ago. She has worked in this context for 4 years.

Session Context: At this recorded session, a social worker, Helen, a white British woman in her early 30's is present, and participates in a minimal way. Many therapists work jointly with social workers. This is session 2 involving the family and Tina. Here Tina is asking for a response to a written report by Social Care that focuses on the emotional needs of the parents, and names concerns that it is these, rather than any inherent physical needs in the children, causing difficulties for the children.

Family and Therapist 2:

Parent: Sharon is a single white British woman aged approximately 30 who grew up locally. She does not work and lives with her three children, all girls, and the eldest, Cara, aged 14, is present as an observer to the session recorded, but not a participant and not in view. Social care are involved because Sharon has overdosed recently, and been out of control while intoxicated at home. She has engaged with risky behaviour outside of the home. Previously there have been dangerous partners in the home and there have been repeated incidents of domestic violence. While she is not closely connected to any of her family of origin, she has friends in the community. She is described by professionals as having difficulties with emotional arousal under stress, and in making and maintaining relationships. She describes herself as 'depressed' at times.

Systemic Psychotherapist: Thea, who is white from South African background, aged approximately 45. She trained originally as a social worker in South Africa, 20 years ago, moving to this country to practice. She trained here 10 years ago, and has worked in this context for 5 years.

Session Context: Cara, an adolescent girl, is present in the session having been positioned by

Thea as an observer as a method for Cara to be reflecting on the conversation between Sharon and her mother. Social care concerns for the children are that Sharon has overdosed and been out of control while intoxicated, and engaged with risky behaviour outside of the home where she has been arrested for a violent attack on a neighbour. She has introduced dangerous partners into the home and there have been repeated incidents of domestic violence. This is session 3.

Family and Therapist 3:

Parent: Lia describes herself as white-British, and grew up locally. She is aged 20, and a mother of two: a boy of 5, Charlie, and a baby boy, Freddie, aged 15 months. They are currently living in a hostel. There is no contact with either of the children's fathers. Lia does not have contact with her birth family at present. Social care are involved because of concern in the professional network about current neglect of the children and the family's isolation. The conditions they live in are poor; school are concerned about Charlie's behaviour and his presentation as having poor hygiene and personal care; and the health visitors have expressed concern that Freddies's attachment patterns and his behaviour in relation to his mother is worrying, and Frediie's physical presentation also of concern. Previously, Lia has used alcohol and drugs in a way that has affected her parenting, and there have been patterns of serious domestic violence in her relationships although she currently does not have a partner. She is described by professionals as having difficulties with emotional arousal under stress, and in making and maintaining relationships. She describes herself as sometimes struggling with feeling low.

Systemic Psychotherapist: Pam is a white-British female therapist who is approximately 45. Trained as a systemic psychotherapist, she has worked in this context for 5 years.

Session Context: In this recorded session, Lia's baby daughter is present. Social care are concerned about neglect, alcohol and drug use, and Lia's choice of partners where patterns of domestic violence have repeatedly taken place. This is session 2.

Examples are given from each family and therapist group of how:

1) Therapists act with legitimacy to raise issues of risk to children, and both parties work to minimise the potential negative impact on the relationship of them doing so.
2) Parents use their own knowledge and/or expressions of emotions to resist aligning with topic proposed by the therapist while both parties attempt to minimise the potential negative impact on the relationship of them doing so.

As previously discussed in *Chapter 3, Methodology 3.2.8 Initial CA Analysis* I use still pictures here and they are purposefully vague. This is due to the high level of confidentiality necessary for the study. They are there to show my consideration of these issues through the process and how the talk was contextualized by powerful non-verbal material in the moments being described and analysed as interesting to the topic.

4.2 Therapists act with legitimacy to raise issues of risk to children, and both parties work to minimise the potential negative impact on the relationship of them doing so

4.2.1 Examples from Family and Therapist 1

Extract 1:

```
Maggie:     But it is: if you li:ke its
            ev:erything that I'm supposed
            to try and find out and and
            deal with
            (1.5)
            on top of ↑them
Tina:       ↑So
            (1.0)
Tina:       Not ta
            (1.0)
Tina:       .hh s ha sorry to change
            direction=

Maggie:     =↑That's fine
(missing lines)
Tina:        We >kinda wanna< ↑talk about- a
             ↑little bit about, (.) <Y'know
             about your ↑rea:ctions to tha:t,
             Y'know just our concer::ns,
             And y'know [( )]
Maggie:                 [↑Yeah ↑fine,]
            (1.0)            ((Maggie looking straight at
```

22 *Tina, facial expression displeased: Pic. 1))*
23 Maggie: □□ .hh Erm.
24 (2.0) *((Maggie looks at floor))*
25 Maggie: hh RIGHT.

Pic.1

Dave Maggie Tina

Pic. 2

Introducing the social care agenda and working to minimise the impact

Line 7 sees Tina coming in towards the end of a long turn of talk from Maggie about how much she has to cope with. Tina's 'So' marks a change[4] (Bolden, 2009) where she introduces the topic allied to social care's agenda: asking for their reactions to a written report. She tentatively, but directly speaks about how she is doing this, and apologises for it (lines 8-12). Following this, 'Y'know' is used three times through Tina's turn and seems to serve to imply and project a joint understanding of the situation, and projects agreement (lines 16,18,19). Each turn is also characterized, as this one is, by pauses, hesitations, self-initiated repairs (lines 8,9,10,15,16,17,18), quiet tone, lexical choices of informal speech (line 15 'kinda wanna') showing speech that is recipient designed to maximise compliance with the upcoming request and to downgrade her intervention. These devices seem to be used to mitigate how she acts with legitimacy to introduce sensitive issues of risk that she seems to anticipate will be troublesome for the relationship. We have seen how Sacks (Potter, 2004) has shown the strong preference for agreement in talk, and the downgraded question from Tina is designed to elicit a preferred response. This example shows the therapist explicitly aligning with the statutory process, and directing the conversation towards this task, while simultaneously attending to the fact that she is doing this through the design of her speech through the turns. This is seen in the tentative, apologetic, and downgraded nature of the invitation that seems designed to maintain affiliative responses in the context of a powerful intervention.

Parents are affiliative in their response to the proposed change

Maggie deals with the therapist's last turn (lines 15-19) as a request for a response about social care's agenda, rather than returning to what she has been emphasising as important in the preceding section. She interrupts with [↑Yeah ↑fine?] on line 20, and her tone clearly indicates some discomfort, while her non-verbal communication in her facial expression is one of displeasure (see Pic.1). This, followed by pauses (lines 21 and 24), hesitation (line 23: .hh erm), and strong RIGHT (line 25), all point to a dispreferred response to this change in topic. While it is clearly not Maggie's preferred topic, it seems incumbent on her to respond to the tentative, apologetic, and downgraded nature of the invitation to talk about what concerns social care, thereby remaining affiliative.

Summary of Extract 1

[4] Bolden (2009) shows that 'So' in this position 'accomplishes a shift from incidentals..to some new course of action' (p.980)

We can see the purpose and value of detailed CA transcription in this first example. Maggie's response could have been read and heard in the moment, and on less detailed transcription, as entirely affiliative ('yeah fine') and congruent with the request. Detailed attention to the minutiae of the talk and accompanying gestures illuminate the subtlety and complexity of the asymmetry and power negotiations arising between people who, in this context, have a stake in saving face and preserving the relationship. Tina is continuing to introduce the agenda of risk that she is there to address, while Maggie is showing her discomfort in doing so while remaining in a 'cordial' conversation.

Extract 2:

```
1   Tina:       Did it (.) make sense our concer::ns for
2               the fam- um >for the children,
3               < In the sense of we,(0.5)Uh hu
4               as a unit we've kind've(.)worried about them not,
5               (0.5)↑thri:ving? In the sense that we,=
6   Maggie:     =hhh [I've ↑well,] ((Maggie looks down looking displeased.))
7   Tina:             [° social°.]
8   Maggie:     There are ↑certain parts of it that I can
9               understand and certain parts of it that
10              I thi:nk,(.)Mayb::e (0.5) people are forgeti::ng,
```

Therapist explicitly introduces risk to children and works to maintain the relationship

Line 1 - 5 sees Tina take a turn to ask a question that ends by conveying explicitly what the concerns are: that the children are 'not thriving'. As in Extract 1, Tina attends to the asymmetry that she is creating by downgrading this direct intervention. She uses a repair at line 2 where the projected completion of the sentence ('for the fam-') may have been 'our concerns for *the family*' (Line 2), which may have sounded rather de-personalised given the parents are present, and she changes this to 'the children' which also serves to shift the emphasis of concern to where the risk and interest for social care lies. Pauses at lines 3 and 5, informal phrasing 'kind've' (line 4), and a quiet, indecisive, extension to the turn seems to down grade the question. We can see her working here to direct the conversation to her agenda while working to maintain the relationship as affiliative.

Parents disagree while mitigating the risk to the relationship of doing so

Maggie takes this up at line 6, where her '↑well,' (Line 6) predicts a dis-preferred response[5] that she mitigates before disagreeing. She agrees that 'There are certain parts of it that I can understand' (Lines 8-9) thereby ensuring the response has contiguity with the previous turn (Sacks, 1987). She then down grades her following disagreement by using the pause and the elongated, rising, 'maybe' on line 10, and also by using the de-personalised 'people' rather than 'you' are forgetting, at line 10, which seems to distance her disagreement from the receiver of it. Using these practices Maggie works to mitigate the risk to the relationship involved in disagreeing with Tina who works to mitigate the risk to the relationship of introducing such difficult concepts explicitly.

4.2.2 Examples from Family and Therapist 2:

Thea has set the context for the session, which is to explain to Sharon the content of a previous session the week before, where she worked with Sharon's daughter Cara. They spoke about Cara's reluctance to go to school and how this links with her worry about her mother having overdosed.

Extract 3:

```
1  Thea:     Does it, Yah whats: with you
2            when you when you hear her (.)
3            say that, >because you said
4            that you had heard say it<
5            befo::re with,
6  Sharon:   Yeah,[Sandra.]
7  Thea:          [With the] student social worker.
8  Sharon:   [Yeah.]
9  Thea:     [Yeah.]
10 Sharon:    Urm,
11           (3.0)                          ((Sharon sits back and scratches
12                                            her back and continues to do so
13                                            throughout the extract, looking
14                                                        puzzled – pic 3))
```

[5] Schiffrin 1997 shows that "Well" can act as "a response marker which anchors the speaker in an exchange [...] when options proposed by the first part of [a] pair.. (for example to agree with assumption in the question in this example) ..are not actualised by the second part of the pair." Schiffrin, D. (1987) *Discourse Markers.* Cambridge: UK: Cambridge University Press.

Pic.3 Sharon Thea

Therapist returns to areas of risk when they have been previously dismissed

Immediately prior to this extract, Thea has asked about how it feels for Sharon to hear Cara's point of view, but the question is not taken up by Sharon where it could be, so line 1 sees Thea respond by pursuing the question more firmly: 'What's with you' (lines 1-2), and evoking what Sharon had said before about these things not being 'news'. Pursuing the point to this degree, and possibly the wording 'what's with you' may be difficult to experience and respond to. The question is also counter to how, earlier in the session; Sharon has already dismissed these concerns. Despite this Thea puts them back on the agenda here as legitimate. This asymmetry is further reinforced by Thea's evoking previous conversations with other people (a student social worker) on the same topic.

Parent struggles to respond

Sharon changes her body's position and begins to scratch her back and continues to do so while looking puzzled in her facial expression. This, together with line 10's hesitation and the length of the pause at 11, indicates a further struggle that Sharon has in answering, reflected in her less comfortable body language.

Extract 4:

```
1  Thea:      .hh What time of day was the
2             overdose,= <When you took the
3             overdose?
4  Sharon:    Late at night.          ((Frowns and shakes her head slightly))
5  Thea:      Late at night, an- and the
```

6 ↑children were in the house,
7 (3.0) ((*Sharon narrows her lips and*
8 *looks into the distance*))
9 Sharon: ↑No:, they weren't,(.)
10 I didn't have any of them
11 in the house. *((Makes eye contact and shakes her head))*
12 Thea: No, Um. So: she would have
13 heard about it afterwards.
14 Sharon: Yeah. ((*Makes one firm nod of her head))*

Returning to areas of risk

The linear question that is a direct request for information about timing is treated as such by Sharon who gives only this rather limited response. Lines 5-6 see Thea make a declarative statement, taken as a question, in relation to the children's presence. Heritage describes how this kind of question implies existing knowledge (K+) (Heritage, 2012) and is asked as if wanting conformation of what is already known, and presumably is an assumption Thea is making. This may be connected to the reasons that social care are involved with the family. There is an embedded assumption that has implications for how the family is perceived and how the risks to them are described, for example that Sharon might not think of the impact on the children if they were present when she was self-harming.

Using parent's knowledge to disagree with the therapist's assumption

Following a marked pause at line 7 (which may indicate some trouble in receiving this question where Sharon's facial expression of narrowed lips and looking away is also informative of this), we find this to be the case, because of Sharon's following strong 'No', (line 9) a declaration against the assumption, and a following assertion with the emphasis on *any* with the accompanying shaking of her head and eye contact, 'I didn't have *any* of them in the house'. So, rather than confirming the assumption, Sharon is correcting Thea. Sharon can do so here with a *fact* that is in her epistemic domain and so her stance is that this is hers to know. It is this knowledge that seems to make this correction possible here.

Therapist receives a correction and mitigates the risk to the relationship

Thea receives this counter-information, and shows she has understood by repeating the strong 'no', that seems to acknowledge she has received some new information which leaves her slightly lost for where to go next as she receives it: 'Um' (line 12). The 'So' that follows indicates a change[6] (Bolden 2009) and is followed by a statement showing she has reformulated

[6] Bolden (2009) shows that 'So' in this position 'accomplishes a shift from incidentals..to some new course of action' Bolden, G. B. (2009)

her idea to one more coherent to the clients account, one that was Sharon's experience and hers to know.

Summary of Extract 4

This example highlights the potential asymmetry created by assumptions when they are made from professional's epistemic domain and how much relational risk is taken by clients to correct them. The therapist receives this correction and ensures that the client knows she has received it, which mitigates the risk to the relationship that has been created.

Extract 5:

1	Thea:	So,(.)I don't know the the story	
2		of you're your overdose.	
3		Or what the children know either,	
4		So I haven't really a:sked.=	
5	Sharon:	=The ↑gir:ls don't know anything,	((*Shaking her head*))
6		I didn't even know that Cara	
7		was that aware of it actually,	
8	Thea:	Oh ↑right,(.) Ok so: so:_	((*Raises eyebrows*))
9		(.) Did you know she knew at ↑all?	
10	Sharon:	No.(.)Not until you brought it up	
11		[£last time£]	
12	Thea:	[Oh I ↑see::] °ok,°	
13		(1.0)	
14	Thea:	So that's- so that was um,(.)	
15		Are you afraid that I've ↑told her?	
16		Or that-(.)that [She did] know before.	
17	Sharon:	[Mmmm,]	
18	Sharon:	I think you've told her.	
19	Thea:	↑Do yo:u?=	((*Surprised expression: Pic. 4*))
20	Sharon:	=£Yes£=	

Pic. 4:

'Implementing incipient actions: The discourse marker 'so' in English conversation', *Journal of Pragmatics,* 41(5), pp. 974-998.(p.980)

Therapist returns to an area of risk following a period of affiliated and aligned talk

Line 1 sees Thea using 'So'[7] which in this position indicates that she is beginning a new sequence returning to a topic relevant to her agenda. This follows what seems like a natural conclusion to a sequence that has previously occurred where there is more joint action and this will be seen in subsequent chapters. Her following statement about her lack of awareness about the story of the overdose and the children's knowledge could be seen as a request for Sharon to fill in the gaps: a question about what happened.

Parent challenges the therapist and works to maintain the relationship while doing so

Rather than being taken as an open question about what happened, Sharon responds quickly and certainly at line 5-6 asserting that 'the girls don't know anything', and then she continues the turn to take the opportunity to be clear that she didn't actually know that Cara knew about it. Her use of 'even' and 'actually' (lines 6 and 7) are doing corrective work to the assumptions that have been made about this topic over the session up to this point. Consider if Sharon had said 'I didn't know that Cara was that aware of it', which may have suggested curiosity. Using the words 'even' and 'actually' is explicitly counter-positional with respect to Thea's prior turn that has an embedded assumption that the overdose is a legitimate subject for discussion with Cara, and indicates trouble around the issue of the children's awareness.

Therapist registers the correction and the resulting trouble arising

Line 8, and Thea's change of state token[8] 'Oh' and rising tone '↑right', registers surprise and a change in her knowledge status, as does the following 'ok', and having faltered 'so, so', she seeks immediate clarification about this at line 9. Sharon is able to provide this clarification straightaway, and locates this firmly as Thea's responsibility: 'Not until you brought it up', and the end of this sentence 'last time' is said with a smiling tone, which seems to imply some amusement, perhaps at Thea's lack of surety, which also seems to show that Sharon may be

[7] Bolden (2009) shows 'So' in this position as 'prefacing sequence-initiating actions', and that it is deployed 'to indicate the status of the upcoming action as 'emerging from incipiency' rather than being contingent on the immediately preceding talk. 'So' prefacing is recurrently said in contexts where the activity being launched has been relevantly pending' (p. 974).

[8] Heritage (1984) described how the particle 'oh' is, amongst other uses, 'used to propose that its producer has undergone some kind of change in his or her locally current state of knowledge, information, orientation or awareness.' (pp.299)

wanting to minimize the impact of this on their relationship. This is registered again as another change of state in Thea's knowledge with her 'OH I ↑see:: (.) ok' at line 12.

Therapist seeks clarification of the trouble and parent continues to challenge while maintaining the relationship

Seeking further clarification of the definition of the trouble that is clearly happening between them, Thea's surprise and possible concern at being perceived as at fault, can be seen in her self-initiated repairs at line 14 'So that's so that was um (.)' before finding the question to ask 'Are you afraid that I've ↑told her? Or that- (.) that she did know before.' (lines 15-16). The wording 'Are you afraid' seems to pick up on and register that this would be a real difficulty if she, Thea, was responsible for Cara knowing against her mothers wishes. Sharon's straightforward information giving 'I think you've told her' at line 18 is powerful in its contrast to her many uncertain previous turns in relation to the same topic. Thea's '↑Do yo:u?' is not only registering surprise at the news, but also seems to register the difficulty that this may cause the relationship. Sharon's straightforward '£Yes£' seems to compound the news that this may be what she has been struggling with up to this point in the session. It is said with a smiling tone again that seems to show that Sharon may be wanting to minimize the impact of this on their relationship (consider what may have been created if Sharon had not used a smiling tone), to let Thea 'off the hook' to a degree, and may also at the same time be enjoying the moment that sees a different footing in relation to the power arising.

Summary of Extract 5

This more direct challenge may also have been made possible by the more reflective, and aligned sequences immediately prior to this (illustrated in subsequent chapters) that may have provided a context for Sharon to be able to challenge at this point but not before. Again, we see both client and therapist working to maintain cordial relationships in the face of asymmetry and negotiations around power: the parent by challenging using her knowledge in relation to what she 'knows', and yet introducing humour around that challenge, and the therapist ensuring that the challenge is shown to have been taken on board, adjusting her response in face of her lack of authority at this point.

4.2.3 Examples from Family and Therapist 3

At the beginning of the session, Pam is talking about the content of the previous session.

Extract 6:

1	Pam:	And one of the things you talked about	
2		was the idea o:f, um tsk. Us doing	
3		some thinking about the relationships	
4		that you have with men. Do you	
5		remember the conversation we had about	
6		that?	
7	Lia:	°Ye:ah.°	((*Lia looking at the floor*))
8	Pam:	Ye:ah,(.)What do you remember about that?	
9		(5.0)	((*Lia looking at the floor*))
10	Lia:	°Dunno.°	((*Lia makes brief eye contact*
11			*before returning her gaze to*
12			*the floor Pic. 5*))

Pic. 5

Pam Lia

Therapist introduces issues of risk, which is hard for the parent to respond to

Pam introduces one of the concerns from social care's point of view (lines 1-6) but clearly references this as having come from Lia and a previous shared understanding that they had talked together about this. We can see this as her downgrading the potential impact of this intervention. Lia's affirmation that she remembers is very quiet and she does not follow this with anything and her eye contact remains on the ground. Following up on Lia having said she

remembers, Pam then presses her for what she remembers. After a long pause (line 9), where she looks at the floor, Lia responds with a very quiet ‘dunno’ (line 10) making fleeting eye contact. This contradicts her previous turn, where she says that she remembers the conversation. While Pam has framed the topic of concern as Lia’s and jointly held between them, the long pause, and the lack of sustained eye contact, indicate a real struggle Lia is having entering into the conversation.

Summary of Extract 6

This extract illustrates one of the challenges of the context. It is hard to know if Lia’s reticence is a purposeful lack of willingness to speak at this point where she is reluctant to enter into the conversation because of some perceived difference in their definition of why she is there and what the difficulties might be, or because of her response to just being in a session of this kind. It may be the discomfort at the lack of familiarity with the idea of speaking with someone about herself and her children, including the impact that the apparent differences between them (for example class, culture, and age) may be creating; or the anxiety provoking context of what is at stake due to the tasks of the organisation that the therapist represents and a fundamental lack of trust. It may be all of these things and more. It is an interaction that shows how unlike other therapeutic settings this is, where the gap before answering initial questions is unusual and the meaning hard to understand.

Extract 7:

```
1   Pam:      Ok,.hhhh and I guess the difference
2             from when you were younger
3             is that you didn’t have children,
4             So I suppose I'm wondering, (.) hh
5             What you thought the ↑children
6             might have ↓noti:ced about you
7             when you'd got that low¿=
8                                  ((From ‘children’ Lia looks up and gazes
9                                     strongly at Pam looking displeased))
10  Lia:      =Nah the kids tch >°an that,°<
11            They never no:ticed ↑nuffin.
12                                 ((Looking at Pam with a strong gaze, pic 6,
13                                    then shaking her head))
```

Pic 6: 

Therapist introduces risk to the children explicitly while orienting to the impact on the relationship of doing so

Lines 1-7 sees Pam direct the conversation and introduce the children for consideration in terms of the impact on them of any distress Lia may have had. She does this through a question, which in itself downgrades the impact of this suggestion, relative to if she had given a statement to this effect. She also and seems to down grade this slightly: 'I guess' and 'I suppose' (lines 1 and 4). She then highlights 'the difference' (line 1) from 'when you were younger' (line 2) and gives this as the context for the question directly related to social care's agenda, away from Lia's experience, to that of her children.

Parents refutes the suggestion using her own knowledge

During the question, on the word children, Lia looks up at Pam with a strong and displeased expression, and then lines 10 and 11 see Lia quickly refute what she shows to have taken as an embedded suggestion from Pam that they would have noticed something, because she answers it as a question with the latched 'Nah' (line 10) then explaining that they 'nev<u>er</u> n<u>o:t</u>iced ↑nuffin', and shaking her head.

Summary of Extract 7

Extracts 1-7 have shown a tension and 'push and pull' between therapists and parents in response to the therapists' directing the conversation towards their agenda. The parents have mostly responded in what can be described as coming from their epistemic (what they know or don't

know), or emotional order (sometimes expressed in silence). All parties orient towards the potential trouble this causes to the relationship and work to minimise it.

4.3 Parents use their own knowledge and/or expressions of emotions to resist aligning with the topic proposed by the therapist while both parties attempt to minimise the potential negative impact on the relationship of them doing so.

4.3.1 Examples from Family and Therapist 1

Following directly on from Extract 1, where Thea has changed the subject away from Maggie's experiences, and asked for a response to their written concerns.

Extract 8:

```
1  Maggie: □□   .hh Erm.
2               (2.0)            ((Maggie looks at floor))
3  Maggie:      hh RIGHT.
4                                ((Maggie looks at social worker and uses
5                                fingers as though counting points: Pic.2))
6               ↑Cla:rification Dr. Brown
7               wanted on one thing for you_=
8  Tina:        =Uh hmm.
```

Parent uses third party knowledge

Maggie answers Thea's direct request for a response is to immediately evoke an external expert, Dr. Brown, for 'clarification' that *he* 'wanted' and she uses her hand gestures of counting on her fingers as though, beginning with point 1, she is starting the beginning of an argument where she will make her 'case' (See Pic. 2) about what she and other experts 'know' about her children. Evoking the third party here, can be seen as a way of countering social care's concerns straight away through someone other than the family, with greater status, who disagrees with social care's 'definition of the situation' (Clayman, 2002) and who has greater knowledge than them around this topic. This is one way that the family attempts to manage the difference in how they and social care perceive the difficulties in the family, and promote their point of view while working hard to preserve the relationship.

Following on from Extract 2 where Tina has expressed concern about the children 'not thriving':

Extract 9:

```
1   Maggie:     People are forgetti::ng (.) certainly in
2               regards to Te:rry: that he has X (diagnosis).
3                                   ((Maggie gives strong eye contact on 'has'))
4   Tina:       Uh [mm.]
5   Maggie:        [And all of those,]
6   Helen:         [Yeah yeah that THAT's]
7               a fair ↓point yes.
8   Maggie:     And ALL of THOSE              ((Maggie uses big hand gestures
9                                              showing a large circle))
10  Helen:      [THO::SE things.]
11  Maggie:     [things he has that were listed about,]
12  Helen:      [Related to that yes]
13              related to that.
```

Parent uses knowledge and certainty of diagnosis

Extract 9 shows Maggie counter social care's concern directly by reminding them that Terry has a diagnosis (which she names not included here) at line 2. This is presented as a certainty, using the well-known conviction that accompanies diagnostic categories, that is not changeable and is within the knowledge of the family (and presumably within the knowledge of experts outside of the family who made the diagnosis). This is presented as a fact that is hard to disagree with. Maggie is putting forward her knowledge of this as K+, emphasised with her strong eye contact. This is countering what social care is stating and has written, about why the children are not 'thriving'.

Therapist and social worker orient to the emotion and knowledge being expressed

There then follows a rather unusual set of overlapping talk from line 4-6, and through lines 10-12. Line 4 sees Tina begin to take a turn to respond to this statement of Maggie's with 'Uh mm', and the social worker Helen at line 6 quickly interrupts to agree with Maggie 'Yeah yeah' and assert with 'that', and again even more strongly 'THAT'S' (over Maggie's beginning to expand on why him having the diagnosis is important at 6) a 'fair point yes' at line 7. The 'fair point' seems to point to the fact that there is a struggle about the definition of the situation between them, and something to be conceded. Maggie at line 8 tries again to expand with 'and ALL OF THOSE' (emphasizing this with her gestures, showing a large circle of encompassing issues), on why Terry having the diagnosis means there are holes in their argument. She holds onto this turn, during which the overlapping talk sees the social worker, Helen, emphatically agreeing, using Maggie's words (Line 10 'Those things') and taking up her point (Lines 12 and 13: 'Related to that yes, related to that'). These emphatic overlapping turns seem to orient towards the emotion being experienced, and to suggest that Helen is wanting to show that she has this knowledge too,

that it is not just in the domain of the family, and this is serving to save face in the light of this 'fact', who has the knowledge of it, and how it impacts on the described concerns. It also may be that Helen is more urgently attempting to expedite this topic, to refocus the conversation on social care's concerns. It also may be that social care has a need to be seen as 'knowing' (K+) in the context of their position, and conceding this point she may recognize as potentially undermining their argument.

Summary of Extract 9

We can see here that Maggie, then joined by Dave, have used their knowledge where they are taking a stance of being K+, about their own son and what is 'fact' to counter social care's concerns and their right to express them. They move the conversation onto what they want to speak about which is the impact of the illnesses on the family, rather than any causal relationship between the struggles in the children and their parenting.

Social care seemed to want to save face in light of a factual piece of knowledge and were keen to put forward their position as equally as 'knowing' as the family, while perhaps also wanting to move the conversation back to their own agenda. So the implication of this unbalancing about which of them knows what, relates to how the difference in the definition of the situation is played out, and shown here in overlapping talk. The therapist and their clients have fundamental differences about the origin of a difficulty and what needs to change in order to ameliorate it, and the complexity of the interface between knowledge, power and emotion is shown. It seems that both Tina and Helen understand that the family are not granting them authority in this area and adjust their response accordingly.

Extract 10:

```
1   Tina:        They something safety, They wa::nna be here.
2                They're not itch- itching to:
3                (1.0)
4                tsk hh to be out (.) in the wor::ld
5                [and be-]              ((Gesturing outwards with her hands))
6   Maggie:      [We:ll] I ↑think=

      ((Missing lines explaining a noise that is the dog watching the television))

7   Maggie:      But,
8                (3.0)
9   Maggie:      ↑Po::ssibly ↑not because we >are quite a
10               close family<, But having said that(.)I
11               know quite a few families round
12               here where they their children
13               aren't particularly           ((shaking her head))
14               (2.0)
```

15 Maggie: .hhh lau::nching alre:ady, Umm,
16 (1.0)
17 Maggie: .hhh And others I know want to go::
18 ↑yesterday.
19 Dave: Yeah.
20 Tina: Yeaa:: ¿
21 Maggie: I think what stops Emily IS(.)a::ctually
22 her headaches °and that°.
23 Tina: Mmm.

Parents show they know that the therapist's idea 'requires' a response

Tina has introduced an idea that the children are not being encouraged to be independent and she uses the word 'launch' to link this to leaving home. While the parents could have responded to this statement they do not take this up, and we see Tina expand on this through a formulation (Antaki, 2008), at lines 1-5 rather uncertainly explaining her idea, which this time is taken by Maggie as requiring a response. Her 'well' at line 6 indicates that a dis-preferred response to the statement may follow and Dave interrupts her in response to a noise from another room explaining about the dog which Maggie and John seem to enjoy describing for a sequence of time. Line 7 sees Maggie abruptly return to the subject that Tina introduced that was requiring a response. Again, she at first shows that a dispreferred response may be coming with 'But' at line 7 and then a long pause at line 8, but she repairs this projected disagreement at line 9.

Parents keep the conversation affiliative while disagreeing with the therapist using their knowledge

At first Maggie gives a preferred response that has congruity with Tina's statement 'Possibly not because we are quite a close family' (Lines 9-10). The reason for the agreement is given quickly and the sense that it is cursory agreement is given more weight by another 'but' on line 10 before a counter-argument is given evoking third parties 'quite a few families round here' (Line 11) as a comparison. When making this comparison with other families, there are pauses (Lines 14 and 16) and sharp in-breath before using Tina's word 'launching' herself, (Line 15). It is used with an elongated emphasis that could be heard as dis-preferred in relation to the statement and even potentially an ironic use of this key word.

Following Dave's agreement 'Yeah' at line 19, Tina responds with an uncertain and rather questioning 'Yeaa::¿' (line 20) the rising tone and elongation of which could imply a projected difference in their accounts. Maggie follows this using knowledge as Emily's mother about Emily staying at home, 'I think' and 'IS' on line 21 shows a certainty about the forthcoming explanation, and her use of 'actually' in mid-place here shows, as Clift describes (Clift, 2001),

going against the response of her projected last turn about whether she does or doesn't want to 'launch'. 'Actually' placed here marks the difference showing in their definition of what the 'trouble' *is* with the children. The parents stance, about who 'knows' what, brings this back to the children's physical health as the cause of the difficulties.

Summary of Extract 10

While asymmetry is occurring, both parties are simultaneously working to maintain a relationship where they both have a stake. The parents do this by simultaneously challenging the description while also using practices to assure contiguity and preference, and Tina does it by downgrading the initial statement, not meeting challenge with counter challenge. It seems that Tina understands that the family are not granting her the authority she seeks for co-operation at this time and she adjusts her response accordingly.

4.3.2 Examples from Family and Therapist 2:

Following on from Extract 3, where Sharon struggles to answer about her response to what Cara is saying about the impact on her of her mother's overdose.

Extract 11:

```
Sharon:   I don't find it hur:tful,
          I find it,(.)Urmmm,
         (3.0)                          ((Gazes into distance))
Sharon:   It's something I already knew,
          But its,
          (2.0)                          ((Gazes into distance))
Sharon:   I don't kno:w (.) how to
          explain_ I don't ↑know,        ((Makes eye contact with Tina Pic.3))
Thea:     ↑Yeah?
Sharon:   °I don't know.°                ((Retains eye contact with Tina))
Thea:     ↑No?
Sharon:   [Ha hah ha]          ((leaning forward on laughing: Pic.7))
Thea:     [£↑That's fine?£]
Sharon:   [Ha ha ha]
Thea:     [↑Not to] know, Ha ha ha
```

Pic. 7

Parent struggles to answer and uses 'I don't know' and laughter

Thea has given two candidate answers about what Sharon's response might be to what Cara is saying about the impact on her of her mother's overdose. Sharon's response includes a negative response to one of the candidate answers given by Thea, about what she does *not* feel at line 1. A statement about knowing the information previously (Line 4), is accompanied by lengthy pauses at Lines 3 and 6 and she gazes away from Thea above her head and into the distance at this point. At lines 7, 8 and 10, Sharon uses 'I don't know'. The first time she names this as an explanation of her struggle to explain, and the second and third times may have different functions. The function of 'I don't know' has received attention in Conversation Analysis that is relevant here. Potter advocates for 'I don't know' as face-saving for the user (Potter, 2004); Tsui as face-saving for both parties when disagreements are likely, when avoiding making assessments, or to avoid explicit disagreements (Tsui, 1991); and Ford and Thompson for topic closure (Ford and Thompson, 1996). All of these seem relevant here and are possible candidates. Sharon's very quiet 'I don't know' (line 10) placed at the end of a series of turns, points to trouble occurring in the talk, and her trouble in responding at all during this sequence and she returns to giving eye contact that seems to encourage Thea to step in.

Therapist recognises the struggle and responds to mitigate the trouble arising

Thea's responses seem to recognize the struggle and seem to be trying to indicate some understanding: using 'Yeah', then 'No' (lines 9 and 11), with an uprising tone that seems to orient towards the distinct difficulty happening between them and the emotion being expressed by Sharon. Sharon's laughter at line 12 seems to reflect clear discomfort in the light of the tension. She moves forward towards Thea having made eye contact and been responded to, and

the laughter seems to modulate the tensions arising where she is being asked a question that she cannot or will not answer. This subtly maintains affiliative relationships between them in the face of the clear asymmetry occurring as Thea orients towards this imbalance and what seems like strong non-verbal cues from Sharon that Thea may need to respond helpfully. In her response of 'That's fine' (line 13) with rising smiling tone she seems to be attempting to mitigate what has happened, while Sharon continues to laugh. The laughter from Sharon, joined by Thea who has reassured her with words in the interaction, seems to help to ease the difficulty and diffuse the trouble to a degree, though leaving the differences unresolved at this point.

4.3.3 Examples from Family and Therapist 3:

Following on from, and extending Extract 6, where Pam has asked her what she remembers about the conversation about talking about her difficulties with men:

Extract 12:

```
1   Pam:    Do you remember the conversation we
2           had about that?
3   Lia:    °Ye:ah.°                    ((Lia looking at the floor))
4   Pam:    Ye:ah,(.)What do you remember about that?
5           (5.0)                       ((Lia looking at the floor))
6   Lia:    °Dunno.°   ((Lia makes brief eye contact before returning her
7                                         the floor Pic. 8))
8   Pam:    Any of it, You remember any of it,
9    Lia:   Mm £not really£,((Looks up at Pam and smiles))
10  Pam:    £Not really£, It ↑was a whi:le ago
11          because I remember we- we:
12          sort of talked about it.
```

Therapist pursues a response in the face of difficulty

The use of 'dunno' at line 6 suggests that the phrase has functions other than to indicate lack of knowledge and may point to trouble in the talk and possibly her trouble in responding to Pam at all at this point as seen in Extract 6. Line 8 sees Pam respond with a question that is usually designed for a dis-preferred answer, using 'any'[9], and it seems that she uses it to try, possibly

[9] Heritage et al (2007) explain: "that the negative polarity of the single word 'any,' with its subtle communication of an expectation for a 'No' response, tends to vitiate the opportunity … that the question might otherwise create" Heritage, J., Robinson, J. D., Elliot, M. N., Beckett, N. and and Wilkes, M. (2007) 'Reducing patients' unmet concerns in primary care: the difference one word can make', *Journal of General Intern Medicine*, 22, pp. 1429-1433. (p.1428)

with some frustration, to prompt Lia into aligning with her request for joint action to further the conversation in the required direction, thereby granting her some authority.

Pic 8: 

Parent works to mitigate the trouble arising from her difficulty in responding and the therapist responds in turn

Lia's dis-preferred response at line 9: '£not really£', is unlike her previous talk thus far. Lia uses a smiling tone, looks up at Pam and smiles briefly before returning her gaze to the floor. This may suggest she understands that what is happening between them is tricky in some way and is in some respects face-saving in the midst of the trouble in the relationship. This 'not *really*' also may imply that she does remember something, but is unwilling or unable at present to share it. Pam responds to this by using the same words in a smiling tone (line 10), which seem to mirror Lia, and in doing so openly allows this not remembering as such, and seems to share some humour at the tricky place that they are in, and there seems to be a connection between them.

Summary of Extract 12

This example shows how through CA transcription, examining the interaction in minutiae, we can see the kind of complexity unfolding dynamically between knowledge, power, and emotion

in the relationship. Without examination, Lia's reticence here could be problematised. Lia *could* be experienced as a client unable or unwilling to engage in the joint action of therapeutic work, rather than someone who is working to maintain the relationship as affiliative while struggling to align with the conversation she is being invited into by the therapist. Pam's mirroring and 'catching' Lia's response is subtle.

Returning and extending from Extract 7:

Extract 13:

```
1  Lia:    =Nah the kids tch >°an that,°<
2          They never no:ticed ↑nuffin.
3                                ((Looking at Pam with a strong gaze,
4                                    pic 6,
5                                   then shaking her head))
6  Pam:    You don't think they ↑no:ticed¿=
7  Lia:    =No, Because I just carried on with them like
8           >°doing the right thing all day°<, I don't,=
9  Pam:    =M hmm.
10 Lia:    I don't change the way I act with them
11         just cos I feel low.=
12                               ((Retains strong eye contact with
13                                  Pam))
```

Therapist pursues the issue of risk despite the lack of alignment from the parent

Following Lia's statement that the children did not notice that she was low in mood, Pam responds with a question that implies that she is not ready to drop this point that quickly, and she may be implying that she has some incredulity about Lia's response (see the uprising tone of 'noticed' at line 6).

Parent uses her knowledge and takes a position in relation to the suggested account from the therapist

Lia refutes Pam's suggestion again, this time with a strong, direct, 'No' followed by an explanation at line 7. Lia seems to be responding to the question as though it is asked as a request for information about something that is hers to know and explain. She does not answer it as though the question is based on Pam's professional knowledge and in *her* domain of knowledge, with an embedded suggestion that children notice adult's moods and behaviours and would have noticed something. It also may be that Lia is wanting Pam to know that she is someone who 'does the right thing', and this can be seen in the context of a potential judgement from her.

Summary of Extract 13

As in Family and Therapist 1 and 2, this difference about whose knowledge this is, and who has the right to it, is played out here and leaves some trouble between them in relation to the 'definition of the situation' (Clayman, 2002).

It may have been too stark a shift for Lia at this early point in the session, to move from speaking about her own experience as a child to that of her children, and to be reminded of 'the difference from when you were younger is that you didn't have children' (see Extract 7), which may have been heard as accusatory in some way, hence the justification that Lia readily gives, that indicates that she may know the implications of the question: 'doing the *right thing* all day' (line 8) and 'I don't change the way I act with them just cos I feel low' (line 10-11). This is the first time that the therapist has introduced risk to the children directly and so it may be that Lia is responding to this by reassuring her that there was not a problem and she does 'the right thing'. This explanation may be a way of managing the asymmetry created and keeping the conversation going while asserting her point of view from her position as the children's mother who 'knows' about them. This is in the context of Pam's status from her statutory role, where Pam may be being identified as someone who may be judging whether Lia is or is not doing the 'right thing'.

4.4 Summary of Chapter 4

This chapter has shown how, across the data, the therapists have been shown to reflect their status as social care clinicians by taking a stance of aligning with their organisation's statutory power. Linking to the literature, this can be seen in terms of deontic status, stance, and rights, explicitly introducing issues related to risk to children and to direct the conversation towards these areas. The therapists have been shown to do this with differing degrees of certainty and through different methods, from asking for a response to stated concerns (Therapist 1), reporting back what children have said and asking questions about this (Therapist 2) and asking questions with embedded suggestions, or direct questions about children's experiences (Therapist 3). Each of these can be seen as interventions that may have an impact on relationships, and at times the therapists seem aware of this and orient towards this by downgrading their contributions. They have also been shown to orient towards the emotions and knowledge being shown or asserted by clients, who are not granting them authority in the moment, and so resisting co-operation (Iversen, 2013) and they adjust their practices accordingly.

The parents have been shown across the data to use various practices to remain affiliative while resisting aligning with the therapist and the topic proposed by correcting the therapists' assumptions (Parents 1 and 2) or when they are struggling to be in the conversation at all (Parents 2 and 3). They have been shown to use: evoking third parties with knowledge or evidence; using second placed disagreements to respond with contiguity to keep affiliated responses, and to avoid difficulty in the face of trouble; using 'I don't know' to avoid disagreements, terminate the sequence, or save face; and using laughter and humour to mitigate some trouble in the talk. These responses can be described in terms of the emotional and epistemic orders, showing how their emotional responses and their own knowledge is evoked in response to therapists' invitations.

The trouble shown in these moments of talk is characterised by a 'push and pull' between therapists and parents involving the dynamic interface between power, knowledge, and emotion. In these 'momentary relationships of participants' (Stevanovic and Peräkylä, 2014) the authority being pursued by the therapists, that might enable an alignment in the conversation and lead to cooperation towards a shared goal in talk, is being denied them by the parents and, using this feedback, the therapists adjust their practices accordingly. This is a subtle and irregular but pervasive undercurrent in the interaction that using CA can illuminate.

5 CHAPTER 5 ANALYSIS: PURSUING AUTHORITY

5.1 Introduction

The previous chapter, *Chapter 4, Analysis: Lacking Authority*, showed the therapists adjusting their responses in the face of the parents not granting them authority, and the resulting lack of joint action. This chapter shows how the therapists, facing this, extend their practice to *pursue* the authority that Iversen argues is necessary for cooperation (Iversen, 2013). In *Chapter 3: Method 3.3 b) ii) Deontic Order* I outlined how several authors have shown how, when those exercising deontic rights are denied authority, they 'pursue' (Pomerantz, 1984) or 'mobilise' (Stivers and Rossano, 2010) a deontic response from the recipient. In turn, the stance shown by the parent in the moment towards this can resist this use of power, or grant the therapist the authority they are pursuing in order to further the work.

In this chapter the therapists are seen to use similar practices across all three Family and Therapist sessions. In the face of the trouble shown in Chapter 4, they are seen to make adjustments and to use their deontic rights differently in a way that can be described as *pursuing* the authority they need to create meaningful work with the parents. They still direct the conversation, but they do so to extend the talk, using conversational practices identifiable as systemic techniques, to orient towards the parents' emotional status, and emphasise the parent's own epistemic status as 'knowing' or K+. Therapists are seen to be acknowledging and also *using* the trouble occurring to create opportunities to extend the conversation while maintaining relationships. They do this by (1) naming trouble and being transparent; (2) focusing on emotions; and (3) asking questions that invite repositioning. All the therapists adjust their stance to (4) orient towards the experience of the parent (their epistemic and emotional status) while moving away from using their deontic rights to focus on the explicitly stated agendas of risk.

5.2 Naming trouble and being transparent:

5.2.1 Example from Family and Therapist 1:

Prior to this extract there has been a period of Helen and Tina stating concerns and Maggie and Dave countering them in the way identified in Chapter 4. Maggie has spoken about becoming exasperated about receiving what she has experienced as 'mixed messages' from professionals:

Extract 14:

```
1   Maggie:     I feel as if I'm caught in a rock and
2               a hard place with ↓that.
3   Tina:       Ya,↑It's [<it's, ]
4   Maggie:              [↑Ri:ght].hhh
5   Tina:       Not,(.) hhh I really want you both to
6               know that you're not- it's not that-
7               (.) we're not bla:ming you [it's,]
8   Maggie:                                [NO.  ]
9                                  ((Tina sitting forward and opening a
10                                   hand for emphasis, and Maggie
11                                   responds with opening her hands in
12                                   a mirroring gesture: Pic 9))
13  Tina:        It's looking at the circumstances.
14               And you've yourself, >I remember you
15               saying that<(.)saying you are
16               str↑u:ggling.
17  Maggie:      [<Yeah I AM struggling,   ]
18  Tina:        [°You're struggling° yeah.]
19  Maggie:      I'm stru:ggling phy::sically.
20  Tina:        Yah.
```

Pic 9:

Therapist uses proximity to her self and her own actions

Line 3 sees Tina take the turn space at a relevant place where it looks as though Maggie has finished her description of her position, but Maggie holds onto her turn at line 4, and reinforces her difficulty with apparently strong feelings by interrupting Tina with her strong '↑Ri:ght'

followed by an intake of breath. Lines 3-5 see Tina continue her projected sentence 'it's not' then stop it on hearing the nature of the interruption, and repair it to emphasise a personal note to the talk including transparency of her own position: '*I really want you both to know* that you're not' (line 5-6). This is then repaired again, from *you're* not, to '*it's* not that' (line 6), and then again on line 7 to finally say '*we're* not blaming you'. The repairs move from pointing to the parents, through to depersonalisation, to showing proximity to her own action, in what seems like a move towards Tina owning social care's part in the process, as reflected in her body language (Pic. 9).

The parents' show strong feelings and these are responded to

Maggie's strong 'NO' (Line 8) that overlaps with Tina seems to emphasise that this is correct that they should not be blamed, and seems also a continuation of her previous talk emphasising strong feelings. Line 13 sees Tina describe her intention, to be objective ('looking at the circumstances') and refer back to Maggie's previous talk in the emotional order. Maggie strongly agrees with Tina's assessment that she had said she was 'struggling', and Tina repeats this quietly, which seems to recognise again the strength of feeling in Maggie, and allows Maggie to emphasise in what way she is struggling ('physically'), which, as seen previously, is counter to social care's ideas and concerns. So there is a moment of connection for them (also illustrated non-verbally in their mirroring hand gestures), where Tina moves from her position of countering Maggie's description, to attend to Maggie's emotions, and so creates a space for Maggie's feelings to be recognised and acknowledged.

Summary of Extract 14

This is the first time in the conversation that the intentions of the professionals are explicitly named, and the impact of their involvement referred to. This seems to arise in the context of the much higher emotions shown by Maggie than she has shown thus far in the talk, which in turn seems like her response to Helen's and Tina's concerns being repeated, and her experience of feeling 'between a rock and a hard place'. Tina's more personal and transparent position and the emotional stance attached seems designed both to respond to the feelings shown by Maggie, and strategic in creating a more personal response than previously. She makes oblique reference to her previously more distancing deontic stance and the deontic rights used thus far ('we're not blaming you') and she is transparent about her intentions in relation to them. This also focuses back on Maggie and Dave's experience as parents', rather than the children's experience.

5.2.2 Example from Family and Therapist 2:

Following on directly from Chapter 4, Extract 5, where Sharon had made a direct challenge to Thea about telling Cara about her overdose:

Extract 15:

```
1   Thea:       Yu- I wouldn't have done that
2               on purpose obviously,=
3   Sharon:     =No.=
4   Thea:       =Wouldn’t have told her, Um,
5   Sharon:     Of course, Yeah,                    ((Nodding))
6   Thea:       So, I'm not sure whether I assu::med
7               she did and I jus:t (.) >con↑tinued with that<,
8               Or whether she did know
9               and we just(.)continued on that,    ((Sharon nods))
10              Anyway um, I can't remember now,
11              So I'll ask her at the end.
12              >How how how< does that feel if I had told her¿
13  Sharon:     Urm¿
14  Thea:       Even inadvertently?
15  Sharon:     That I didn't want her to know,
16              It's not somethi::ng(.)that she should
17              have to kno:w or go throu:gh¿       ((Thea nodding))
18  Thea:       Ok,                                  ((Thea nodding))
19  Sharon:     °Mm.°                                ((Sharon nodding))
20  Thea:       So you anno:yed?
21              (3.0)
22  Thea:       Disappo:inted?
23  Sharon:     ↑No:: I ↑wouldn't say annoyed or
24              disappointed_ It's just a bit of a ↑sho:ck (.)
25              that she knows, hh ha hh         ((Eye contact with Thea))
26  Thea:       Mm. Yeah.
```

Therapist takes an un-defensive position in the face of discomfort and challenge

This extract sees Thea respond to the trouble by sharing her thinking transparently and stating her intention (Lines 1, 2 and 4): ‘I wouldn’t have done that on purpose’ implies that it is possible that she may have made a mistake, and Sharon is working hard to maintain affiliative relationships in the face of this, by letting her ‘off the hook’ with ‘No’, and ‘of course, yeah’ and nodding (lines 3 and 5). Lines 6-11 sees Thea tentatively give more detail about her own thinking, ‘I’m not sure’ whether she knew or didn’t know, and this statement ending in ‘I can’t remember now’ is a faltering but transparent un-defensive position in relation to what has happened. It shows her staying with the discomfort, and saying ‘I’ll ask her at the end’ illustrates this further, as Cara is present and Thea would have had the option to ask her directly to confirm or not confirm this point in this moment.

Therapist uses the tension to explore the impact on the relationship

Following the non-verbal joining of nodding that seems to recognize what Sharon is saying about the impact on Cara, Thea uses this tension to pursue the impact on the relationship with a question: 'how does it feel if I had told her?' (line 12). Thea pursues the impact on the relationship (in the emotional order) by asking directly if she is annoyed (line 20), and this is not taken up, but Thea stays with it by offering another candidate feeling for her that implies an impact on their relationship (line 22).

Parent begins to take a different position

Sharon is able to respond by saying that she feels none of these things, but that she feels it is 'just a bit of a shock that she knows' (line 24-25). We can see this statement as continuing to maintain as affiliative a conversation as possible, also indicated by the small piece of laughter that follows. It does not seem directed at whether or not Thea has told Cara, but addresses that fact that this is 'news'. So, while maintaining the relationship it also may be the beginning of Sharon contemplating that Cara may know certain things, and what this might mean for them as a family. This may be why Thea then concludes this sequence by acknowledging the statement with a simple 'Mm. Yeah', and staying with the emotion.

Summary of Extract 15

We can see how, by both Thea and Pam staying with the discomfort (in the emotional order), and working hard to maintain the relationship, an opportunity has been created. Thea taking responsibility for what might have happened, being transparent about her thinking and her stance, asking the same of Sharon, and exploring the impact on the relationship has opened up possibilities rather than closing them down, which could have been the result of a more defensive response. What Cara does and does not know, and the impact of this, becomes a main theme of the session directly related to the concerns for the children that we will see later in Chapter 6.

5.3 Focusing on emotions

5.3.1 Examples from Family and Therapist 1:

Following directly on from Extract 14, Tina's more transparent intervention has paved the way for Maggie's expressions of emotion:

Extract 16:

```
1   Maggie:     More than mentally, I'm exhausted, because
2               it IS (.) hhh ve:ry exha:usting,
3   Dave:       Its a hard job=
4   Maggie:     =Looking a::fter ↓five ↑pe:ople.
5   Tina:       Ye:ah.[Ya.]
6   Maggie:           [All] of which if you put them
7               toge:the:r.                  ((Gesturing in front of her))
8               (1.0)
9   Maggie:     Would come into a body that would say,
10              .hhhh                      ((Showing this with her hands))
11              (1.0)
12  Maggie:     I need,
13              (1.0)
14  Maggie:     Rest. I need [↓care.]
15  Tina:                    [Yah.  ]
16  Maggie:     ↑I need [care.]          (Maggie bringing both hands to her
17  Tina:               [↓Ya.]           own chest emphatically: Pic. 10))
```

Pic. 10:

Staying with the emotion

Line 1 shows Maggie continuing by emphasising that she is physically exhausted and this is joined and reinforced by Dave. Tina's response is not to reinforce her position of difference here but to make expressions of empathy and understanding, 'Ye:ah. Ya.' These serve as continuers

that allow Maggie to hold her turn through lines 9, 12 and 14 to develop her talk without interruption from Tina. Maggie's emotive talk develops from a description of how exhausting it is looking after other people (lines 2-4), to an externalised 'body' away from her and reflected in her gesture (line 6-9), to an expression of this burden being embodied *in her* and what can be heard as an expression of *her* need for care (lines 16) emphasised by her emphatic hand gestures to her chest. Tina's agreement and low tone Yah. ↓Ya. seems designed to convey recognition and/or understanding of Maggie's feelings at this point.

Summary of Extract16

The expression of emotion takes place in the context of a fundamental difference that the family and therapist /social worker have between them, and could be seen as an acknowledgment of the impact of social care's presence, and the fact that no physical help has been forthcoming despite promises from social care. The recognition of this impact and the emotion arising seems an important context for what happens a little later on in the session that will be shown in chapter 6. Maggie's talk is in contrast to how she has spoken up to this point and is much more closely connected to her own experience in a way that is distinct from her previous stance of positioning herself more distally, and emphasising the differences between her own account and that of Helen and Tina. Following directly on:

Extract 17:

```
1   Tina:     And I ↑guess it's supporting you so its not¿
2             >Y'know I hear what you say< you're exha:usted.
3                                                ((Using hands for emphasis))
4   Maggie:   Yeah,[I'm physically] exhausted.
5   Tina:           [°Yeah,°       ]
6   Maggie:   And [I'm mentally exhausted,]
7   Tina:         [And looking at that,   ]
8   Maggie:   That I ↑no lo::nger.
9             (1.0)

                    ((Missing lines))

10  Maggie:   [But-] (.) Mentally I'm also beginning
11            to feel that I'm losing it_ =< In(.)↑not depression
12            but just, (.).hh  I no longer a:ble
13            (.) to keep juggling a:ll (.)
14            [the bits I'm trying to keep-]
15  Dave:     [keep all the balls in the air.]
16  Maggie:   and keep it all           ((Using hands for juggling action))
17            (1.0)
18  Maggie:   to↑gether. And working out where to go from,
19  Tina:     ↑Its a ↑lo:t.
20  Maggie:   *↑Yeah it ↑is?* ((nodding vigorously then looking down to the
```

21 floor))
22 Tina: Ya.

Therapist continues to acknowledge emotions and avoids polarities, allowing the parent to develop a 'looser' description for herself

Line 1 sees Tina give a suggestion with 'I guess its supporting you' and then referring back to Maggie's exhaustion but not in a way that describes it as either physical or mental and so avoiding this polarity. Maggie responds with agreeing that she is physically exhausted, with an overlapping and quiet agreement from Tina (line 5). Maggie follows this up, holding her turn with 'And I'm mentally exhausted' which Tina is overlapping as she continues to respond to Maggie's turn about physical exhaustion. Maggie holds the turn to begin describing her experience, and then pauses in what seems like a reflective way.

Parent loosens her description of 'physical' difficulties

At line 10-11 Maggie states that 'mentally' she is 'losing it'. She makes sure this is seen not in terms of mental health issues 'not depression' (line 11) but is heard as the impact of the demands on her currently that Dave overlaps to support. Maggie keeps her turn with a pause at lines 16-18 to expand on how she is struggling to 'keep it all together', and at line 18 she references the dilemma about help again 'working out where to go from', but she does not complete this and Tina takes up the turn at line 19 to give an empathetic statement 'it's a lot', that seems to allow a moment of connection for Maggie and Tina, with Maggie's tearful agreement and Tina's recognition of this.

Summary of Extract 17

These two extracts see Tina taking a more empathetic position, and acknowledging Maggie's experience, and not solely that of the children. It seems that Maggie can now begin to loosen the description she was having as being physically exhausted, and incorporate her mental and emotional state into her description. Previous to this point, as seen in chapter 4, the asymmetry had arisen when deontic resources were used by the therapist that emphasized the polarities in the differences between them. This was seen most in relation to the definition of risk to the children being described in polarised terms of having 'physical' or 'mental' causes for their difficulties. Using her deontic stance of directing the conversation differently to focus on the emotions rather than the agenda of risk seems to allow a loosening of these fixed positions and greater connection between them.

5.4 Asking questions that invite repositioning

5.4.1 Example from Family and Therapist 1:

Prior to this extract Maggie has spoken about her approach towards one of the children, to often ignore her, 'which doesn't help':

Extract 18:

```
1   Maggie:   Which ↑doesn't help,
2   Tina:     =If you were >I was just wondering<.
3             If yo:u were in our shoes at children's social care.
4             Would you- and you looked at (.) your three children¿
5             If you could step away from being their parents.
6             .hh Would yo:u have concerns,
7             Would you say this family needs ↓help o:r,=<How would you?=
8   Maggie:   =Well, ↑Yes I would,
9             (1.0)
10  Maggie:   What I would say is though, I'm not su:re(.) how. (0.5) ↑What do you
11            do?
```

Observer position questioning

Line 2 sees Tina repair her projected direct question, to include a preface 'I was just wondering' and this seems to be a way of explaining her changing the subject. She asks the couple to put themselves in social care's shoes about whether or not there's a problem at all and this seems to be pointing to the on-going points of asymmetry between them. The question also implies some loosening of her deontic stance, towards an acknowledgement that the answer may be within the parents' epistemic domain.

Parent responds with affiliation and some tentative openings of difference

Maggie responds using 'well' which may signal some difficulty[10] then uses a device seen in chapter 4, using second placed disagreements, maintaining the strong preference for agreement initially in the turn in order to pave the way for disagreement. The strong agreement however, is also acknowledging that there is a difficulty with the children, and this is the first time this has happened. Following a pause, she presents her difference using 'though' at line 10 which is, this

[10] Schiffrin shows that "Well" can act as "a response marker which anchors the speaker in an exchange [...] when options proposed by the first part of [a] pair.. (for example to agree with assumption in the question in this example) ..are not actualised by the second part of the pair." Schiffrin, D. (1987) *Discourse Markers.* Cambridge: UK: Cambridge University Press.

time, more tentative than at previous points of difference. While it still points to their fundamental differences, she expresses this with 'I'm not sure how' (line 10). It seems as though the nature of the question asking them to reposition themselves has created some thoughtful tentativeness. Maggie's 'What do you do?' (line 10) shows the beginning of her framing the dilemma in a slightly different way as it implies a description that is more of a joint problem (the 'you' could be located with either party, or both) than the more rigid polarities seen previously.

5.4.2 Example from Family and Therapist 2:

This extract follows on from Chapter 4, Extract 11, where Sharon and Thea are laughing about Sharon's struggle to be in the conversation (shown in her 'not knowing'), and Thea has reassured her ('it's fine not to know'), seen here at line 2:

Extract 19:

```
1  Sharon:   [ha ha ha            ]
2  Thea:     [not to know ha ha ha]
3            (1.0)
4  Thea:     So is not knowing what ↑your feelings are?
5                                              ((Sharon rests head on
6                                                her
7                                                   hand looking at
8                                                   Thea))
9            Or not know what Cara's feelings are¿
10           So when you when you hear,
11           Is it not being aware of how ↑you feel ↑about it?
12           Or (0.5) not being- not,
13 Sharon:   Um, ↑Pro:bably how ↑I feel about it¿ (.)
14           Because I know how Cara feels about it, ((Both nodding together))
15 Thea:     Yeah,(0.5).hh Ok. So,
```

Therapist uses the asymmetry arising by being curious to thicken a description and make distinctions

Thea's question at line 4-9 does not avoid the 'not knowing'. She uses the asymmetry arising and shows curiosity about it. She returns to the process rather than the content of the talk. The question creates a distinction in the 'not–knowing' between Cara and Sharon and this is asked as though the answer is located in Sharon's epistemic domain: hers to know.

Parent responds with reflections and possible difference

Sharon non-verbally seems to attend carefully to the question with her head on her hand, and responds to Thea's curiosity at line 11 and shows the beginnings of curiosity about it herself

('Um ↑Pro:bably'). She says that she 'knows' how Cara feels about it, which is in contradiction to what she has said about not knowing that Cara knows things (possibly a useful difference) and they are joined in the moment, nodding together.

Summary of Extract 19

Rather than moving on and away from the source of the trouble, Thea has stayed with it, and explored the meaning of it. She emphasises Sharon's knowledge status of not knowing as important, while also ignoring the contradiction, requiring both of them again to stay with the uncomfortable emotion. How this opportunity develops is shown in Chapter 6.

5.4.3 Example from Family and Therapist 3:

Following Chapter 4, Extract 6, where Lia has not responded to the invitation about what can be remembered from the previous session, Pam has spoken for a while about what *she* remembers about the content of the session and she is coming to the end of this turn here:

Extract 20:

1	Pam:	That you do these two very different things
2		with men,
3		(3.0)
4	Lia:	°Yeah.° ((*Still looking at the floor*))
5	Pam:	When you hear somebody say that back to yo:u,
6		Um does it sound like(.)you that I'm talking about,
7		or does it sound like I'm ↑talking about somebody else?
8	Lia:	Nah, °its what I do.

Asking questions that enable the parent to take an observer position, increasing engagement

Following a significant pause (line 3), Lia indicates that she agrees with the description given by Pam with a very quiet °Yeah.° (line 4) although she is still looking at the floor. Pam's question then invites reflection from Lia from her status as 'knowing', asking Lia to take an observer position on the process of her questions and how Lia is experiencing them. The question only requires a yes / no (it's me / it's not me) answer, but it is not treated as such, and Lia for the first time embellishes on her one word answers, and confirms that it sounds like her, and that it's 'what I do' (line 8).

Following directly on from this:

Extract 21:

1	Pam:	°It is what you do.° Yeah.
2		Tch ↑What would it be like for the two of us
3		to think about that,

```
Lia:        ((Nod))
Pam:        Mm what doe:s the nod me:an?
            (3.0)                    ((Lia interacting with baby))
Lia:       °Ye:ah.°
Pam:        Yeah, as i:n: yeah we should think about it?
Lia:        ((Nod))
Pam:        We should mm.(.) If we go ahead and think
            about it ↑how would you want it to change what
            happens with when you go into relationships
            with men,
Lia:        °Get a balance between°.
            ((Noise from the baby))
Pam:        ↑Sorry?
Lia:        Get a balance between.
Pam:        Yeah¿
Lia:        Cos I've never like (.) done that. (.) I've
            never like had a ↑proper rela:tionship wiv
            someone.                   ((Eye contact on 'never'))
Pam:        Yeah. Mmm.
```

Questions that reflect on the process of possible talk, linked to change, and inviting responsibility and agency

Line 1 sees Pam respond to Lia's first extension on her one-word responses so far by repeating it. She then stays with the process of the conversation, and asks a question familiar to systemic psychotherapists, asking for more reflection about the process of their talk at line 2-3. Lia's nod does not answer the question about 'what it would be like' but Pam stays with this and asks another process question about the meaning of the 'nod' (line 5) and Lia quietly responds after a pause (line 7). In Line 8 Pam asks for clarification, answered by another nod from Lia, then lines 10-13 sees Pam asking a question about how the conversation might change things 'if we go ahead'. This implies it is not a given that they proceed, and the process remains hypothetical. The 'how would you want it to change what happens' (line 11-12) places responsibility with Lia, and also recognises and emphasises change for *her*, not for her children.

Parent responds to the invitation to take responsibility in the conversation

Lia offers for the first time an idea about the conversation ('get a balance between') and when she is not heard is able to repeat it (lines 14, and 17). Pam's 'Yeah' at line 18 takes this as understandable, and it seems to encourage Lia to go on. Lines 19-21 sees Lia follow up with further explanation. It is a much longer utterance than she has made before and it is the start of joint action in the session shown in many 'cooperative' sections of talk that will be shown in Chapter 6.

Summary of Extract 21

It seems that several factors contribute to Pam and Lia being able to find their way through to a conversation in which they can both be a part. Pam uses her deontic rights to direct the conversation and persists through silences, and uses questions that ask for reflection on process rather than content, including the body language (the nod), asking for clarification about what has been said ('yeah as in we should think about it? at line 8). She continues to emphasise Lia's emotional experience and her own epistemic stance as K-. She takes a stance where the answers are Lia's to know and answer from her epistemic status as K+. This seems to engage Lia and allow her to speak. It seems as though, as shown in her calm persistence, Pam has not assumed that Lia's silence thus far implies deliberate resistance, and she has found ways to enable Lia to respond to her and grant her the authority that leads to the joint action that will be shown in Chapter 6.

5.5 Staying with the experience of the parent

All of the above examples see the therapist use their position to direct the conversation differently, away from an explicit agenda of risk to children, and towards the emotional and epistemic status of the parents. One further example of this is given here.

5.5.1 Example from Family and Therapist 3:

Chapter 4, Extract 7, saw Pam for the first time introduce the idea that the children would be impacted by Lia's low mood, presumably from her K+ stance in relation to knowledge about the effect of parents' low mood on children. Lia refuted this directly from *her* K+ stance about her own behavior. The following extract shows Lia expanding on a sequence where she has been speaking about why the children would not have noticed anything, and her efforts not to behave differently with them when she felt 'low'. Prior to this Pam has asked a question about the children and what may or may not be visible to them:

Extract 22:

```
1  Lia:    I don't ↑cry or nu:ffin cos I don't do crying,
2          = <I cried that one time for I don't re:ally cry,
3  Pam:    Mmm,
4  Lia:    Because to me crying, =<I don't do it I don't like it.
5  Pam:    What do you think (.) well (.) ↑why don't you like it?
6  Lia:    Its an emotion. Like it can be used against ya,
7  Pam:    Mm (.) tch but if [°she was doing-°]
8  Lia:                      [Shows hurt,     ]
```

9 Pam: Yeah.
10 Lia: Shows ↑pain an_
11 (2.0) ((*Strong eye contact between them)*)
12 Lia: Like even when he ↑hit me I didn't cry,
13 Pam: Mmmm.
14 Lia: I laughed.
15 Pam: Mmm.

Therapist adjusts her responses to stay with the experience of the parent

Line 1 sees Lia extend her answer about her concealing her low mood, referring to how she does not cry in front of the children. Lia introduces a subtle difference from talking about what she does or doesn't do in relation to the children, by saying that she doesn't cry because she 'doesn't like' it. It seems that Pam responds to this in line 5, and if her intended trajectory was to reintroduce what the children would or would not have seen (using her deontic right to promote her own agenda) she changes this, and seems to stop herself, pausing, and saying 'well', before staying with a straightforward question directly related to what Lia has offered, that she 'doesn't like crying'. Lines 8, 10, 12, and 14 see Lia expand on this in an emphatic way. Pam's quiet statement 'but if she was doing' (line 7) seems to reference something from earlier in the sequence (perhaps related again to the children) but the quietness seems to recognize the importance of what Lia is saying, and line 9 sees Pam acknowledging this quite strongly 'Yeah.' and thereafter receiving Lia's description and encouraging it with continuers that seem designed to be empathetic[11].

5.6 Summary of Chapter 5

It can be argued that in the face of the asymmetry and the tough negotiations around power shown in Chapter 4, and the resulting lack of authority, the therapists are shown to adjust their responses in the moment, and begin to use their skills differently to address the asymmetry arising. It seems that all the therapists orientate back to the experience of the parent, emphasising the parents' epistemic status as K+ about their own experience, and show expressions of empathy and curiosity located firmly in the emotional order, privileging the parents feelings and the impact of these on the relationship. They are shown to deal with tensions by reflexively and explicitly naming their own stance, and their own experience. They tolerate long silences, take responsibility for their part in the conversation, tolerate the discomfort of challenge and use this to understand meaning without being defensive of their previous stance. They are also seen to

[11] Fitzgerald (2013) distinguishes between different kinds of 'continuers' used by psychotherapists, and those particularly related to responding to expressions of emotion as 'empathetic continuers' Fitzgerald, P. E. (2013) *Therapy Talk: Conversational Analysis in Practice* Hampshire,: Palgrave Macmillan.

use systemic questioning techniques to allow repositioning to loosen fixed polarities, and to *warm the context* (Burnham, 2005) for increased alignment. They adjust their responses in the moment in order to pursue authority, and the parents are shown to respond by expressing emotions, increasing their part in the talk, and, rather than remaining defensive of *their* position, begin to act in alignment with the therapists invitation to join in the direction of the conversation, and this seems the beginning of granting authority to the therapists. This is the platform for co-operation and joint action that will be shown in Chapter 6.

6 CHAPTER 6 ANALYSIS: JOINTLY CREATED AUTHORITY

6.1 Introduction

This chapter shows how in 'momentary relationships of participants' (Iversen, 2013) authority is granted to the therapists by parents, for example, the authority to ask questions in relation to parenting and the children's experience. While conversations are affiliative there is also an alignment present that Iverson (2002) identifies as necessary for true co-operation. That is, the proposed direction of the conversation by the therapist is given authority by the parent, and is taken up as useful, and extended. Therapist and parent are seen to join together to reflect (or mentalize) about the children's experience at these times. Across all three sessions, at times of cooperation, three main topics of reflection were identifiable: (a) the parents' own experience of childhood and making links to their own parenting; (b) understanding the impact of parents' behaviours on children; (c) reflections on the mind of the child. It is this kind of reflection that is identified as effective in reducing risk to children and increasing parenting capacity (Bentovim et al., 2013, Fonagy et al., 2012)

6.2 Reflection on the parents' own experience of childhood, and links to their own parenting

6.2.1 Examples from Family and Therapist 1:

This extract is at a point in the session where Maggie's emotions have been given space (See Chapter 5, Extracts 14, 16 and 17) and Tina continues to stay with the experience of the parents but introduces a different topic, related to the concerns for the children:

Extract 23:

```
1  Tina:     Its a tricky ti::me when people all start
2            to leave ↓ho:me= <what- how was: your paren-
3            do you ↑remember- ↑what time did you guys,
4            When when did you leave home.= ((Tina leaning forward in her
5                                            seat))
```

```
6   Maggie:   =↑Oh ↑right, (.) Well you left early.=
7   Dave:     =I left home when I was twen:ty.
8   Tina:     When you were ↑twenny, (0.5) How was that,
9             Why did you decide to le:ave.
    ((Missing lines giving Dave's description))

10  Tina:      Mmm. What about for you Maggie?
11  Maggie:    Mine was different to that actually.((Strong eye contact with
12                                                                    Tina))
13  Tina:      Ya? What was it-=
14  Maggie:    =Mine was almost impossible.
```

Afilliation and alignment in the parents' responses

In contrast to her responses up to this point in the session, at Line 6 Maggie seems positively engaged in answering the question. Her latched '=↑Oh ↑right' indicates an eagerness to respond and her emphasized 'well you' (line 6) seems to preface and indicate the beginning of a narrative to come as she refers to Dave's experience, who also more eagerly than at other times in the session answers quickly, taking up the invitation to speak of his experience. Going on to ask Maggie about her experience at line 10 is met also with ease and interest, and her engagement is shown by the way she quickly responds to the invitation (seen as latching in the transcript) and the strength of her eye contact. It can be argued that her use of 'actually' at the end of her turn at line 11, shows an engagement in the question where she is projecting her forthcoming description as 'newsworthy'[12] (Bentovim et al., 2013).

Both parents give descriptions of their experience of their own parents as they left home, and Maggie is particularly engaged in describing how her mother became ill each time Maggie tried to leave. The conversation moves to a different topic for a short time, but Tina interrupts, and changes the subject to return to this theme:

Extract 24:

[12] Clift describes how 'actually' "In this position it is built potentially to elicit uptake, and in so doing realize its potential newsworthiness" Clift, R. (2001) 'Meaning in interaction: the case of 'actually'', *Language*, 77(2), pp. 245-291.

```
1   Tina:     Is there ↑any: >cos I was struck by
2             earlier you were saying< both of you
3             you didn't have (.) the easiest ti:me(.)leaving ho:me,
4             = <Y'know its wasn't like people wer::e (0.5) tch .hh
5             >you know< enco::uraging you either for ↑co:nfidence
6             (.) or >you know< they were doing either ways
7             to sa:botage it or to make you feel b:ad or guilty,=
8   Dave:     =Well ↑yeah,
9   Maggie:   ↑Yeah,=
10  Tina:     =Is there ↑anything for your kids that
11            you could help them (.) ↑to ↑launch ↑easier,
12            = <Anything to help them (0.5) become more independent
13            or- I'm just curious >if there are any_< .hhhh
14                                        ((Maggie looking at her
15                                                  thoughtfully))
16
17            ((missing lines for readability))
18  Maggie:   Um, and yet it is a battle of wills sometimes with Emily,
19            <I ↑do actually think .hhh that(0.5)there have been times
20            when I probably:: should have ↑listened more to her.
21            .hh And tried to understand (.) .hh as opposed
22            to actually probably following the party line
23            o:f you have to be in school, ((makes strong eye contact on
24                                               'listened'))
25  Dave:     Yeah.
26  Maggie:   I think ↑maybe if I had tackled
27            this (0.5) when she was actually in junior school
28            for her an and as sought a way of trying to find out,
29            because junior school for her was not good.
```

In a conversation where parents are aligned the therapist interrupts, introduces formulations and questions about the parents agency

Line 1 sees Tina begin to ask a question that she cuts short in order to give a formulation[13] referencing at some length the last conversation about Maggie and Dave's difficult experiences leaving home. Maggie and Dave both respond to this with emphatic agreement (lines 8 and 9). Tina then returns to her original projected question at line 10 where the frame of her question implies agency in the parents in relation to their own children and implies a wish in the parents that their children will become more independent (Line 10-11:' anything..that you could help them') and 'I'm just curious' (lines 13) seems to be implying tentativeness about the level of importance placed on the question, and emphasizes that the answer to the question lies within the parents knowledge.

[13] Antaki describes 'Formulations' in psychotherapy as "the practice of proposing a version of events which (apparently) follows directly on from the other person's own account, but introduces a transformation." Antaki, C. (2008) 'Formulations in Psychotherapy', in Peräkylä, A., Antaki, C., Vehviläinen, S. & Leudar, I. (eds.) *Conversation Analysis and Psychotherapy*. Cambridge: UK: Cambridge University Press, pp. 26-42.

Parent adjusts her responses and difference emerges

Maggie begins to answer and talks about how this is not possible and talks about one child's diagnosis as one reason for this and this is in line with her stance towards this issue for all the children thus far. At line 18 however, she stops herself 'and yet', and speaks about Emily: 'I ↑do actually think' (line 19), where the 'actually' is doing work in this position to contradict her own previous turn[14] followed by some hesitancy. Lines 20-23 see Maggie reflecting on her own behavior in relationship to Emily's difficulties, in contrast to her certainty about their own position (as parents having no part in this) in the session up to this point. Her elongated 'probably::' (line 20) and her statement about what she could have done differently is accompanied by 'actually probably' at line 22, and shows a thoughtful reflection on her own behaviour and a firm agreement from Dave. Lines 26-29 see Maggie expand on this with curiosity 'I think maybe' (line 26), and describes a difficult experience for Emily as central for the first time in the session ('because junior school for her was not good') and she expresses a wish to have 'sought a way of trying to find out'. This is in marked contrast to her previous stance.

Summary of Extract 24

It is this kind of curiosity and reflection by parents about their children's experience that is at the core of the goals for the work in this context. It seems to have been made possible here by the space given to the parents' emotions, and the opportunity to explore their own experience. This is alongside how the framing of the questions from Tina persistently privilege an idea that the answer for their children lies within their repertoire, based on their knowledge about their own children. A conversation where questions from Tina are treated as useful is possible here, and she is given some authority to ask and extend her questions through the parents' responses. This seems to enable increased reflectivity in the parents, acknowledging for the first time in this session at least that there have been some difficulties around the children's development.

6.3 Understanding about the impact of parents' behaviours on children

[14] Clift proposes that 'actually' in this position "can serve to display a revision of a prior stance even when that stance is not explicitly formulated." Clift, R. (2001) 'Meaning in interaction: the case of 'actually", *Language*, 77(2), pp. 245-291.(p.268)

6.3.1 Examples from Family and Therapist 2:

Early on in the session, Tina has given a 'recap' of Cara's session and the important themes. One of these was that Sharon 'does not react' to Cara. Following on from Chapter 4 Extract 5, where the confusion about whether Cara already knew about the overdose, or was told, and the therapist having acknowledged this, there is a two-minute discussion about what actually happened in this distressing event of the overdose, and Sharon's experience of this. Tina now changes topic back to Cara's facial expression that has interested her in the last session.

Extract 25:

```
1   Tina:     °Ok° (.5) ↑What do you think Cara's (.)
2             expression ↓was at the ↓time when last
3             t- last week what do you think, (.)
4             What was going on for her.
5             (1.0)
6   Sharon:   Um,
7             (1.0)
8   Sharon:   Probably my reaction, There was no
9             reaction, Because it was stuff I
10            already kne:w that she knew,
11  Tina:     Mm.
12            (1.0)                          ((Thea nodding))
13  Tina:     Tch So do you think that is something
14            that Cara um (.) >every now and then<
15            feels with ↑you that there's not enough
16            of a reaction? Is that sort of the a
17            theme if you like? That Cara may have felt
18            that at other times [that  ]
19  Sharon:                       [I ↑use] it with
20            the girls because they just go ↓on and
21            ↓on and ↓on so I suppose sometimes
22            [I do_          ]
23  Tina:     [A non reaction_] Mm,=
24  Sharon:   =Yeah, It's something I just do without
25            thinking about.                ((Nodding together))
26  Tina:     What do you think C takes the non-
27            reaction to mean,
28  Sharon:   W- just that (.) I don't care, ((Thea nodding))
```

Alignment as a platform for asking direct questions about children's experience

Tina's question (lines 1-4) directly addresses Cara's experience, following talk about the overdose. Sharon's uncertainty ('Um', line 6) and her pauses at lines 5, and 7, can be seen to be thoughtful as she gives a possible cause for Cara's reaction based on her own behavior 'Probably

my reaction' (line 8), and an explanation of why this might have been from her point of view 'it was stuff I already knew that she knew'. This seems to refer back to the previous conversation and links it to what Cara does and does not know as being important. Tina takes this up to ask another question (lines 13 -18) about the behaviour that Sharon is identifying in herself, the 'lack of reaction'. She orientates towards Cara's likely experience of this, as though the answer lies with Sharon and is in her domain of knowledge.

Parent responds with increasingly reflective talk

At line 19 Sharon overlaps and identifies it as a strategy 'I use it with the girls' and 'I suppose sometimes I do' (lines 21-22), and she seems to show progressively increasing reflectivity in her talk. Sharon's overlapping seems to be an attempt to clarify and emphasise this point as important, which she continues to extend, with an explanation that she does it 'without thinking'. Tina is able to invite Sharon to extend her thinking back to Cara's experience of this with the question about Cara's experience of her mother's behaviour, at lines 26 – 27, and Sharon is able to respond at line 28 from an increasingly reflective position, that Cara may experience her as not caring.

Summary of Extract 25

This extract can be seen as occurring sequentially, in the context of the extracts seen in Chapters 4 and 5, where Sharon is working with Tina within a certain amount of tension about what Cara does and doesn't know, and having come to a position where this was dealt with in a way that seemed to refocus on to Sharon's experience. Their talk is contrasting with that seen in Chapters 4 and 5: they are engaged in a much 'easier' conversation, partly seen by Sharon's more fluid, overlapping, and latching talk, and the comparative ease with which she talks about Cara's experience. She is giving Tina authority to ask questions and extend their talking into her relationship with Cara, and the impact of how she is being experienced by her daughter, without defensiveness or distraction.

6.3.2 Example from Family and Therapist 3:

This example is shown through three separate sequential extracts.

Lia has described how she struggles to express emotions and how this confuses people. Pam takes this topic up as important and amplifies the observation:

Extract 26:

1	Pam:	Well its ↑re::ally interesti:ng for you to say that,
2		>you know< that sometimes people might
3		look at yo::u (.) knowing that:
4		it would be ordinary to show one kind of emotion (.)
5		but what they see in you is almost the ↑flip side of that emotion,
6		So they would expect you in a funeral
7		to be crying and yet they see you ↑smi:ling yeah¿
8	Lia:	((*Nods. Seems engaged in the description given and mirrors in*
9		*body language. Pic 11*))

Pic 11

Therapist emphasises the parents' behavior as central and important

Pam stays with Lia's behaviour as central and important (Line 1: ↑re::ally interesti:ng). She emphasises the concrete experience (Lines 2- 3: people might look at yo::u) of how others may see Lia, asking her to put herself in the shoes of others and think about their perceptions, being explicit about what might be 'ordinary', using Lia's own example that she has given of the funeral to illustrate this. Previously (as seen in Chapter 4, Extract 7) Lia rebuffed Pam's first question about the impact of Lia's low mood on the children. This time, further into the session where they have continued to stay with Lia's own experience, given time to it, and recognized the emotions attached, Pam emphasizes the importance of what Lia has described about herself (Extract 26) and then introduces the children again:

Extract 27:

```
1   Pam:      .hh ↑What do you think Charlie notices
2              abo:ut how sometimes your emotions might
3              not match the moment: it's in.
4              = <↑Do you think that's something
5              he ever: picks up on?=          ((using hands for emphasis))
6   Lia:       =↑He don't- he don't get emotional,
7              = <he don't ↑cry really¿=       ((strong eye contact between
8                                                 them))
9   Pam:       =A:h ↑o:k?            ((Pam has high eyebrows and 'open' face))
10  Lia:       He ↑hardly cri:es,=      ((Making firm eye contact with Pam))
11  Pam:       £Right£.

              ((Missing lines for readability))

12  Lia:       He just sits there an,
13  Pam:       Mm.
14  Lia:       ↑Looks at ya:: an¿
```

Therapist adjusts her responses to emphasise the importance of the children's experience

At line 6 Lia's answer to Pam's question does not address the question as it seems to have been meant, but she replies as though it was a question about how Charlie manages emotions (lines 6-7). Rather than pursuing the original question, at lines 9 and 11 Pam seems to underline the importance of what Lia has said ('↑A:h,↑O:k; £Ri:ght£') and her response has a tone of great interest, and her 'right' a smiling tone. This may be because it is the first time that Lia has referred to the children in any way that might be connected to their experience or emotions and Pam is encouraging this. Directly following this, in Extract 28, Pam follows this up by asking Lia to expand her curiosity about how Charlie behaves:

Extract 28:

```
1   Pam:      Mm. Tch, ↑What's he doing in that moment
2             where he's looking at you,=< What do you
3             think he's doing?    ((Using hand gesture for emphasis))
4             (1.0)
5   Lia:      He: (.) do:es¿ (.5) ↑Oop, ((Baby slips down from her knee))
6             He- he thinks¿(.) I  ↑think >he just< (.) don't,
7                                        ((playing with baby's hair
8                                              until
9                                           baby moves away))
10  Lia:      I dun↑no: its  just_=   ((leans back and repositions her
11                                       legs under herself))
12  Pam:      =↑MM,
13  Lia:      Suinc li:ke, (.)
```

```
14              Dunno maybe its suinc ↑I've done and he just-
15              he know- that's how he: knows to do it-
16              <=deal with the emotions *and stuff cos like that's how I↑ deal[with
17              them*]
18  Pam:            [Right,    ]       ((Unbroken eye contact between them
19                                                  from here on))
20  Lia:        So that's what he's [learnt] to [↑do:,]
21  Pam:                            [Yeah¿]     [Yeah¿]
22  Lia:        [I just-,]
23  Pam:        [Mmm,]
24              (1.0)
25  Lia:        .hhh I dunno I dont think he:: (.) kno::ws
26              that thats the reason is because I- like how ↑I ↓am [↑he is,]
27  Pam:                                                        [Yep¿  ]
28                                  ((Joined body language and eye contact ))
29  Lia:        >You know< I just think he thinks that's ↑normal to not show
30              emotion and not do emo::tional things.
31  Pam:        Mmmm.
```

Therapist uses 'concrete' examples to ask questions about the children's experience

Pam's question at lines 1-3 is interesting in that its emphasis is on what Charlie is 'doing' rather than asking about his feelings, or inner world. It may be that it is easier for Lia to respond to a question about something tangible, his observable behavior, and this is asked as though the answer lies in her epistemic domain of knowledge.

Parent responds with increasing reflectivity, and difference emerges in the conversation

Lines 5-9 show Lia faltering and she seems to be trying to find a response in the moment about what Charlie might be doing. She responds in relation to what he *thinks* (line 6) and when it seems that Lia is coming towards something of an answer, Pam encourages her to go on, showing with her latched =↑MM.[15] at line 12, and Lia does go on from lines 13-17. This turn sees Lia talking about her own behavior in managing emotions 'suinc I've done' (heard as '*something* I've done'), which seems to connect for her with what she has seen Charlie do. She links this with her observations of how he manages his emotions to her own experience, with increased emotion in her voice at line 16-18. Pam gives this affirmation (Right,: line 18) in a way that seems to communicate that she may not have had this insight before (that is, that she has received something into her epistemic domain). She thus encourages Lia to speak more from what is now being framed by both of them to lie within her expertise about her own child. In response Lia comes to a firmer conclusion about this at line 20: So that's what he's [learnt] to [↑do:,], with Pam's overlaps as strongly affirmative, that also maintains her tone of new

[15] Fitzgerald distinguishes between different kinds of 'continuers' used by psychotherapists, and those particularly related to encouraging the speaker to continue are described as 'channelling continuers' where the 'heightened emotion displays an evaluative stance.' Fitzgerald, P. E. (2013) *Therapy Talk: Conversational Analysis in Practice* Hampshire,: Palgrave Macmillan.

understanding. Lines 25-26 and 29-30 see Lia underline and consolidate her own understanding of Charlie in two different ways. The first is connected to her own behaviour (Line 26: because I-like how ↑I ↓am [↑he is,]) and supported by Pam (Line 27, [Yep¿]) in a way that seems to show a joint understanding; and the second, underlying an understanding of something in his mind: (Lines 29, he thinks that's ↑normal). Pam's 'Mmm.' seems to close this sequence as though something has been understood between them.

Summary of Extract 28

We can see this extract as markedly contrasting with the talk between Pam and Lia in Chapters 4 and 5. Chapter 4's extracts showed the struggle that they had to speak together at all (Extract 6), and Extract 13, where Lia held a defensive position, not allowing Pam authority to pursue ideas such as Charlie's emotional life (Extract 13: "He never noticed nuffin:"); and Chapter 5 showed Pam working to allow Lia's own feelings and experience to be recognized. Here their growing cooperation can be seen, as Lia grants Pam more authority from a more trusting and less defensive position, having had her feelings and experiences acknowledged and accepted. Extract 28 shows her using their work to slowly find words in the moment for his experience.

6.4 Reflections on the mind of the child

6.4.1 Example from Family and Therapist 2:

The following extract follows Extract 25 where Thea and Sharon have spoken about the idea that Cara thinks that Sharon may not care. Thea has introduced the idea of Cara's face showing them something, and asked Sharon to expand on this. Thea draws a face on the flip chart at line 2, confirming at line 4 what Sharon has identified as important (her lack of reaction):

Extract 29:

```
1  Thea:     That's Cara_
2            (4.0)                    ((Thea Drawing a face on the
3                                                        board))
4            (6.0)                    ((Looking at the board together))
5  Thea:     And the ↑face is the lack of reaction.
6  Sharon:   Yeah.
7  Thea:     ↑Anything ↑else that's in the face?
```

```
8             What else is in that face?
9             (2.0)
10  Thea:     So thats [thats what]
11  Sharon:            [°Anger,°  ]
12  Thea:     Sorry?
13  Sharon:   Anger,
14  Thea:     You think there is anger, Cos I asked
15            her and she was quite clear she said
16            ↑no (.) wo:rry (.) frustration,
17            =<But >↑I [wondered] if there was anger<.
18  Sharon:             [Yeah]                    ((nodding))
19  Thea:     You think there is anger¿           ((nodding together Sharon
20                                                  takes
21                                                  the pen Pic. 13))
22  Sharon:   Yeah.
```

Pic 13:

Parent shows increased reflectivity and difference emerges in the conversation

The pause at lines 2-4 shows both Sharon and Tina looking at the board as if in joint consideration of it. Thea asks Sharon what else is in the face, in a way that seems as if she is trying to solve a puzzle of her own. Following a pause at line 9, where neither of them answers this question, at line 10 Thea seems to begin another musing about it, and Sharon overlaps with her to quietly answer the question, saying that she thinks that Cara has anger in her face. Lines 14-17 see Thea refer to her previous conversation with Cara (presumably because she is present) and remember that she said that she wasn't angry. Thea at line 17 says 'but I wondered', with the emphasis on 'I', which seems to join them and Sharon overlaps with 'Yeah'. Thea checks again, at line 19 which seems to emphasise the point Sharon has made as a valid one, and they nod

emphatically together. For the first time Sharon then takes the pen and writes below the face on the board ‘anger’ (See pic 13).

Summary of Extract 29

We can see this as the beginning of talk between them that is quite different to that which has preceded it. They seem to be considering the board, and the issue together, and Sharon is volunteering her ideas in a more certain way. Sharon takes ownership of the idea using the pen to draw on the board herself for the first time, and this seems a shift in the asymmetry between them to one of alignment where they are co-operating in developing an idea that is contrary to what her daughter is reported to have said.

Following this they explore what Cara might be angry about: Sharon’s lack of reaction, and her poor choices of relationships in the past. Sharon introduces: ‘whenever it was I got arrested’, and Thea asks another question:

Extract 30:

```
1  Tina:     Any other re:ason why she might be angry?
2            (4.0)          ((Sharon looking at the floor then makes a
3                                quizzical facial expression))
4  Sharon:   I think she thinks =feels sometimes
5            that erm I give the girls more attention than
6            he:r                   ((Looking down,
                                       Pulling her hands through her hair
                                            Pic.14, she writes this on the
                                            board.Pic.15))
```

Pic. 14:

:

Pic 15:

Parent uses her own agency in the session and is engaged in reflection about children

This extract is toward the end of sequence about Cara and how she experiences her mother. The pause at line 2 and Sharon's brief facial expression seems very thoughtful, rather than anxious or problematic as her pauses and hesitations seem in Chapter 4. Her answer when it comes at lines 4-6 sees her rather more clear and certain than before, and she repairs her consideration of what Cara 'thinks' to what she 'feels' and this could be an indication of her reflecting on both of those states in Cara. She is also fully engaged in the writing of this on the board of her own accord, and does not hesitate to do so.

6.4.2 Examples from Family and Therapist 3:

Following Extracts 27 and 28 where Pam and Lia have spoken about how her feelings and expressions do not match, and considered Charlie's experience of this, Lia has spoken fluently, openly, explicitly, and for some time about her own experience of sexual abuse as a young child at the hands of her father, and her partner's manipulation of her using his knowledge of this experience as an adult. She has spoken of her mother's response to knowing this and her own very challenging behaviour as a child towards her mother. She spoke of how as an adolescent and young adult she used alcohol to numb her emotional pain. The following extract comes after this point where she describes living with her brother where they both used drink and drugs when Charlie was a young baby.

Extract 31:

1	Pam:	Mm ↑what ↑kind of mum do you think
2		you we::re to Charlie at that time
3		in your life when things were really hard
4		and you were drinking and you were
5		with your brother who was using drugs and drinking,
6		.hh What kind of mum to Charlie were you?
7		(1.0)
8	Lia:	I was bad. I was like- I was a ba::d mum.
9		((*Looking directly at Pam*))
10	Pam:	Like what- what did that look like?
11	Lia:	Like he *always came first*,
12		((*Pointing outwards emphasizing (Pic.16)*)
13	Lia:	>He had new clo- *he had clean clothes he always was bathed he was
14		always fed and stuff,= <But mentality- MY menTALity*
15		((*Pointing strongly at her chest Pic 17*))
16	Pam:	Mmm. Mmm.

Pic 16:

Pic 17:

Alignment as a platform for direct questions about the impact on the children of parent's behaviour

Pam's question (Lines 1-6) comes in the context of the focus on Lia's experience. Pam is able to ask a very direct question about Charlie's experience and Lia's behaviour ('What kind of mum to Charlie were you?') After a pause Lia is able to show she gives Pam the authority to do this by answering very directly at line 8 ('I was bad') and look straight at Pam during this. Pam extends this at line 10, by asking her a question that is asking for concrete detail ('What did that look like?').

Parent moves from concrete descriptions to mentalizing herself and her children

Lia responds in a choking voice, assuring Pam that he 'always came first' and she was able to provide practically for him, but then she connects to what she calls her 'mentality' about what was happening in her mind.

Summary of Extract 31

This section of mentalizing talk shows how a difficult issue that is potentially blaming has become possible to speak about, and Lia and Pam seem very co-ordinated in thinking about it, with Lia's animated posture and emotional response seen in marked contrast to her way of speaking so hesitantly in Chapter 4: Extracts 6 and 7, and Chapter 5: Extracts 20, 21, and 22. She seems to be extending her capacity to think about Charlie in this moment of the conversation to become increasingly clear about his experience. Lia goes on to explain how Social Services didn't know why she did what she did, but judged her, and having acknowledged this Pam uses Lia's word to frame a new question, returning to the topic of Charlie's experience that was so productive:

Extract 32:

```
1   Pam:      When you say mentality: so you kind of
2             doing the practical day-
3             he was fed he was clothed
4             the practical stuff was happening,(.)
5             But you're saying but it was the mentality,
6             [What was happening?],
7   Lia:      [Like I shouldn't   ] have been
8             ↑drinking afterwards,
9             (1.0)
10  Lia:      Shouldn't have [been,]
11  Pam:                     [No.  ]
```

```
12              (4.0)
13   Lia:       I shouldn't have *↑done what I ↑done*,
14                              ((Lia sits back puts her feet underneath her,
15                               her facial expression shows distaste))
16   Pam:       No. And what sort of me:ntal state were you in at that time for
17              Charlie >you know< as a mum?
18   Lia:       >Ho- ho-< it was *ho:rrible*,
19   Pam:       Yeah.
```

Therapist stays with the mentalizing frame, and increased difference emerges

We can see how Lia responds quickly to Pam returning to Lia's word 'mentality' and, while Pam is asking what was happening, Lia overlaps her to say that she shouldn't have been drinking. We can see how, in their increased co-ordination, she describes what she shouldn't have been doing, and after a pause she thoughtfully repeats this 'shouldn't have been' at line 10. Pam gives a quiet acknowledgement of this and after a significant pause Lia repeats again what she shouldn't have done with strong emphasis and a choking voice. Pam acknowledges this by agreeing 'no' again at lines 16-17 and returns again to Charlie's experience.

Summary of Extract 32

It seems what is being increasingly achieved between Pam and Lia is reflection about what Charlie's experience was, with Pam being given authority by Lia to shape the conversation towards this. In the joining moments, there is room for Lia to have an emotional response to this realization being voiced. Saying it was *ho:rrible* (line 18), might apply equally for her and for Charlie. Following on after a few lines of connected talk Pam stays with this important word:

Extract 33:

```
1    Pam:       Your mentality was no:t goo:d at that time,
2               = <and then Charlie also being
3               looked after by his Dad who was drinking_
4               ↑What effect do you think
5               that might have ↑had on hi:m as a young child?
6               (1.0)
7    Lia:       *That he* couldn't get emo:tionally sta:ble
8                he never- he was never sta:ble.
9               ((missing lines))
10   Pam:       And ↑HOW did that not being stable show itself
11              in hi:s behaviour_ In=
12   Lia:       =Never. He didn't really act out 'til he got older,
13              Now he's li:ke showing signs of it.
14   Pam:       >Ok Ok.< And the signs that he shows
15              of it no:w, ↑How much of that >do you
16              think< is linked to what he
17              experienced when he was a very young
18              age?
```

19 Lia: A lot.
20 Pam: Uh mm

Using reflective talk to extend the conversation to address current risks to children

Lia's reply (lines 7-8) to Pam's question is interesting in her identifying lack of emotional stability for Charlie. Identifying this kind of core idea is key to the work to increase capacity in parents to think about their children's needs. Pam asks Lia to identify the impact of the lack of stability on his behaviour. Lia is able to identify that 'now he's showing signs of it' at line 13. Pam takes this up, marking its importance with her quick 'Ok ok' at line 14, and links it with his past experiences that Lia confirms that she can identify. This is important, as Lia's ability to understand Charlie as having reasons for his current difficult behaviour would impact on the risk to him, because if his mother understands this she is less likely to misattribute his behaviour and respond punitively or neglectfully. It seems important that Pam returns to a key idea of the impact of Lia's own mental state on Charlie and she uses Lia's own word to do so, thereby amplifying the importance of the idea and encouraging it to be located within Lia's knowledge and expertise. It seems possible for Lia to grant Pam the authority to ask questions that enable increased reflectivity in her.

6.5 Summary of Chapter 6

In the conversations shown here there are moments that are distinctly different to those characterized by silence or tension, and so lacking authority, seen in Chapter 4. All of the reflections shown as joint achievements are core tasks of therapeutic work in this context and directly related to preventing harm and creating safety for children (Bentovim et al., 2013).

Across all three sessions where emotions are given space, or where the parents own experience has been privileged (or both), parents are then asked questions related to the impact of these experiences on their parenting, or on the children directly. In each case these questions are asked as if the answers are located in the parents epistemic domain, so theirs to know and answer. Where the parents have had their own feelings and experiences considered as central and important, they seem more able to respond to the questions in a way that grants greater authority to the therapist to shape the conversation towards increasing voiced reflections about the children. There then seems to be some joint understanding being created and framed as such, and the power differential present seems to be characterised by authority that is jointly created, useful

power that allows the therapist's deontic stance to be used as a resource to shape the conversation helpfully.

6.6 Comment on the three chapters of analysis overall

It would be misleading to present each chapter (lack of authority and negotiations around power; therapists adjusting their stance to pursue authority; parents granting this authority to create the joint action of reflection) as occurring each time sequentially, predictably, and in a linear way. The moments selected to illustrate each section, while often occurring sequentially (as seen in many of the examples here where some causal links *are* suggested), are often occurring as interconnected but irregular moments of interaction between people, with adjustments being made on the basis of feedback. However, in each case, more reflective talk does occur towards the latter part of the sessions and this seems to be built incrementally. It can be argued that when the moments of asymmetry in the interface between knowledge power and emotion have been responded to skillfully, and therapists have been persistent in pursuing their authority in different ways, this has enabled depth to be built in the relationships. Parents have granted authority to therapists and a joint action of reflecting on children's experience is possible, and therapists' are potentially much more likely to useful to parents in making changes.

7 CHAPTER 7: DISCUSSION

7.1 Introduction

In this chapter I will aim to discuss the findings at different levels of implication. In this introduction I will revisit the findings by summarising what I have shown through the CA analysis to be used by the therapists in the three sessions in the data set. I will then outline how the elements of the discussion are structured.

7.2 Summary of the Findings

In *Chapter 4 Lacking Authority* I demonstrated through the use of CA how talk in these sessions between systemic psychotherapists and parents was characterised by a 'push and pull' that resulted in a lack of authority at the interface between knowledge, power and emotion. CA analysis showed therapists to be acting to explicitly evoke, and position themselves as part of, the statutory organization. They are seen to act with legitimacy to raise issues of risk to children, and direct conversations towards this agenda. They act to do this more or less depending on the context of the interaction and they orient towards minimising the potentially power*ful* impact of their actions in order to preserve the relationship. The therapists have been shown to do this with differing degrees of certainty and through different methods, from asking for a response to stated concerns (Therapist 1), reporting back what children have said and asking questions about this (Therapist 2) and asking questions with embedded suggestions, or direct questions about children's experiences (Therapist 3). Each of these have been shown to be interventions that were at times difficult for parents to respond to, or that resulted in visible difficulty between parents and therapists. I demonstrated how the therapists oriented towards this by downgrading their contributions. They have also been shown to orient towards the emotions and knowledge being shown or asserted by clients, who are not granting them authority in the moment, and so resisting co-operation (Iversen, 2013) and I showed how they adjusted their practices accordingly.

In the face of the asymmetry and the tough negotiations around power shown in *Chapter 4 Lacking Authority*, in *Chapter 5 Pursuing Authority* the therapists were shown to have adjusted their responses *in the moment*, and began to use their deontic rights differently to address the asymmetry arising; for example, when they have introduced issues of risk explicitly and have

continued to direct the conversation towards this preferred agenda, or have made assumptions that proved unfounded. I demonstrated how they dealt with tensions by explicitly naming their own stance, and their own experience. The analysis shows them to tolerate long silences, take responsibility for their part in the conversation, and tolerate the discomfort of challenge; they have been shown to *use* this discomfort and the differences arising to understand meaning and increase curiosity through systemic questioning, without being defensive of their previous stance. They were shown to focus on the relationship, to continually monitor the impact of the conversation on themselves and the parent. I demonstrated how they show a readiness to hear any impact as important, and difficulties as potentially located with the therapist, not the client. They were shown to do this while simultaneously pursuing their safeguarding agenda, so being persistent with the task at hand and not avoiding potential areas of conflict.

Following this in *Chapter 6 Jointly Created Authority* I demonstrated how across all three sessions where emotions are given space, or where the parents own experience has been privileged (or both), these issues were used and extended, and parents were then asked questions related to the impact of these experiences on their parenting, or on the children directly. In each case these questions were asked as if the answers are located in the parents epistemic domain, so theirs to know and answer. The CA analysis showed how at these times some joint conversation was being created and framed as such, and the power differential present seemed to be characterised by authority that was jointly created: useful power that allowed the therapists' deontic stance to be used as a resource to shape the conversation helpfully.

The discussion is presented in 7 sections:

7.3: Discussing the findings: using systemic practice as the 'difference that makes the difference' to maintaining effective ethical practice in a context where power prevails. I summarise how, through CA analysis, the data has shown these systemic psychotherapists as skilful in their use of systemic practice in the interactions. I choose to highlight and name *reflexivity*, and *positioning* and *ethical postures* as particular theories and concepts that can be identified through the findings that are shown to be especially helpful, in the interactions analysed, to maintaining relationships while pursuing a safeguarding agenda. I identify these things as uniquely contributing to safeguarding work in these sessions where issues of power prevail.

7.4: Implications on how 'power' is described and developed in systemic psychotherapy theory. I argue for more specificity in our field in the descriptions of how power manifests, particularly when working with mandated clients. I include here an acknowledgment of the complexity inherent in the concept of 'jointly created authority'.

7.5: Implications for two areas of clinical interest in this context:

a. **The contribution systemic approaches can make when using mentalization-based approaches: the importance of considering and managing power when working with 'hard to reach' families.** Focusing on the concepts of *epistemic trust*, and *reflective capacity*, I argue how systemic approaches could contribute to mentalization-based approaches more than they do presently, and specifically when working with 'hard to reach' families. I argue that mentalization-based approaches might benefit from dealing with the concept of power more explicitly, and benefit from understanding and utilising systemic approaches and practices in more depth to do so.
b. **The contribution of systemic ideas to the concept of 'disguised compliance'.** I argue for a more relational use of the term than is sometimes suggested.

7.6: **Combining systemic and CA frameworks.** I argue that using CA allows systemic abilities to be seen, and identified. CA can contribute to systemic theory and practice through use of its developing theories in areas such as *momentary relationships of participants* through the interface between knowledge, power, and emotion, and *jointly created authority*.

7.7: Implications for Teaching, Training, and Supervision. I argue that there are potential implications for systemic psychotherapy training and supervision: training systemic psychotherapists to work in a social care context, and training social workers in systemic practice.

7.8: Strengths and Limitations of the study. I describe some of the strengths and limitations of the study, identifying a) sample size, and b) implications of the change in design of the study as areas of particular interest. I make suggestions for further research.

7.9: Issues of my own reflexivity in relation to the research process. In this section I expand on the reflections initially presented in *Chapter 3, Method*. I also return to the initial aims for the research and reflect on learning from the process.

7.10: Conclusion

7.3 Summarising and discussing the findings: using systemic practice, the 'difference that makes the difference' in maintaining effective ethical practice in a context where power prevails.

7.3.1 Introduction

In this section I link the findings to the systemic concepts of a) reflexivity, and b) positioning and ethical postures and show the artful use of systemic technique shown to be present in the data. I demonstrate how it was the reflexive stance taken, and the ability to act in accordance with this stance in the 'momentary relationships of participants', using a systemic repertoire, that was the 'difference that makes the difference' in the work. The findings show how, in the sessions analysed in this study, these aspects of systemic practice were particularly helpful to enabling the work to become effective, and ethical practice to be maintained, where issues of power prevail.

7.3.2 Linking the findings to the concept of reflexivity

Krause describes how systemic psychotherapy has been "preoccupied with reflexivity" (Krause, 2012). p. xxv. She defines this as "ways in which…differences which make up a thought, a feeling, a meaning, an action, a relationship, a dialogue, a communication, a pattern, or a process are turned back or turn back on the subject or subjects in such a way that the relationship, dialogue, communication, thought, action etc. is maintained or changed" (Krause, 2012). She describes how "the position the systemic psychotherapist consciously takes, or unconsciously occupies...tends to be expressed through practice", and how different key systemic concepts reflect this tendency for practice to inform theory rather than the other way round (Krause, 2012). Key concepts identified by Krause reflect this. She gives quite a comprehensive list, many of which feature in the literature review as directly related to the question of power in systemic psychotherapy: feedback (Bateson, 1972); ecology (Auerswald, 1968); joining (Minuchin, 1974);

curiosity (Cecchin, 1987); circular questions (Selvini Palazzoli et al., 1980); prejudice (Cecchin et al., 1994); observing systems (Von Foerster, 1982); not-knowing (Anderson and Goolishian, 1992); reflexive questioning (Tomm, 1987a, Tomm, 1987b, Tomm, 1988); reflecting teams (Andersen, 2004) safe uncertainty (Mason, 1993); taking it back-practice (White, 1997); the self of the therapist (Real, 1990); relational reflexivity (Burnham, 2005) inner conversations (Rober, 1999) and dialogue (Bertrando, 2007, Seikkula, 2008, Rober, 2005). The findings show the therapists' ability to be 'self-reflexive' and 'relationally reflexive' (Burnham, 2005) by noticing the impact of their questioning, adjusting their responses in the moment, naming their own stance and experience, taking responsibility for their part in the trouble arising, orienting towards the emotions and knowledge of the parents, not avoiding potential areas of conflict, and using discomfort to increase curiosity in themselves and parents. These aspects of their practices demonstrated by the CA analysis shows their application of identifiable *technique* as described by Krause (Krause, 2012).

7.3.3 Comprehensive Reflexivity

In 2012 Krause extended the concept of reflexivity into 'comprehensive reflexivity' calling for more *theorising* on *culture*[16] and what this means in the field, advocating a move away from technique. She argues for more attention to the subjectivity and 'personhood' of the therapist, as well as the client; to the relative 'subject positions' towards each other, and the role of "situated cultural resources in the constitution of experience and subjectivity" (Krause, 2012, p. 225). She argues that the degree to which therapy is contingent on these things may not be obvious. This fits with Flaskas's work (Flaskas, 2016) on the therapeutic relationship discussed in the literature review, reintroducing the contribution that psychoanalytic theory can make to systemic theory and practice particularly in understanding and using the therapeutic relationship and describing the importance of the 'space between' people in the work (Flaskas and Pocock, 2009). She describes it as an 'ethical obligation' for therapists to be "aware of and use the richness of the push and pull of our involvement" (Flaskas, 2016, p. 157). Krause's work links to this and encourages us to attend to *culture* in its widest sense. She critiques what she sees as a focus on language in the field, and argues that local and specific differences and understandings can be

[16] Krause describes culture as "constantly being reproduced and changed in interactions and communications. No action makes sense without shared and ongoing expectations about the social space in which persons participate. In this view, culture refers to the sustained expectations of, and ideas about, specific social spaces and communications in which persons participate" (Krause, 2012, xxxiii).

trivialised, and, we are "in danger of obscuring potential conflict between therapists and clients" (Krause, 2012, p. 12). She emphasises that dialogue is a process "which creates new meanings, but there is much knowledge before and behind these new meanings (Malik and Krause, 2005)" (Krause, 2012, p. 13).

The findings do not make specific mention of cultural differences between therapists and parents in a reductionist way, that is, approaching culture in an ethnic–focused way "where populations are seen as homogenous and stable with well-defined boundaries and where information about cultural patterns" are dealt with separately from other issues (Krause, 2012) p. xxvii. The therapists and parents in each example have many social differences. I would identify the most obvious as being country of origin (in Family and therapists 1 and 2), class, and age. There are also similarities, such as gender (with one exception in Family 1), first language, and race. In the introduction I discussed how the use of CA attends to these issues as they arise, or if they arise, in the talk (Potter, 1996) and there is no explicit mention of these things in the work studied in this research. I would suggest however, that what *is* being spoken about throughout, (and can be shown through the CA lenses of deontic, epistemic and emotional orders) are differences in culture, not least the cultures of the institution the therapists' are representing, and the community cultures of the parents. How people's 'definition of the situation' varies can be seen as illustrative of this, and we can see the social institution of child protection as providing a complex context where power issues can be located. This idea can be extended if we consider how the layers of people's subjectivity and 'personhood' are contributing; that is, the extent to which "one's own ideas, attitudes, and knowledge about the world, about relationships, about bodies, about personhood and subjectivity are culturally constructed" (Krause, 2012, p. 13). Krause argues that dialogue in therapy is not free from conflict, particularly "when the social context is laden with it in the form of racism, sexism, class differences, and other types of discrimination" (Krause, 2012, p.15). Types of discrimination also relevant in this context might be prejudices about people who potentially neglect or harm children, or who suffer mental ill health and struggle to make and maintain relationships. A CA framework can be applied here, where it is possible to see the 'selves' of the therapists meeting the 'selves' of the parents in the 'momentary relationships of participants'. There might be profound differences and potential conflicts at the interfaces between power, knowledge and emotion, because of culturally constructed ideas, for example about people who neglect children and what this means. Krause quotes Bertrando who argues that "as a therapist, he must express an opinion, because it is only when his ideas are put into play with the ideas of his clients that true dialogue can take place

(Bertrando 2007, p. 153) in Krause (Krause, 2012). "With the therapist expressing opinions, the therapeutic dialogue is closer to all dialogues and the theory of the subject applied to all parties. This is a less colonizing starting point for the therapist" (Krause, 2012, p. 15).

It can be argued that the therapists in this study are expressing opinions more than other therapists in different contexts might do, because of safeguarding issues. In this study this has been identified as using a deontic stance, or exercising deontic rights. The conflicts arising in the dialogue are visible, and need to be negotiated, and managed, and we see this in the findings, particularly in *Chapter 4 Lacking Authority*, where the therapists are using their deontic stance to express their views or concerns in different ways. These expressions can be viewed as solely oppressive when seen out of context of the whole conversation, but it is arguable that introducing these ideas is the more ethical position to take, particularly when accompanied by a reflexive ability to respond in turn to the response of the parents. Therapists' expressions of concern, while leading to conflict initially, also allow the presenting issues to be managed and dealt with through their reflexive responsiveness, where taking responsibility for discomfort and *using* discomfort increases possibilities as shown in *Chapter 5 Pursuing Authority*. This ability to take a position and attend sensitively and reflexively to its consequences can be seen as an *invitation* to parents to evoke *their own* agency in the relationship.

We can see in the findings how therapists return to the emotional order of the parent, and how this can be seen as a way of meeting the 'self' of the parent and a way of making connections across cultural differences. I would also include how they return to the epistemic order and privilege the parents as K+. It is possible to identify the different ways that people are meeting each other across cultures, expressing opinions, using curiosity about knowledge, and connecting through emotion. Krause emphasises emotions as they "articulate subjective and cultural experiences and outlooks", and she argues that they might also "provide an anchor for cross-cultural experience even if this by itself is not enough for understanding" (Krause, 2012, p.17). It can be argued that Krause's ideas are, possibly unexpectedly, illuminated by CA in the findings by examining therapists and parents meeting in momentary relationships in the interface between power, knowledge, and emotion.

7.3.4 Linking the findings to Positioning and Ethical Postures

Chapter 4 Lacking Authority shows a dilemma repeatedly arising. The therapists are positioned both as having therapeutic tasks to carry out to reduce risk, *and* the institutional task of ensuring the safeguarding of children.

Krause sees reflexivity as the 'process of ethics'. She argues that the ways in which therapists position themselves in relation to their own power, and how they work with this, matters very definitely (Krause, 2012, Anderson and Goolishian, 1992, White, 2012). Davies, Harré and Langenhøve developed positioning theory, and described how people take up locations from which to understand and talk about things that are of interest to them (Davies and Harré, 1990, Harré and Van Lagenhøve, 1991). This has been applied to understanding and managing power differentials (Guilfoyle, 2003). Aspects such as role, hierarchy, stance, interest, and stake, influence people's positioning, and it is something that happens consciously and unconsciously in every setting. Positioning theory encompasses a large body of work related to dialogue and relationships, which it is not possible to explore here. However, I include it, if only briefly, to heighten awareness of how the therapists in the study use their reflexivity and take up positions in their work. They consider and make their positioning visible to themselves, and to others, and use systemic techniques to do so.

Karl Tomm has been influential in using positioning theory to describe the ethical 'postures' that therapists can take, and illustrated this in a 'quadrant' (Tomm, 1991). This work is linked to his earlier work on different types of questions and how these can be *intentionally* asked in relation to the position the therapist wants to take, and the impact expected from different types of questions (Tomm, 1987a, Tomm, 1987b, Tomm, 1988). Tomm has labelled the quadrant with four ethical postures: manipulation (therapists use professional knowledge to reduce client options), confrontation (therapists use shared knowledge to reduce client options), succorance (therapists use professional knowledge to increase client options), and empowerment (therapists use shared knowledge to increase client options). Each posture guides different moment-to-moment decisions during a session. Tomm describes how all four of the postures can be ethical if therapists use them intentionally to improve wellbeing and ensure that the needs of clients are met (Tomm, 1991).

In safeguarding work it is helpful to see that all four parts of the quadrant might be used more than they might be in other settings. For instance they may use manipulation (therapists use professional knowledge to reduce client options), and confrontation (therapists use shared knowledge to reduce client options). We can describe therapists' actions, including their use of

deontic authority to raise concerns about children very directly, as intentional and ethical positioning in the quadrants of manipulation and/or confrontation. We can describe their response to parents, turning away from this in the moment towards the parents' emotional and epistemic orders, as moving towards the ethical postures of succorance (therapists use professional knowledge to increase client options), and empowerment (therapists use shared knowledge to increase client options).

In the findings I showed how all the therapists orientate away from their deontic status back to the experience of the parent, emphasising the parents' epistemic status as K+ about their own experience, and show expressions of empathy and curiosity located in the emotional order. They privilege the parents' feelings and the impact of these on the relationship. They do so while also using systemic questioning techniques to allow repositioning to loosen fixed polarities, and to warm the context for increased connection and to remain 'persistent' in their task. They have been shown to move towards the emotions and knowledge being shown or asserted by clients, and they adjust their practices accordingly in the moment.

The findings show the ways in which therapists in these sessions respond to the challenges arising between themselves and the parents in the conversation. This shows a reflexively responsive position towards the potential power differentials in the relationship, and an ability to skilfully adjust the direction of the work in the moment to respond in order to build depth in the therapeutic relationship. They do this while not losing sight of their safeguarding tasks, but rather to enhance them. They do not continue on their initial trajectory in the face of difficulty. They notice the parents' responses, and change direction towards the parents' emotional or epistemic concerns. Following this they very quickly continue to look for differences and distinctions that might further the work in their preferred direction, consistent with the kind of 'persistence' that Sutherland describes (Sutherland et al., 2013c).

I have demonstrated how in this study the therapists' orientating to the parents' epistemic and emotional orders does not remain limited to expressing empathy, or agreeing with the parents' position, but remaining curious about the position the parent is taking; and pursuing this using circular and reflexive systemic questioning that continues to look for differences and distinctions in descriptions, while also orienting to the parents' concerns. The impact of this is that conversations are opened up and the wider systemic concerns, such as the experience of children and others in the system, become more available, rather than shut down. Particularly in Chapter 5 *Pursuing Authority* the parents are shown to respond by expressing emotions, increasing their

part in the talk, and, rather than remaining defensive of *their* position, beginning to act in alignment with the therapists' invitation to join in the direction of the conversation. The therapists' move between positions in order to respond to the client in a way that could be described as within the 'empowering' quadrant of Tomm's model. They are balancing their ethical position as privileging safeguarding children while attempting to ensure the well being of the parent in the conversation. This can include appropriate challenge. This is the complex balancing act that is not only about balancing different positions, but also moving with intentionality between them, using different ethical postures in different moments.

The point that the therapists and parents arrive at together is shown as coming to fruition in Chapter 6 *Jointly Created Authority*, where therapists have been granted the authority by the parents to employ the therapists' theories of change. They do this using a wide range of techniques from within the systemic approach, such as checking out hypotheses about the impact of 'family scripts' (Family 1); encouraging the parents to take an 'observer position' on what others are saying and doing (Family 2); tracking and unpicking the detail of events (family 3); thickening descriptions of events to establish difference (family 3). To a greater or lesser degree, the results for all three families were reflections on (a) the parents' own experience of childhood and making links to their own parenting; (b) understanding the impact of parents' behaviour on children; (c) reflections on the mind of the child. It is these kinds of reflections that can be identified as effective in reducing risk to children and increasing parenting capacity (Bentovim et al., 2013, Asen and Fonagy, 2012). We have seen how these reflections mostly build incrementally. But in each family and therapist example there is a continued monitoring, shown in the questioning, and other responsiveness, about the impact of what is happening on the relationship as these conversations move in and out of different positions. This can be seen as the kind of 'responsive persistence' seen in Sutherland's studies (Sutherland et al., 2013c, Sutherland et al., 2013a).

7.3.5 Summary of 7.3

In this section I have shown how the analysis illustrates that in order for conversations to become more reflective, the therapists in this study showed a kind of vigilance in the moment, about what is happening to the therapists themselves (self-reflexivity), and the impact of the conversation on the relationship (relational reflexivity). The analysis shows how the therapists responded reflexively to what was happening, and then were able to *use* what they have noticed

to navigate through different positions and ethical postures, in a way that made sense to, and privileged the parents' emotional and epistemic stance. I have discussed how the findings show the therapists do this while simultaneously working with the safeguarding issues that shape the therapeutic tasks, thereby preserving their own ethical stance towards the children concerned, in addition to preserving an ethical stance towards the parents. I would agree with Krause about how this is only made possible if therapists have become meaningfully engaged in understanding how both they and their clients are 'culturally' situated, and can access resources from their respective positions. This more 'comprehensive' reflexivity is seen in the findings where the 'self' of the therapist is very much alive to the 'self' of the parent and to what is happening in the conversation. Distinguishing between deontic, epistemic, and emotional orders can contribute to a better understanding of how this occurs in the context of 'momentary relationships of participants'. I have demonstrated how therapists in this study are using a systemic approach where reflexivity, positioning, and ethical postures are *put to use* through systemic techniques. Fruggeri uses the term 'relational competence' (Fruggeri, 2012) to capture the 'second order dimension' that is not only about technical skill and strategizing (Donovan, 2015), it is also about the skills in responding and persisting using 'comprehensive' reflexivity, to enable authority to be pursued and granted, and ethical practice sustained, where issues of power prevail.

7.4 Implications on how 'power' is described and developed in systemic psychotherapy theory

The findings emphasised to me the importance of differentiating and linking the different ways in which power manifests between people that I found were present through my analysis of the sessions.

Chapter 4 *Lacking Authority* saw the therapists explicitly evoke, and position themselves as part of, the statutory organization. They are seen to act with legitimacy to raise issues of risk to children, and direct conversations towards this agenda. I showed how they orient towards minimising the potentially power*ful* impact of their actions in order to preserve the relationship using their recognisably systemic reflexive abilities. Acting from this position (that I have described elsewhere as from the deontic order) they are arguably using the power that is emanating from their position of authority, that is, their legitimate power to safeguard children given by the state: *who they are* as professionals. In moments, authority is *not* being achieved because parents' need to grant the authority to make it effective. I have shown that

authority is *jointly created* at other times. Lack of authority is seen to occur when the parents resist aligning with the therapists' descriptions or direction, by using their knowledge, and / or expressions of emotions. It seemed that often the parents were able to exercise their own *agency* in the face of the therapists' power, and respond robustly, for example in Sharon's response to Thea in Chapter 4, Extract 5, about whether or not Thea has told Cara about her mother's overdose:

```
Thea:     So that's- so that was um,(.)
          Are you afraid that I've ↑told her?
          Or that-(.)that [She did] know before.
Sharon:                   [Mmmm,]
Sharon:   I think you've told her.
Thea:     ↑Do yo:u?=
Sharon:   =£Yes£=
```

I have outlined in 7.1 of this Chapter that it is the therapists' reflexive ability to keep the focus on the relationship that allowed effective working in these sessions. They continually monitor the impact of the conversation on themselves and the parent, and show a readiness to hear any impact as important, and any difficulties as potentially located with the therapist. They do this while simultaneously pursuing their safeguarding agenda, so being persistent with the task at hand and not avoiding potential areas of conflict. I would argue that the therapists' robust questioning and straightforward pursuit of their agenda, while potentially being experienced as oppressive, could also be an *invitation* to the parents' to evoke *their own agency*. So, while discomfort is clearly present in the asymmetry occurring due to the therapists' stance as seen in Chapter 4 *Lacking Authority* of the analysis, it can be argued that what ultimately is being created, because their reflexive abilities are used alongside their persistence (Sutherland et al., 2013c) seen in Chapter 5 *Pursuing Authority*, is an authentic exchange between people that can then eventually result in jointly created authority and effective working. This is in line with Bertrando and Krause's work described in 7.1, where they advocate expressing opinion as being the least colonizing approach to take (Bertrando, 2007, Krause, 2012).

7.4.1 Complexity within the concept of 'jointly created' authority

In the literature review *Chapter 2, 2.2: The Question of Power in Systemic Psychotherapy* I described how the concept of power has been explored, and become a pervasive and important thread in the development of systemic psychotherapy. Presenting interweaving work on the therapeutic relationship, and the therapeutic alliance, I showed how there has been continued debate about how therapists can most ethically and effectively position themselves in relation to

power issues arising. I argued that it had become generally accepted that therapists "ought to acknowledge power rather than to ignore it or to conceal their power simply by calling their therapy collaborative" (Zimmerman, 2011, p. 221). There is an on-going (if only subtly present) question in the field as to whether any action *can* be 'jointly created', or whether we can only respond to others in the moment with respect to what, for example, their emotional expression calls us to understand from our knowledge and experience of context (Krause, 2010). CA theory can be useful here.

In *Chapter 6 Jointly Created Authority* I argued that the CA analysis showed how at these times some joint conversation was being created and framed as such, and the power differential present seemed to be characterised by authority that was jointly created: useful power that allowed the therapists' deontic stance to be used as a resource to shape the conversation helpfully. Choosing to use the CA literature, and concept of jointly created authority in particular, as the lens through which to present the data, can be seen as a reminder of the centrality of 'talk as action' (ten Have, 2007) and this is helpful to systemic psychotherapy theory. The basic concept of talk creating action in the moment, through consequential responses, shows how authority can be jointly created. In this study the continual interplay between deontic, epistemic and emotional orders, and the sequencing of participants talk in this interplay, does not imply pre-determined assumptions between people to 'jointly' allow authority to the clinicians to use their knowledge and ask questions that can be followed up. It implies an assumption that through the talk between them authority can be withheld, or granted, and so created in this sense as joint action through unfolding talk. Addressing the inevitable complexity involved in describing 'jointly created authority' is one place where there is a dynamic interface between systemic and CA theories that are potentially mutually influential and useful

7.4.2 Specificity in Descriptions of Power in Systemic Psychotherapy

Carrying out this research, I have reflected on the ways in which power is thought about and described in the field. The literature review showed how, through the first phases of the development of the concept in the field, power was described in rather general terms, akin to an umbrella term for what is accepted as something potentially oppressive, present and undeniable, that requires us as therapists to consider our ethical position towards others, such as the power differentials created between people because of social differences within families and between families and professionals. Authors such as White (White, 2012) and Anderson (Anderson and Goolishian, 1988) were influential in beginning to address the issue of therapists' power. Since

then, coherent with the increased interest in language in the field, there has been an emphasis on dialogue. This has focused on, amongst other things, careful listening, invitations to reflection, witnessing, and use of inner and outer dialogues (Seikkula, 2008, Rober, 2005, Wilson, 2015, Shotter, 2015) and indicates an interest in how power manifests itself and can be 'dealt with' in the minutiae of talk. It can be argued that systemic psychotherapists have become increasingly interested in the specifics of what happens in the moment between therapists and clients, and the importance of the therapists' ethical and authentic, or 'humane', positioning, and what happens in the dialogue within these moments, and that arguably the result is often a particular emphasis on *technique.*

The analysis in this study showed therapists' managing to focus on issues of risk, and in the literature review I described how Flaskas advocates for an "ethical obligation" for therapists to be "aware of and use the richness of the push and pull of our involvement" (Flaskas, 2016, p. 157). I argued that her work links very closely to recent collaboration debates originating in work in Canada where authors such as Strong and Sutherland have focused on the minutiae of conversation (Sutherland and Strong, 2011). They argue that "the performance of power by one party requires the collaborative efforts of the other party, such as conformity or resistance" (Sutherland, 2008, p. 34) and their work is closely mirrored in the findings. In this study I emphasise this point through the lens of the concept of 'jointly created authority' used in CA (Turner, 2005, Stevanovic, 2013).

I described how Sutherland is influenced by Hill (Hill et al., 1992) who "shows that the presence of client resistance or reluctance to consider or accept therapists' proposals does not necessarily indicate negative outcomes or poor therapist practices. In Hill's study, "clients rated as most helpful therapist behaviors that they initially strongly resisted" (Sutherland et al., 2013c, p. 470). Sutherland and colleagues define persistence as "therapists staying the course they have chosen, despite facing conversational "obstacles" that could thwart their intention" (Sutherland et al. 2013c, p. 471), and describe therapists as remaining responsive to clients feedback, and adjusting their own responses accordingly (thereby avoiding becoming abusive in their use of power) while simultaneously persisting with their desired direction to ensure they are being as useful as possible to the client, for example by using their knowledge. They name therapists' patterns of responsive behaviours as including "providing detailed descriptions, self-disclosing to provide information, adapting lessons to clients' interests, and changing format or structure of task or activity" (Sutherland et al., 2013c, p. 471).

In the context of this responsiveness, they state that: "Therapists merely proposing an alternative understanding or course of action in a tentative, one-off conversational turn may be insufficient for the clients to experience change. What may be required is a therapist sustained focus, or persistence, when introducing new ideas or exploring new possibilities with the client. The course of action that therapists pursue may involve one of the following kinds: maintaining the focus on a particular issue or topic; advancing a particular agenda or perspective in interaction (whether their own or of specific family members); holding a particular therapeutic posture for a period of the conversation; or guiding the conversation toward a particular therapeutic goal" (Sutherland et al., 2013c, p. 472). I would extend this. From my findings, I would argue that in this study these actions are also serving as an *invitation* to clients to evoke their own power and develop their own agency in the relationship as a response.

I would argue that the field might benefit from thinking about concepts of power with more specificity, particularly when working with mandated clients. Not only, on the one hand, in rather abstract generalised terms, or, on the other hand, in ways that focuses on dialogue and technique to the exclusion of theory. Rather, it might also be important to think about specifying and making distinctions about different kinds of power arising in different contexts between people. I would argue for further consideration of how power is described, particularly: power as a generalised and accepted concept; authority as jointly created (legitimised and useful) power; and *therapists pursuit of authority as an invitation to clients' agency*, as important concepts bridging abstract generalised ideas of power, and detailed consideration of the impact of language use.

7.5 Implications for two areas of clinical interest in this context

7.5.1 The contribution systemic approaches can make when using mentalization-based approaches: the importance of considering and managing power when working with 'hard to reach' families

7.5.1.1 Introduction:

We have seen in the literature review how models of intervention commonly in use do not address the power of the therapist as explicitly as systemic approaches do. We have seen how important, and potentially useful, these models are in this context. 'Hope for Children and Families' brings a structure with which to address issues in relation to neglect. It attempts to ensure accurate and timely identification of these kinds of difficulties and to introduce plans for intervention. The model recognises the 'common factors' framework (Sprenkle and Blow, 2004, Budge and Wampold, 2015, Flückiger et al., 2012, Duncan et al., 2010), where the scope for therapeutic work is wide, and most importantly the 'therapeutic alliance'. It is the structure and framework for this that seems most useful to timely intervention. It is arguable, using evidence from the common factors research, that having reached the point of having had authority granted to them by clients, any model of work from the evidence base that has been shown to be helpful can be potentially useful to both the parent and therapist.

In this section I will focus on the mentalization-based approaches. This is because of the close links between these and systemic approaches. Donovan described the similarities between Tomm's notion of reflexivity, and reflective functioning and/or mentalization, where both are seen as helping to increase the ability to interpret feelings, mental states, and behaviour of others (Donovan, 2009). The mentalization-based approaches are also self-defining in offering a framework for thinking about working with 'hard to reach' families, and so fit with the work studied here.

My experience is, and evidence suggests, that ideas from mentalization are particularly useful in social care contexts, where the focus is on increasing reflective capacity, and on helping parents and children to identify and cope with varied mental and emotional states. Mentalization-based approaches such as MBT-F did not arise from within a social care context, although their application has been with high-risk groups such as adults with 'borderline personality disorders' (Bateman and Fonagy, 2006) and 'hard to reach youth' using the AMBIT model (Bevington et al., 2015). The Anna Freud's service, The Early Years Parenting Unit (EYPU), which works with parents with personality disorders/difficulties and who have babies and/or children under the age of five who are subject to a Child in Need or Child Protection plan, or who are on the edge of care, uses a mentalization-based model and works closely with social work teams. They work with families for up to two years. I argue that the complexity of the power differentials arising when working 'in situ' in children's social care, and with only short periods of time available to intervene, make it all the more important to understand the issues arising in relation

to power. I will consider how the findings might suggest that it would be helpful to consider issues of power in relation to two core ideas a) epistemic trust, and b) reflective capacity.

7.5.1.2 Epistemic Trust

Fonagy and Allison describe how "Mentalizing in therapy is a generic way of establishing epistemic trust", that is, "an individual's willingness to consider new knowledge from another person as trustworthy, generalizable, and relevant to the self" (Fonagy and Allison, 2014, pp. 372-373). They use attachment frameworks to explain how people who experience security in relationships can develop an ability to relax *epistemic vigilance* in order to open what is termed an *epistemic highway* in the mind of the client. This is there "to ensure that the individual can safely change his/her position..and acquire new knowledge" (Fonagy and Allison, 2014, p. 374). They describe how this is achieved through "collaboration" between patient and therapist, "through the explicit effort of seeing the world from the patient's standpoint [which] serves to open the patient's mind to the therapist's communication. The patient moves toward being able to trust the social world as a learning environment once again" (Fonagy and Allison, 2014, p. 375) They describe how this is achieved by therapists' 'sensitively responding', and they also predict that when working with clients who have a diagnosis of BPD the approaches are likely to succeed if the social environment of the client is "largely benign" (Fonagy and Allison, 2014, p. 378).

I would argue that the findings of the study seen in Chapter 6 *Jointly Created Authority*, where new reflections about the experience of children, and the parents' contributing behaviours and feeling states, could be described as the parents' having developed 'epistemic trust'. It could be argued, using the language of mentalization, that the 'sensitivity' and attunement of the therapists to the client has opened the epistemic highway in the parents, in order that the learning from the reflections can be introduced. I would argue however, that the findings emphasise how much of a 'joint performance' (Rober, 2005) this is in these cases, in the less than benign environment of children's social care work. Just how much each participant had to do to manage the power arising to achieve this joint performance is evident.

The findings in this study chime with recent arguments set out by Donovan regarding the relative perspectives and the relationship between mentalization and systemic approaches

(Donovan, 2015). She critiques Asen and Fonagy's 2012 article 'Mentalization-based therapeutic interventions for families' (Asen and Fonagy, 2012). Examples of how systemic ideas are *explicitly* linked to mentalization in the literature are 'openness to discovery' linked to curiosity (Cecchin, 1987); 'opaqueness of mental states' connecting with safe uncertainty (Mason, 1993) and 'reflective contemplation' linked to reflecting team techniques (Andersen, 2004). So, proponents of mentalization-based approaches have been clear that it is not a 'new form' of therapy (Asen and Fonagy, 2012, Bevington et al., 2015). Nevertheless, I share Donovan's concern that mentalization-based approaches have been subtly positioned in an oppositional frame in relation to systemic practice, through a lens of difference rather than through a lens of connectedness. It is understandable that in this age of scarce resources in the field, and in public sector services in particular, why approaches are constructed in relation to their differences, rather than constructed with an invitation to continue explorations of what could be added to the field because of their connectedness. However subtly this is at play there is a risk that what could be learned from collaborative practice could be lost. Donovan identifies this manualised approach as based on "claims to scientific certitude" (Donovan, 2015, p. 158). She acknowledges that the proponents of the approach recognize that experienced therapists use these manuals flexibly, and in a way that is consistent with their complex understanding of therapeutic processes and theories of change. However, in the high risk environment of children's social care the tendency towards certainty, even in very experienced professionals, is well known (Mason, 1993). For those who are less experienced, the full repertoire of the approaches in use within this one model might not be so easily accessible if not described explicitly enough or with sufficient clarity.

Donovan argues that the model engages primarily with the area of systemic technique, and that "it seems to engage much less with the wider therapeutic endeavor that we have come to know as second-order systemic family therapy…MBT-F is not acknowledged as systemically influenced at the level of core assumptions and cherished ideas" (Donovan, 2015, p. 152). Donovan quotes Asen and Fonagy:

MBT therapists would not shy away from challenging individuals to examine their contribution to specific states of affairs (for example relationship issues) whereas systemic practitioners might seek explanations in the individual's context, whether it is their family, social or cultural setting. An MBT-F therapist may under certain circumstances, view this as a non-mentalizing stance to adopt (Asen and Fonagy, 2012, p. 351). Like Donovan I do not recognise my own, or my colleagues', systemic practice in this description, or in the findings:

(Thea: Tch So do you think that is something that Cara um (.) >every now and then< feels with ↑you that there's not enough of a reaction? Is that sort of the a theme if you like? That C may have felt that at other times [that]……
Pam:.hh ↑What do you think Charlie notices abo:ut how sometimes your emotions might not match the moment: it's in.= <↑Do you think that's something he ever: picks up on?= …..Your mentality was no:t goo:d at that time,= <and then Charlie also being looked after by his Dad who was drinking_ What effect do you think that might have ↑had on hi:m as a young child?)

I would argue that the findings in this study show the kind of relational work that *enabled* a mentalizing stance to be taken, facilitating what Fonagy describes as opening the epistemic highway to new ideas (Fonagy and Allison, 2014). Donovan is concerned that "the clinical challenge of undertaking therapeutic intervention with families is in danger of being glossed over" (Donovan, 2015, p. 157). I would argue that the findings show the level of skill that therapists can have, where systemic work rises to the clinical challenge to achieving collaboration, particularly where issues of power present complex challenges to relational work.

Concepts of mentalization are key to safeguarding. Parents who are unable to identify their own high levels of arousal, find it hard to manage their reactivity, and who use unhelpful coping strategies, find it harder to access therapeutic ideas that might enable them to be protective of their children. In this context, the findings show how much work in the minutiae was needed in these examples to make this kind of reflection possible, particularly in relation to managing the power differentials arising and focusing on the relationship implicitly or explicitly.

The sessions examined in the study were sessions where in Family 1 the therapist was working with two adults; in Family 2 the therapist was working with one adult, with a teenage daughter present; and Family 3 where the therapist was working just with the adult, with her baby present. The complexity of managing the same clinical challenges with more family members, which family work often involves, is even more complex. Flaskas has commented on these challenges and called for greater understanding of the complexity of this kind of relational competence, and what happens in the relational 'space' where "our in-the-room practices (across different approaches within family therapy) are finely crafted to create a safe space for different voices, and to build the capacity for the therapist to be in relationship with the family as a whole, as well as each person within the family" (Flaskas, 2016, p. 152). I would argue that this is even more pertinent when working in social care

where therapists have to balance safeguarding and therapeutic concerns. It may be that systemic practice located in the *second-order dimension* (Donovan, 2015) (described in 7.1 of this discussion as identifiable in responsive persistence using comprehensive reflexivity in particular) could give some more depth to the systemic techniques as they have been taken up by the proponents of mentalization. This seems particularly important where those who are less experienced in psychotherapeutic work use manualised approaches: they might understandably be drawn towards more certainty when working in complex areas with high levels of risk. In my own practice, trainees have approached me with concerns that their application of mentalization-based approaches with families has not been as effective as they expected. When introduced to systemic ideas in a way that developed their capacity to work in a more reflexive way, considering their own position, who *they* were to the family, and the impact of their own 'subjectivity' on their responses, then their practice developed in a way where they were able to use mentalization-based concepts to much greater effect. This seemed to refocus the work away from technique only and into a more meaningful relational frame. It is often said that a clinician's job in children's social care is to slow things down and to create spaces for thinking in a context where reactivity is an understandable response to risk. It can be argued that an important contribution to this ability to slow things down in order that they can be more effective, lies in the second-order dimension (Donovan, 2015) of systemic practice and the relational competence of the therapist (Fruggeri, 2012). Since carrying out this piece of research I have been clearer about these distinctions and I have been able to help trainees more effectively in this way.

7.5.1.3 Reflective Capacity

Fonagy et al. describe how "Mentalizing is a form of social cognition. It is the imaginative activity that enables us to perceive and interpret human behaviour in terms of intentional mental states (eg. needs, desires, feelings, beliefs, goals, purposes, and reasons)" (Fonagy et al., 2012, p. 4). Thus far in this chapter I have discussed how the findings chime with Donovan's critique regarding how consideration of the second-order dimensions of systemic practice might enhance MBT-F when it comes to fulfilling the potential of technique. In this section I will highlight how the findings might contribute to thinking about how the concept of reflective capacity (used synonymously here with mentalizing capacity) is used in practice in children's social care.

A raft of measures has helped to develop mentalization theories in specific areas and been developed in the light of them. The Reflective Functioning Scale that can be scored on interviews such as the AAI: Adult Attachment Interview (Hesse, 2008) and Child Attachment Interview (Target et al., 2003) has been important to the work. Luyten et al. are clear that assessments of mentalization are not limited to structured tests, but also that unstructured work that enables complex understanding of "different facets of mentalization under varying stress conditions, and thus in various relationships, including the relationship with the assessor…that takes context into account, with particular attention to the capacity for mentalization in high- and low-stress contexts, which are typically related to specific attachment relationships" (Luyten et al., 2012, p. 64). This kind of unstructured assessment is useful to social workers and therapists who need to make assessments of parental capacity of 'hard to reach' parents (whose struggles with relationships and emotional regulation have already been described) where there are concerns of neglect or other abuse of children. My experience is that use of this concept can become rather rigid and static, where the concept of mentalization can be decontextualized, and deflated so that it becomes simplistic. Descriptions of parents' ability can be crudely stated, as reflective capacity that is 'there' or 'not there' and can be measured as such. While these descriptions can be based on interactions with social workers and clinicians over time, and in different contexts, and may well have been thought about in a complex manner, the way they are presented sometimes falls short of sufficient complexity. While Fonagy (Fonagy et al., 2012) and colleagues clearly do *not* present the subject in this way, the findings may point to issues of context, and power in particular, that it would be useful for practitioners to be mindful of, and to examine more explicitly than the way that they feature in the mentalization-approaches literature. This may be another area where systemic and mentalization-based approaches may benefit from increased connection.

Antaki (Antaki, 2004) critiques assumptions such as theory of mind and reflective capacity as unexamined assumptions of cognitive psychology. Along with other authors from the discursive psychology field (Potter, 1996) they refute the validity of terms such as 'beliefs' or 'reflections' as though [for example] "Jane's 'mind' existed somewhere and could be lifted out and checked over" (Antaki, 2004, p. 668). Rather than being a matter of reference, these kinds of terms can be thought about only in terms of what the statement of beliefs or reflections are *doing* in the interaction as a matter of interactional achievement. Antaki

describes, from his study of 'theory of mind', interviews with psychologists and people with a diagnosis of schizophrenia, how "the client's words demonstrate not a neutral (but deficient) report of another's actual state of mind but a conversational move" (Antaki, 2004, p. 675). He showed how those who were allegedly poor at articulating what another person was and might be thinking, also had the ability to deal "with what the interlocutor laid on the interactional table" (Antaki, 2004, p. 681). Iversen (Iversen, 2014a) also expressed caution about disregarding the interactional elements when making decisions about the outcome of interviews. She used CA to examine interviews with children which were trying to establish the child's ability to "picture other people's mental states based on their behavior" in regard to fathers who have been abusive (Iversen, 2013, p. 55). She argues that the concept of what is 'believable', that is taken for granted in the psychologists' descriptions of the childrens' mentalizing, cannot be separated from the actions of 'defending' and 'accusing' in the interviews. The answers that the children gave were *doing more* than accurately 'mindreading' or not. They were doing interactional work in relation to what the psychologist was asking them about their father, in order to position him or herself as defending or accusing. This impacted directly on how much mentalizing talk was evident in their answers, and showed how the constraints of the institutional task of the interview shaped the responses.

It can be argued that the findings in this study showed the development of reflective capacity over the course of the interviews. I have argued that it was necessary for the power differentials arising to be managed by skilled responsiveness in the therapists, in order that authority was granted for them to use their persistence, and their theories of change were made available for use. These contrasting extracts from Chapter 4 and Chapter 6 of the analysis from Family and Therapist 3 are illustrative of a marked difference in Lia's articulated reflective capacity:

```
Pam:    So I suppose I'm wondering, (.) hh
        What you thought the ↑children
        might have ↓noti:ced about you
        when you'd got that low¿=
                    ((From 'children' Lia look up and gazes
                       strongly at Pam looking displeased))
Lia:    =Nah the kids tch >°an that,°<
        They never no:ticed ↑nuffin.
                                ((Looking at Pam with a strong gaze,
                                   then shaking her head))
Pam:    You don't think they ↑no:ticed¿=
Lia:    =No, Because I just carried on with them like
           >°doing the right thing all day°<,
```

$$$$$$$$$$

Pam: .hh What kind of mum to Charlie were you?
(1.0)
Lia: I was bad. I was like- I was a ba::d mum.
((*Looking directly at Pam*))

The difference is marked and occurs over one session, a relatively short period of time. The findings shown in Chapter 4 demonstrate that the parent's answers were *doing something* other than giving an account of their beliefs about their children and their emotional wellbeing. We saw in the findings how Lia's initial answers were certainly not giving permission for Pam to explore these ideas any further with her. It seemed that it was difficult for Lia to be in these conversations at all, and there was a great deal of work done between the two to enable Lia to grant Pam the authority to use her knowledge in the questions and to be able to respond to her in the way that is seen in Chapter 6.

I would argue that if the kind of relational work discussed in *Part 7.1 Using systemic practice: the 'difference that makes the difference' to maintaining effective ethical practice in a context where power prevails* is not possible then there is a risk that conversations might not develop sufficiently well, and responses to professionals may stay as those seen in chapter 4 of the analysis, that is, characterised by a 'push and pull' that allows little room for reflections to be articulated. There is greater risk then that professionals are more likely to become more 'certain', and begin to describe reflective capacity as a static entity, because they do not experience enough difference in the conversations they are having with parents. Luytens et al. are keen to stress that assessment of mentalization must be informed across different contexts and across different relationships. They also stress that assessment needs to take into account the extent to which clients "can coregulate stress in relation to the assessor and are able to recover mentalizing during the assessment" (Luyten et al., 2012, p. 52). I would argue that imbalances of power in this context inevitably create stressors that might impede parents' ability to express reflective abilities through talk. However, considering how this might arise more specifically, the answers that parents' give to questions may also be conversational *moves* (Antaki, 2004, p. 675). In the findings, parents responded with difficulty, not only if the conversation was stressful, but if they had a different perception than the therapist about why they were there at all, and a different definition of the situation (Clayman, 2002) as was most clearly illustrated in Family and Therapist 1. Parents' responses may be conversational moves, where they position themselves in relation to these kinds of

differences, as much as demonstrating a response to stressful circumstances in interviews *per se*, and this is much more likely to arise than in other settings where participation may be more voluntary. Lia's response in Extract 9: =No, Because I just carried on with them like >°doing the right thing all day°<, could be seen as lacking reflective capacity about her children's experience, but could also be seen as a conversational move, where she is positioning herself as someone who does the 'right thing' and wants the therapist to know this, which is arguably directly related to the therapists' power in this situation.

In these situations, 'jointly created authority' might be a more relational frame with which to reflexively monitor the therapists' *own part* in enabling reflections to be articulated, through careful consideration of, and response to, issues of power arising in this much more explicit way, and being dealt with using the careful and detailed responsiveness discussed in 7.1 *Using systemic practice: the 'difference that makes the difference' to maintaining effective ethical practice in a context where power prevails.*

7.5.2 The contribution of systemic ideas to the concept of 'disguised compliance'

The NSPCC describes how 'disguised compliance' "involves a parent or carer giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention" (NSPCC, 2010). This term is credited to Reder and colleagues, who state: "Sometimes, during cycles of intermittent closure, a professional worker would decide to adopt a more controlling stance. However, this was defused by apparent co-operation from the family. We have called this disguised compliance because its effect was to neutralise the professional's authority and return the relationship to closure and the previous status quo" (Reder et al., 1993, pp. 106-107). Examples of co-operation might be temporary improvements in school attendance; cleaning the house before visits; and engaging with professionals such as health visitors for the period of time required.

Disguised compliance has been a feature of many serious case reviews (Brandon, 2008). In his report following Victoria Climbie's death, Lord Laming called for 'respectful scepticism' (Laming, 2003), and following the death of Peter Connelly there was a call for 'respectful uncertainty' (Easton, 2009, Monroe, 2011). The recommendations are for professionals to understand that when families are welcoming to them, this does not necessarily mean that

effective joint working is happening. Workers need to explore parents' rationales for any lack of significant change, and also consider cultural belief systems carefully and the impact of these on action / inaction (Brandon, 2008, Laming, 2003, Easton, 2009). Monroe called for increased evidence-based direct work with families, offered by creative, reflective, but above all, empathic practitioners (Monroe, 2011).

In a recent study, Broadhurst used discourse analysis to study Public Law Outline Meetings in Children's Social Care (Broadhurst et al., 2012). The purpose of these meetings is to ensure that families understand the expectations of the local authority when concerns are very high, ostensibly to stop court proceedings from having to go ahead. The study showed that only limited 'partnership' was possible in the meetings as "institutionally practised entitlements to speak, raise topics, agree or dissent then can result in resistance from service users" (Broadhurst et al., 2012, p. 530). Their findings showed "clear issues of power in professional-client relationships, although often unintended", while some clients overtly resisted attempts to restrict their responses, the majority of clients "passively resisted instruction and advice, with no overt challenge, but responses fell significantly short of agreement" (Broadhurst et al., 2012, p. 530).

In Chapter 4 *Lacking Authority* of this study, Iversen's work on co-operation, using ideas about affiliation and alignment helped to show how parents often kept the conversation affiliative, while not necessarily aligning with the topic introduced by professionals (Iversen, 2013). I introduced the concept of 'stake' (Potter, 1996) in the literature review, suggesting that the parents' stake in keeping relationships cordial was high. CA practitioners argue that this tendency towards 'preference' happens within the usual framework of conversational practices in any setting. The preference for people talking together is usually towards affiliation, and potential ruptures in relationships are repaired as soon as possible (ten Have, 2007).

My experience is that parents need to be compliant in relation to children's social care, as anger and hostility towards professionals is not well received. This can have far-reaching effects, particularly impacting upon professionals' formulations of whether or not change is possible within families. It can be confusing and anxiety-provoking for professionals when families seem to be in a conversation with them that seems co-operative but the professionals have a sense that not a great deal of change towards increasing safety for children is happening. I would argue that the CA concepts of affiliation and alignment could be helpful

in identifying what this unease that professionals often describe might sometimes be about. Coupled with an understanding of authority as jointly created and granted to professionals by families, it may be that systemic practitioners can understand, and help the network around the family to understand, the processes of 'disguised compliance' in a more relational way. While it seems important to remain curious about the possibility that some families are merely being dishonest in order to rid themselves of children's social care while remaining determined to harm their children, it may be that even this extreme position needs to be thought about with a robust rationale for our description of how this might be occurring, using more detailed analyses of interactions. In more common, less extreme situations, if hostility is not an option, then how can parents be enabled to more safely disagree with the professional system? It may be useful to explicitly introduce the distinctions between co-operating with the conversation at one level, but without having a joint definition of the situation, and without aligning with the topic proposed. Using the 'relational competence' (Fruggeri, 2012) described in 7.1 of this discussion, and shown in the findings as being at the point of 'pursuing authority', moments of unease could be identified at the point when they arise. It may be possible to notice affiliation, but not alignment, and unpick the process of the conversation in order to have a better idea of what is happening. This would give a more relational frame to the useful ideas of respectful scepticism, or respectful uncertainty, in the face of disguised compliance.

Most professionals in social care are familiar with conversations with clients where professionals reflect back to clients a dilemma about how they do not seem to be making changes, while at the same time agreeing that they need to do so for children's safety. I would suggest that it might be helpful to understand the minutiae of how this happens in conversations, and identify this with clients and with the network around them. Professionals might be able to give more detailed and robust descriptions of what is happening in conversations that seem hard to *pin down*. If used in the moment, then potentially families may be given more room to understand that they may be withholding authority (rather than fighting against authority), and how they are doing this, and the potential impact of this on the actions of social care. As a result there may be possibilities for more joint 'co-operation' (Iversen, 2014b), or for the network to be clearer, that co-operation might not be possible, and why. These conclusions could emerge in a more timely way than often happens currently.

7.6 Combining Systemic and CA frameworks

Differentiating between 'orders' of power, knowledge and emotion from the CA framework enabled the findings to be understood in detail in ways directly relevant to the dilemmas facing therapists and parents in this context, and that made sense to, and develop systemic approaches**.** It was possible to understand how the deontic order might take on a direct particular relevance as therapists introduced concerns: (Tina; < In the sense of we,(0.5)Uh hu, as a unit we've kind've(.)worried about them not,0.5)↑thri:ving?); and how the epistemic order (Maggie: I thi:nk,(.)Mayb::e (0.5) people are forgeti::ng,(.) certainly in regards to Te:rry: that he has Aspergers.); and emotional order (Lia: (5.0)°Dunno.°) were used by the parents to resist this. This brings helpful distinctions that enable examination of how the power differentials arising can be understood, managed and used. Not only has CA acted as a method to illuminate the systemic practice in the findings; the CA theories can also be seen to be contributing to these systemic ideas and extending them.

It can be argued that the findings show something akin to Sutherland's description of the performance of power, where one party requires the collaborative efforts of the other party such as conformity or resistance (Sutherland, 2008). The results also seemed to be echoing Stevanovic who claims that the person suggesting the direction of action (in this study the therapists), and the person accepting this and acting accordingly (in this study the parents), thus *jointly create* authority, and enable a legitimised use of power (Stevanovic, 2013). This means that power can potentially be seen to exist *usefully* for therapeutic work to take place. As in other studies, like those of Sutherland and Strong (Sutherland and Strong, 2011), the findings show systemic and CA concepts illuminate each other as frameworks for examining therapeutic work in this context, as well as illuminating the work itself.

In the literature review, Part 1, *The Question of Power in Systemic Psychotherapy*, I have described how relevant to this study Sutherland et al.'s concepts of responsive persistence are in relation to how power is addressed and conceptualised as a joint performance. In their work they show ways in which systemic psychotherapists show their persistence, and argue that they do this without becoming oppressive. They give examples of 'persistence', using the work of systemic psychotherapists who claim to be working collaboratively. For example, they show how

White used formulations, editorials, and repetitions; accounts of the responses of others (or candidate answers); and looking back for points of entry over the session. They showed O'Hanlon pursuing specific responses over turns; ignoring certain communications; and anticipating and interrupting problem talk. They showed Anderson giving space for the clients story; pursuing detailed descriptions of meaning; and listening for other views and stories (Sutherland et al., 2013c).

It can be argued that the kinds of sessions described by Sutherland showed enough shared assumptions about the task for the therapists and clients to be in a conversation that allowed this kind of 'persistence' to be introduced (with on-going 'responsiveness' from the therapist), but the fact that the conversation is happening, and is voluntary, is a given. The findings from the sessions in my study show how much of an added challenge it is to create a context where these kinds of techniques for 'persistence' could be used, particularly at the beginning of the work. Chapter 4 *Lacking Authority* shows the dynamic 'push and pull' between therapist and client, most often due to the lack of shared assumptions about the definition of the situation (Clayman, 2002) or potentially because of the feelings generated by being in the conversation. The findings from Chapter 4 *Lacking Authority* showed tough negotiations about just being in the conversation at all, and this is one way that the findings reinforce how working in the social care context has particular complex challenges. In the findings in my study the therapists seemed to require a great deal of 'responsiveness' of a particular kind (a 'comprehensive reflexivity'), in order that they could be 'persistent' in the useful way that Sutherland describes.

I found the CA framework from Stevanovic (Stevanovic and Peräkylä, 2014, Stevanovic and Peräkylä, 2012) useful in understanding in detail what was occurring in these conversations which initially seemed so far away from the kind of 'cooperation' (Iversen, 2013) shown as a given in Sutherland's examples. In the findings, I specify how this joint action happened in these sessions by using Stevanovic's 'momentary relationships of participants' through the examination of 'deontic, epistemic and emotional orders' (Stevanovic and Peräkylä, 2014). Not only has CA acted as a method to highlight systemic practice but these concepts from CA introduced specificity and distinctions that are helpful to the idea of 'responsiveness' and 'comprehensive reflexivity' in this particular context. Understanding through the CA concepts of orders intersecting in different moments between people are helpful to understanding what kind of reflexivity and responsiveness was intersecting through the conversations in the interviews for the kind of 'persistence' to be used that might lead to reflective work. For example, when

therapists respond to the emotion, or the epistemic responses of the parent and adjust their own responses as a result. I argue that CA and systemic psychotherapy theories have much to offer each other. CA can contribute to systemic psychotherapy through the use of its developing theories about interaction, and in enabling more specificity to how our theories are shown in our talk with clients, and consequently has much to offer therapists practising in this context, and to training in the field.

7.7 Implications for training and supervision of systemic psychotherapists and other professionals working in a social care context.

In this section I argue that the findings, and the use of CA to illuminate them, could give another dimension to the training and supervision of systemic psychotherapists generally, and in particular those working in children's social care. Many of the dilemmas arising in practice, in my experience, are contributed to by an inevitable blurring of safeguarding and therapeutic contexts. For example, parents who are struggling to work freely therapeutically when they are also being monitored. I have argued that the findings give an opportunity to develop useful distinctions in the work addressing these dilemmas. In this section I give, in part a) a brief overview of the training context; and in part b) I suggest how trainees and supervisees could be helped to develop skills in increasing their reflexive practice, not just as a reflexive stance, but also in understanding the details of how that reflexivity can be put into practice particularly where issues of power prevail. I offer suggestions of how CA ideas could be used in training and supervision in this particular context, and comment on the potential value of using CA in teaching, training, and supervision of therapists and social workers at different levels of training and experience. Part c) suggests the use of the Conversation Analytic Role Play Method (CARM) (Stokoe, 2014) in particular as a potentially useful vehicle for this learning.

7.7.1 The Training Context in Systemic Psychotherapy and Children's Social Care

Training courses in systemic psychotherapy have long mirrored their fundamental theoretical frameworks. This shows itself through a strong emphasis on feedback, reflexivity, 'live' supervision groups, and the continual interplay between theory and practice skills

development[17]. Writings about systemic teaching, training and supervision has steadily developed in the field (Campbell et al., 1991, Draper et al., 1990, Smith, 1993), and Cottrell twice edited a Family Therapy Journal on the subject (Cottrell, 2005, Cottrell, 2007). Each edition contained short papers by trainers sharing their experiences of best practice for assessment of trainees (Akister, 2005, Ware and O'Donoughue, 2005, Walker, 2005, Neden, 2007); and training practices for skills development in trainees (Wannan and York, 2005, Divac and Heaphy, 2005, Singh, 2005, Partridge et al., 2007, Lord, 2015, Woodcock and Rivett, 2007, Neden and Burnham, 2007, Ali, 2007, Nolte, 2007). These include training people to be supervisors. It is striking to note how the papers predominately address training people in working with issues of power and difference. Cross-cultural working, creating space for reflexivity about power, and developing collaborative and relationally reflexive practice are strong themes, and show the bias towards the 'second order dimensions' (Donovan, 2015). These are reflected in the teaching of theory and technique in the field. There is a strong emphasis on helping trainees to develop into competent *reflexive* practitioners, capable of addressing and working with their own power, and to encourage experienced practitioners to continue to reflect and develop in this area.

Increasing numbers of local authorities are applying a systemic model to their social work practice, and this is reflected in the amount of systemic training courses being developed and delivered 'in-house' to social workers and clinicians. Whether training systemic psychotherapists to translate their skills into this context, or providing training in systemic practice to social workers who are already familiar with the context, the value of systemic practice in this context continues to be acknowledged and developed (Pendry, 2012b, Monroe, 2011). In the next section I give examples of ideas that could potentially be included in a training or supervisory context, to show how the findings could contribute to this body of work. While I focus here on children's social care, training social workers, or systemic psychotherapists transferring their skills into this context, these ideas will be applicable to any systemic psychotherapy training or supervisory context.

7.7.2 Addressing power and using CA to enhance training in reflexivity in each of the

[17] See the Association of Family Therapy Blue Book; The Tavistock Centre, and Institute of Family Therapy, training manuals for course contents examples.

areas of approach, method and technique in systemic practice

7.7.2.1 Foundation level training

Foundation level trainings in systemic practice in any context introduce fundamental concepts such as relational and circular, rather than linear, descriptions of difficulties. Issues of power and reflexivity are central to these descriptions. I have argued in *7.2 Implications on how 'power' is described and developed in systemic psychotherapy theory* that the field might benefit from describing concepts of power with more specificity, particularly when working with mandated clients. I would argue for foundation level trainings to incorporate more *theory* about power, and to specify: power as a generalised and accepted concept; authority as jointly created (legitimised and useful) power; and *therapists' pursuit of authority as an invitation to clients' agency*, as important concepts, particularly in the context of working with mandated clients.

In areas of practice development where issues of addressing power and difference are so important, it may be useful to provide training specifically focusing on developing reflexivity about potential prejudices in particular areas of cultural difference relevant to this context, alongside those more often privileged. Of particular relevance might be an examination of what kinds of prejudices might exist about 'hard to reach' parents who struggle to make and maintain relationships due to emotional and relational difficulties, and whose children are at risk of harm. It may be particularly useful for those working in a social care context to acknowledge the voiced and unvoiced prejudices (Burnham et al., 2008) that are not just arising for them, but how discourses arising from these prejudices might exist more widely in teams and organisations, and impact on how families are responded to by the organisations involved.

In relation to technique and skill development, using CA concepts, foundation level trainees might benefit from understanding how focusing on moment-by-moment interactions might illuminate their practice. O'Reilly and Lester describe how CA can be a "useful reflective instrument for therapists to explore how turn – taking unfolds and the processes that take place" (O'Reilly and Lester, 2016, p. 507). Developing skills in *noticing* the 'push and pull' in the work that indicates power issues arising might be particularly useful. These might be seen in examining recordings and reflecting on sections of naturally occurring data, such as those in this study, in order to understand why focusing on the relationship, reflexivity, and understanding the professionals' own part in interactions, is core to the effectiveness of any work.

7.7.2.2 Intermediate and Advanced level training: including supervision, in children's social care.

Building on the concepts introduced above, introducing CA concepts and applications to practice might have much to offer trainees and those looking to develop their practice, and particularly how they might "be aware of the discursive strategies….this awareness may help them to reflect on how to manage such challenging conversational practice" (O'Reilly and Lester, 2016, p. 507).

Jointly created authority as a relational frame, and making distinctions using the concepts of deontic, epistemic, and emotional orders: These concepts may help learners to think about their own, and clients' responses in the moment at the interfaces between power, knowledge, and emotion. It may be useful to teach more experienced trainees and therapists about the CA terminology (for example of 'Momentary relationships of participants', and 'deontic, epistemic and emotional orders') in order that these ways of describing interaction can be considered as part of their lexicon of useful ways of describing interactions. This may enhance their thinking about working with power, knowledge and emotion, as interacting domains. This will be particularly relevant to working with 'hard to reach' clients. Under consideration might be: understanding authority as jointly created, granted to therapists in the moment by clients; making choices about positioning, and choosing when to exercise deontic rights as an ethical position, by understanding the invitation to clients' agency; understanding the interfaces of deontic, epistemic and emotional orders as an opportunity to develop therapists' reflexivity, and comprehensive reflexivity in particular; understanding how focusing on working on the relationship can facilitate authority; and developing skills in helping parents to grant authority by privileging their emotional and epistemic orders. It may be helpful for therapists to continue to examine their own prejudices, and using the concepts of momentary relationships of participants, and emotional and epistemic orders in particular, as helpful to developing relationships across difference, and respond to discrimination and conflict, particularly in the areas of mental health and child safeguarding.

It will be possible to apply these ideas to develop training about working to establish reflective abilities in a parent in a safeguarding context. It will be useful to develop understanding about 'jointly created authority' as a relational frame with which to reflexively

monitor the therapists' own part in enabling *reflective capacity* to be articulated, through careful consideration of, and response to, issues of power arising.

Using the concepts of affiliation and alignment to establish co-operation: Understanding co-operation as involving affiliation *and* alignment in talk may be a useful idea for therapists, who can then develop skills in noticing and naming the difference between affiliation and alignment in a conversation. Again, incorporating the CA terms of affiliation and alignment, and understanding these ideas as ways of describing what is necessary for co-operation, might be useful additions for the systemic repertoire. Linking this to the concept of *disguised compliance* as a relational concept, indicating a lack of authority, may be helpful to those struggling to move conversations forward with clients and not understanding the barriers arising sufficiently well.

7.7.3 Using CA as an additional method for training through the Conversation Analytic Role-Play Method in teaching, training and supervising

Examining the minutiae of talk can bring an added dimension to training and supervision through the use of CA. Stokoe has developed the Conversation Analytic Role-Play Method (Stokoe, 2014) to apply CA in communication training in areas such as mediation and police work. She argues that the most commonly used method of training, role-play, to simulate real events and develop skills, has limitations. Through her research she has shown that role-play participants do not behave as they would in real live situations.

CARM is grounded in conversation analysis research. Anonymous recordings of actual events are played line-by-line with transcripts. After each line trainees discuss potential responses in groups, and then feedback. "This means that workshop participants live through conversations without knowing what is coming next, and then role-play what they might do next to handle the situation…participants see and evaluate different responses, identifying effective practice on the basis of what happens in real interaction" (Stokoe, 2014, pp. 256-257). Stokoe uses the analogy of a *racetrack* for a conversation, and the idea that hitches, glitches, hurdles, and falling along the way can be anticipated and avoided.

In systemic psychotherapy, 'live' supervision of work with families is core to the training and so the opportunity to observe practice as it occurs is available, particularly to those at an advanced level of training. Role-play is also often used for skills-development practice of particular techniques away from the pressure of 'live' work, giving trainees opportunities to practice, pause, and repeat particular techniques experimentally. This is particularly the case at foundation levels of training where live family work is not so available. Using CA examples of live practice, potentially using a CARM model, would provide another way of developing skills in having conversations with 'hard to reach' families and having difficult conversations about safeguarding children. I anticipate that 'real time' conversations like those recorded for this research would provide useful examples of potential hurdles in the conversational racetrack in this setting. For example, where trouble might occur in the exercising of deontic rights, and where there is a difference between people about the definition of the situation that brings them into conversation together. It would be possible to identify how systemic techniques can help refocus on the relationship, and identify best practice in relation to managing power differentials. There is a growing evidence-base for the effectiveness of this kind of approach to training that is based on naturally occurring talk (Stokoe, 2014) and I would argue that systemic training would benefit greatly from applying CA in this way to allow trainees to identify best practice.

7.8 Strengths and Limitations of the Study

In this section I outline two broad areas where I can identify areas for critique and also where the study has particular strengths. Firstly, I address sample size, and the particular way that the CA method has been applied in this study. I then examine the process of changing the design that could be open to critique. I identify the role of my own reflexivity as central to decision-making within the research process, linked to the strengths and limitations of the study. I identify potential future work involving the interviews that were not used in the research at this point.

7.8.1 Sample size and application of the CA method

The design of this research changed once I had identified how CA could contribute to

answering the research questions through detailed analysis of talk. I found the richness of the exploration a real strength of the study, where the detail that could be illuminated and understood was interesting and potentially useful in its application to theory and practice. I consequently came to understand how it *would* have been beneficial to record *more* naturally occurring therapeutic sessions of the kind that were used here (rather than carry out interviews in retrospect) in order to gain more comparisons of the ways in which power was managed in this context. However, this study does not claim to contribute to the CA body of work concerning general patterns of interaction, rather it was illuminating to examine the work the parents and therapists did together in these particular examples using CA to do so.

In relation to the connected concept of saturation as a marker for validity in qualitative research, O'Reilly and Parker have questioned how important this is (O'Reilly and Parker, 2013). In a study of this size the focus was on the examination and understanding of local practice, not making broader comparisons or claims to much more general applicability, and small and single case studies do have a tradition in CA since Sacks's original lectures (Sacks, 1992). It can be argued that the value of any method is in its ability to provide useful answers to the research questions. The application of CA used here can be seen as using basic concepts and principles and not a full analysis as more often used by the approach (O'Reilly and Lester, 2016) and I would argue that CA's particular method of identifying practices has offered a useful way to answer the questions from a systemic perspective about what happens in moment to moment interactions when parents and therapists are working in contexts of risk.

7.8.2 Implications of the change in design: use of the interviews, and future research

One of the main contexts for the research described in the introduction was that parents who are seen as 'hard to reach' and having particular vulnerabilities, need to be worked with more effectively. There is recognition that relationship difficulties between parents and professionals are one of the main difficulties of the work, particularly when working with neglect. One of the main concerns is that parents are seen as powerless in relation to professionals, and also that the impact of difficult relationships can be that parents' voices are marginalized. I initially hoped that, through carrying out semi-structured interviews, they would be given an opportunity to express their experiences in a way that was freer than might have been possible in the statutory work, due to the high stakes involved in those relationships that might not be so present in a research context.

In *Chapter 3 Methodology*, I described the change in design resulting in a focus on the naturally occurring therapeutic sessions using CA. In carrying out the initial CA which requires staying so 'close' to the text, I experienced a helpful starting point from which to notice, suspend, and use, my existing beliefs reflexively. I initially transcribed the interviews and carried out an initial analysis looking at themes arising. I carried out a small amount of CA on some of the extracts in order to think about whether this method might illuminate their voices in particular ways, and this process can be seen as different to the usual transcription in most of the extracts. I have included an extract of the interviews I carried out with parents in Appendix 14. As an experienced systemic psychotherapist it was impossible for me to view these transcripts as a naïve researcher. Doing this small piece of CA reinforced to me how the conversation I was creating with clients was influenced by me, my contributions, and the extracts of the sessions that I had chosen to show them on tape, as they were reflections of the parents' experience of the sessions I was showing them. Despite this, during the course of the interviews with parents I experienced hearing things from them that I found unexpected, for example Lia speaking about how caring she found Pam despite her difficulties in being able to respond to her, and Maggie speaking about avoiding certain aspects of conversation quite deliberately because of differences between their view and that of social care. These experiences did influence me in becoming even more interested in how these experiences actually arose in the work in talk, and looking in detail at the sessions rather than the interviews. This helped me to think about my own biases in relation to examining the data, and to ground what I was choosing to highlight in the data when doing CA analysis.

When working as therapists and faced with dilemmas, we do not have access to the kinds of insights reported to us in retrospective interviews, and the work unfolds turn-by-turn. I am clear that one of the strengths of the study is the focus on the detail of the sessions, which has been able to highlight rich understandings of what can happen to promote clients voices in the work, where it matters. The extracts presented in Appendix 14 show how rich the interviews with parents could be in juxtaposition to the CA analysis and I intend to do a further piece of work to compare and contrast the themes arising with the findings of the study. This could be done with a discourse analysis to good effect, taking into account understandings of power differentials arising, not only through the structure of the talk, but with a particular focus on language use and meaning.

In the interviews with systemic psychotherapists it was equally impossible for me to

approach the data and interviews themselves naïvely. I could understand many of the interventions through the common ground of our joint training. I may have had an understanding that helped me to identify particular SIK's and institutional values in the systemic psychotherapists' work. This may have contributed to the shape of the interviews.

In relation to my analysis when examining the data of the therapeutic sessions, I became increasingly clear about the level of reflexivity needed to feel comfortable with the analysis I was carrying out. I was aware that I may have looked for those familiar ways of working when viewing the sessions, choosing the clips, and examining the talk occurring between therapists and parents, where another researcher may have made different choices. This was an issue I became more aware of in relation to the choices I was making of what parts of the interviews to analyse and also in the CA transcription itself. Having done the interviews, however, and understanding my biases and contributions through that experience more clearly, it was possible to approach the analysis with this in mind. CA looks at the data turn-by-turn in order to understand how the *participants* were receiving and understanding and positioning themselves in relation to each other's turns in talk. Remaining this close to the actual talk occurring in the sessions and examining through CA in this way enabled me to reach a more comfortable ethical position as researcher that allowed my knowledge and biases to be acknowledged while looking at what the data was telling me about how the *participants* were receiving each other's turns in talk.

I have included extracts of the interviews with systemic psychotherapists in Appendix 15. Having done a small amount of CA on extracts of these interviews (that can be seen as having been done in some extracts in the appendix), there seems value in a future study to compare and contrast how therapists talk *about* the work they are doing, and comparing this to how the work unfolds in the moment using CA. Like the parents' interviews, I think a discourse analysis may also be useful. This may have a bearing on different areas mentioned in this study, for example, on how therapists talk about their own position and the ways in which they are able to articulate the reflexivity I am arguing can be seen in the work. This may have potential implications for creating greater clarity about what is required of trainees in order to evidence reflexive abilities.

As all the participants' first language was English I could not examine how social difference in relation to cross-language interaction might have affected the findings in relation to power. It would be an interesting area for further research, to understand more about how this kind of

difference may impact on how power arises and is dealt with in interaction.

7.9 Issues of my own reflexivity in relation to the research process

Researcher reflexivity and the importance of detailed consideration of the impact of the researchers own beliefs, experiences, and ways of understanding the world are central, and because the social care context is my area of practice I needed to be particularly vigilant. I was influenced by the research outlined in the literature review and my own practice experience, and I came to the research with some beliefs about the work that I needed to acknowledge. I believed that attempting to dissipate my power obscurely might not be ethical or effective. I believed that speaking about power and introducing expectations, allied to social workers' expectations, paradoxically enabled more trust in the work, and I needed to understand this as a particular 'driving force' for the research questions and a potential bias. I described in *Chapter 3, Methodology, 3.2.9 Reflexivity on the design and the initial processes of the research* how my experiencing a shift in role from therapist to researcher, or therapist-researcher, and feeling the differences between these positions rather acutely, dominated the initial stages of the research. An experience of staying with and managing uncertainty dominated. I described a sense of powerlessness that mirrored the topic under examination, particularly arising in moments where I had no control in the processes. This led me to reflect on the aim of the research, which was to understand the power issues arising, particularly in relation to a vulnerable client group. It led me to reflect on the powerlessness of their position in relation to the system of safeguarding where processes can happen that are way out of people's control, and through this experience I was reassured that the study was a relevant and important one for me to carry out. I described how I began to experience these differences in role, and my discomfort, as useful. I hoped that in the processes of analysis I would be able to explore differences beyond what was familiar to me, rather than to 'collapse' what was arising from the data into outcomes already known to me (McCann, 2014).

In carrying out the initial CA which requires staying so 'close' to the text, I experienced a helpful starting point from which to notice, suspend, and use my existing beliefs reflexively. This also led to my decision to stay with the detailed CA analysis and change the design towards an analysis of the naturally occurring talk, while thinking about how the interviews

might be useful to future work, and also potentially benefit from further CA or discourse analysis.

In *Chapter 3, Methodology, 3.5 Conversation Analysis, Reflexivity on discovering Conversation Analysis* I discussed how I was reflexively influenced by my experience of learning about and practicing CA. I realized how much technical skill and practice is involved in order to carry out an analysis that I was satisfied with from an ethical standpoint, by developing transcriptions and consequent analyses that were not overwhelmingly embedded with my own assumptions. While we cannot rid ourselves of our preconceptions, I used supervision and colleagues on the course, and practice through the CA courses I undertook, to challenge my preconceived ideas and to remain vigilant about grounding my ideas in the data. Through practicing and learning CA rigorously with others, I was able to identify practices in the conversations that had commonalities and seemed relevant to the research questions. I became increasingly confident in my ability to understand how to ground my ideas in the method of transcription, and the building blocks of CA theory. My clinical work began to change as a result of the research process. I found myself attuned in a different way to my own and others' talk in the moment. I was excited by the way in which a research methodology could fit so well with my basic systemic values, and highlight them in unexpected ways. I was particularly surprised by the way in which CA theories of jointly created authority, co-operation and resistance through affiliation and alignment, and momentary relationships of participants through the interface of knowledge, power, and emotion were so fitting to what I was seeing in the work, and to systemic theories.

Through this process I have become clearer about the theoretical bases of my work in everyday practice. I have been able to address the dilemmas of using models of evidence-based practice more confidently, when they are used without contextualizing them systemically, and without considering issues of power in particular. I have also found myself being able to create clearer distinctions about what power might mean, in different situations, between different people, at different times. I have, therefore, been able to bring more specificity to discussions about power in systemic psychotherapy, bridging the general terms of power in use and the detailed minutiae of how power impacts in specific circumstances, with ideas about how interfaces of knowledge, power and emotion might interact and create

moments of power, or authority, or agency in relationships.

7.10 Conclusion

My motivation for carrying out the research was to develop ideas about more effective practice, in a context where power prevailed and vulnerable client groups are not well represented. I wanted to become a more effective practitioner and address some dilemmas about the available models for working, particularly in complex high-risk situations of neglect. Through the research process I have become more aware in my practice of making distinctions about what conversation I am in with clients, and identifying the 'push and pull' where it arises. I am using an ability to differentiate between focusing on deontic, epistemic and emotional orders, and I am strategic about what might enable clients to grant me the authority to make my knowledge of models of change available to them. I am clearer about my positioning in relation to wanting to sustain a focus on safeguarding while maintaining ethical practice, and more confident about focusing on using emotion to bring my attention to cultural differences and challenge prejudicial assumptions when they arise, and they do so more regularly when risks are high for children. I am also more easily able to reflect with clients on what might be happening in our talk and notice when our talk is affiliated, but not aligned in topic, and our definition of the situation is different. I am more able to reflect on my discomfort when presented with models such as mentalization-based approaches, when they are presented with an uneasy degree of certainty. I am also more confident in my ability to use systemic techniques to illustrate my core systemic values of addressing power usefully in the work.

I am looking forward to introducing the ideas developed in this thesis in a training context in the areas of theory and practice. I hope that I will continue to work on the contribution that CA might make to systemic psychotherapy field. I hope that this research will help other systemic psychotherapists, and professionals working in a social care context, to make helpful distinctions in conversations with clients, and manage the issues of power, authority, and agency arising as effectively as possible.

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