PAPER FOR DISCOURSE STUDIES

'Gossiping' as a social action in family therapy: The pseudo-absence and pseudo-presence of children

Dr Nicola Parker
Clinical Psychologist
Birmingham and Solihull Mental Health Foundation Trust
Spring Road Centre
258 Spring Road
Tysley
B11 3DW
Nikki.parker@bsmhft.nhs.uk

Dr Michelle O'Reilly*
Senior lecturer
School of Medicine, Biological Sciences and Psychology
University of Leicester
The Greenwood Institute
Westcotes Drive
Leicester
LE3 0QU
0116 2252890 (tel)
01162252881 (fax)
Mjo14@le.ac.uk
*author for correspondence

Version 2: 11th April 2012

Word count = 7170 excluding references and title page
Running head: Gossiping as a social action

Acknowledgements = We would like to offer our thanks to Professor Panos Vostanis, Dr Khalid Karim and Claire Bone for their guidance and comments on this paper and extend thanks to the ESRC for funding this project.

Biographies

Dr Nicola Parker is based at Birmingham and Solihull Mental Health Foundation Trust working as a Clinical Psychologist. She undertook her PhD exploring family therapy conversations. Her research interests include mental health, therapeutic conversations and discursive approaches.

Dr Michelle O'Reilly is a senior lecturer based at the Greenwood Institute at the University of Leicester in Child Psychiatry. Her research interests include family interaction, child mental health and qualitative research ethics. She has a particular interest in discourse and conversation analysis.

‘Gossiping’ as a social action in family therapy: The pseudo-absence and pseudo-presence of children

Family therapists face a number of challenges in their work. When children are present in family therapy they can and do make fleeting contributions. We draw upon naturally occurring family therapy sessions to explore the ‘pseudo-presence’ and pseudo-absence’ of children and the institutional ‘gossiping’ quality these interactions have. Our findings illustrate that a core characteristic of gossiping is its functional role in building alignments which in this institutional context is utilized as a way of managing accountability. Our findings have a number of implications for clinical professionals and highlight the value of discourse and conversation analysis techniques for exploring therapeutic interactions.

Key words: Gossiping, social action, family therapy, discourse, accountability, children, mental health, conversation analysis, vulnerable

Introduction

The social action of gossiping has received attention in social psychology, sociology, anthropology and organisational studies. From this research a number of core features are consistently reported. For conversation to be considered gossip it should be triadic (Michelson et al, 2010), evaluative (DiFonzo & Bordia, 2007), remedial (Guendouzi, 2001) and is typically (but not exclusively) negative (Noon & Delbridge, 1993). It is noted that the talked about other should be non-present (Foster, 2004) and that there are social sanctions for engaging in gossiping (McDonald et al, 2007).

Gossiping thus creates demarcation between insiders and outsiders and is a useful communication strategy for building (Duncan et al, 2006) and maintaining social relationships (Fiske, 2004). Problematically, however, although gossip can strengthen relationships between the gossiper and recipient, it has potential to damage relationships with the talked about third party (Michelson et al, 2010).

While gossiping may build alignments with recipients and affirm solidarity between individuals or groups (Benwell 2001), it can also be a mechanism for elevating one's position within a social hierarchy. Gossiping can be a means of enhancing prospects in social competition (McAndrew et al, 2007). Through gossiping the social position of the talked about third party becomes downgraded which by contrast elevates the gossiper to a higher social status (Tholander, 2003). Engaging in gossiping, however, may risk threats to face (Goffman, 1999) as gossiping is a risky social endeavour which is contingent on trust that the recipient will align with the gossiper (Grosser et al, 2010). In practice this means that the person offering the gossip could be perceived by the recipient in a negative way, rather than

the object. This has been shown with other social actions, such as complaining, where the complainer risks being judged as a whinger (Edwards, 2005).

Paradoxically, although gossiping is morally sanctionable, it is ubiquitous (Foster, 2004) despite the gossiper's vulnerability to potential threats to face. It is thus incumbent upon the speaker to engage in some interactional effort to increase the persuasive nature of the content of what is said and amplify its coercive power (Kurland & Pelled, 2000). One way of managing gossip whilst maintaining the social relationship, is for the speaker to present the information as a factual description to disguise its gossiping quality. This is because many of the ethical condemnations of gossiping relate to the rules of privacy and therefore people will seek to guard themselves against a charge of indiscretion (Foster, 2004). This clearly indicates not only that the interactional responses of the recipient shape and direct the gossip (Fine, 1986), but also the context and setting in which the gossip occurs (Behnke, 2007).

Gossip can occur in formal informational exchanges and informal conversations within organisations (Mills, 2010) and much of the literature focuses on organisational settings, generally considering business contexts. Conversation analysis recognises that institutional talk has some different features from mundane conversation (Drew and Heritage, 1992). So while gossip may occur informally within an institutional setting, such as in a waiting room, or over the photocopier, the features of talk recognisable as the social action 'gossip' may also occur more formally in the institutional setting. One institutional setting where gossiping has particular distinctive features is in mental health settings. Our interest in this paper is not in the gossiping between professionals outside of the formal institutional talk, or between patients as they await therapy rather we focus on the social actions occurring during therapeutic interactions.

In the specific context of family therapy, although the term gossip may seem incongruent with the institutional activity, it does share some typical features with gossip in other settings. The common features that it shares are that it is generally negative, evaluative, remedial, triadic, and sanctions are relevant. Gossip in therapy, however, does have some unique features. It differs in three identifiable ways. First, in family therapy children and adults are usually present together. Previous research on gossiping has tended to only explore the qualities of adult-to-adult (for example, Foster, 2004; Tholander, 2003) or child-to-child gossip (for example, Fine 1986; Goodwin, 1982). Second, the talked about third party, usually absent in the gossiping context is typically but not exclusively present in the family therapeutic setting. Third, the therapeutic goals of family therapy shape and contextually frame the gossip. While the application of the concept 'gossip' may seem unexpected given the three core contextual differences, we deliberately stretch the meaning of this term in order to illustrate the significance of the social action that is being performed. In therapy there is an intrinsically asymmetric relationship between therapist and clients. Arguably there is also an even greater asymmetry between adults and children due to children typically being only afforded half membership status in adult interactions (Shakespeare, 1998, Hutchby & O'Reilly, 2010).

Aims of the paper

In this paper we aim to explore the process of social positioning between parents and children within a family therapy context. We investigate how parents seek to build alignment between themselves and the therapist, simultaneously distancing themselves from their child's behaviour. In this paper we also consider more widely how parents talk about their children

in the therapy and the multiple discursive strategies used to 'do' therapeutic work. We explore how therapists manage these delicate social actions and resist particular alignments in order to maintain the wider therapeutic relationships with the family unit. We also examine the position of the child as the talked about other, in triadic interactions as at times 'pseudo-present', when the child freely interjects with a turn without invitation, and at times 'pseudo-absent' when the child refrains from interjecting a turn without invitation. They are therefore not invisible/ ignored as is anecdotally suggested with many vulnerable groups, but neither are they fully present as they become talked about by the adults in the room.

Methods

The discursive approach

We utilise the discursive approach for studying family therapy as this version of analysis is methodologically congruent with family therapy theory and practice (Roy-Chowdhury, 2003). For our analysis we follow Edwards & Potter (1992) which has the benefit of using a conversation analytic framework to elucidate the nuances of interaction. Using this type of analysis allows the researcher to explore the contribution of each party within the therapy from their respective positions (Roy-Chowdhury, 2006). This allows for a rigorous analytically and empirically grounded account of the data.

Setting and context

The data for this research were provided by a UK based family therapy centre. We were provided with approximately 22 hours of video-taped sessions of naturally occurring family therapy. Data consists of two therapists, Joe and Kim, and four families (see table one).

The family therapy team uses a systemic approach and work with families of children who have child mental health problems and diagnosed disorders. This team of family therapists routinely video-tape the sessions as part of reflecting clinical practice and thus were not primarily recorded for research purposes. Informed consent was obtained for the tapes to be used for research.

INSERT TABLE ONE HERE

The video-taped data was subjected to transcription in accordance with the analytic method and Jefferson guidelines designed for conversation analysis were followed (Jefferson, 2004).

Ethics

For our research we utilised the principlist approach to ethics incorporating the four core principles of autonomy, justice, beneficence and non-maleficence (Beauchamp and Childress, 2008). In practice this meant that informed consent was collected from managers, therapists and families.

Analysis

A notable feature of talk in institutional settings that distinguishes them from mundane conversations relates to rights of access to the conversational floor. In family therapy the therapist has primary authority to engage or disengage, invite participation or obstruct turns. Through shifts in category alignment different members take up particular positions and position others in relation to one another. Shifts in alignment between members simultaneously work to collude and exclude. This creates a context whereby elements of the social action 'gossiping' are displayed in the sense that there is a 'talked about third party'. In family therapy, however, the third party is typically present. In our data corpus, the talked about present third parties are usually the children, who are talked about in a particularly derogatory way. This has implications for the appropriateness of conversational content in family therapy (O'Reilly & Parker, in press). Whilst this is the case for the majority of the data presented, we begin, however, by introducing an adult triad.

Extract 1

```
1  Dad:    >I think< but it got blown rig[ht out of cuz she got
2  FT:                                    [I'm goin' t'
3  Dad:    you know she went. blew a fuse so,
4  FT:     I'm aw[are that
5  Dad:           [I never I never (0.2) >you know< I never ↑'ad
6          another magazi:ne,
7  FT:     ↓Sure
8  Dad:    or anythin' (0.4) >yer know what I mean< .hh t' t'
9          that thing
10 FT:     Mandy, [I'm gonna talk t' you cuz =
```

11 Mum: [↑Yeah

12 FT: = you'ʋe be:en sat very patiently lis[tenin' t' =

13 Mum: [It's alright

14 FT: = what t' what t- two men 'ave be:en sayin' (0.4)

15 e::rm almost <about you> and almost like we're

16 gossipin'

17 Mum: Heh heh heh

18 FT: gossipin' in front of you e::rm

(Webber Family)

At this point in the therapy it is only the adult parties present as the child has been removed from the room earlier in the session. There has been a long discussion about their teenage son Daniel's sexual behaviour which led to a conversation about whether Daniel may have had access to pornographic material in the home. The father orients to his potential accountability in relation to this by providing an historical account of his limited pornography usage. This discussion about the use of pornography in their marriage occurs exclusively between the father and the therapist, in front of the 'talked about' mother. The therapist makes several attempts to regain the conversational floor from the father. His first attempt is interruptive of the father's turn *'I'm going t'* (line 2) which is unsuccessful. His second attempt, despite occurring at a transition relevant place (Sacks, Schegloff and Jefferson, 1974) is still unsuccessful as the father interrupts his attempt. Finally his third attempt, prefaced with the mother's name *'Mandy'* (line 10), has a recipient selection function and is thus a more powerful interactional device for usurping the father's turn. This is further

emphasised by his exclusion of the father by using the singular pronoun you, *'I'm gonna talk to you'* (line 10).

Notably in lines 14 -16, where the preceding talk is self referenced by the therapist as 'gossip', he specifically makes relevant the gender category of '*men'* (line 14), this indirectly orients to the mother's exclusion from the conversation as a woman. This is further indicated by the inclusive pronoun use of *'we're'* (line 15). It is this excluded present third party status which appears to constitute the therapist's framing of their social action as *'gossipin'* (line 15). This orients to the potentially detrimental aspect of the nature of the talk and the function of gossip to exclude the third party (Guendouzi, 2001).

This exclusion of the mother is treated by the therapist as troublesome and this is displayed in his turns which function to re-include her in the conversation. The mother responds to this by acknowledging and dismissing the impact of the trouble by saying *'it's alright'* (line 13). Additionally following the introduction of the description *'gossipin'* (line 16) by the therapist the mother produces a short series of laughter particles. This may be indicative of her orientation to the trouble as being treated lightly, which is further evidenced by the therapist not joining in (Jefferson, 1984). Jefferson notes that if the recipient were to laugh it would display insensitivity to the trouble and by not laughing alignment can be achieved, which is something oriented to by this therapist.

In the system of family therapy it is desirable that all parties within the family are afforded equal status. However, in this context, where blame and accountability are paramount, it raises a number of anxieties, particularly for parents, and through the process of collusion and alignment between two or more parties, others by default become excluded or marginalised.

A tension is then created in an environment loaded with accountability, and in the process of helping families share accountability, alignment shifts are inevitable.

This tension is further exacerbated by the presence of children in family therapy. The most prevalent strategy of positioning the child as the problem serves to help parents mitigate their accountability for requiring therapy (O'Reilly, 2005: O'Reilly & Parker, in press). The process of simultaneously positioning the child as accountable and deflecting responsibility from the parents, functions to largely exclude the children from the therapeutic conversation. What this creates is an environment whereby the children are talked about in a derogatory way in front of them, thus having a 'gossiping' quality.

PART ONE – BUILDING ALIGNMENT

A device that parents use to manage the complexity of their accountability is alignment building. In order to mitigate their responsibility for their children's behaviours they work to exclude the child during the therapy session as the 'problem other'. By casting their child as the talked about other, by default an alignment is sought between the parents and therapist. Gossiping clearly has a third person focus, substantiates behaviour and contains a pejorative evaluation which in turn creates an 'us' and 'them' context (Eggins & Slade, 1997). Gossiping also tends to deal with information that typically requires the recipient to accept the information as factual (Michelson & Mouly, 2002). In order to achieve this rhetorical function we identify three incremental strategies used to promote this: 'mere telling', actively voicing to authenticate, and providing physical evidence.

Telling

In mundane conversation when a speaker 'tells' a recipient about an event, within that telling there are multiple possibilities of social action that transcend mere description (Edwards, 1997). Within the context of family therapy, telling is ostensibly a necessary prerequisite for information gathering. However, the social action of gossip can also be disguised in its presentation as a simple mechanism of information exchange (Foster, 2004). The following extracts are exemplars of these choices in parental reporting of general behaviour, specific actions, and using derogatory descriptors related to their children.

Extract 2:

1	FT:	Who wants t' start and tell me >a little bit<
2		abo::ut (.) what's be:en happenin'? =
3	Dad:	= Well things are gettin' worse instead of
4		bett↓er
5	FT:	↓Right
6	Dad:	A lot ↑worse (.) Jordan (.) is very violent at
7		scho::ol

(Clamp Family)

The therapist opens this extract with a question directed towards all members of the family. The generality of the father's response *'things are getting worse'* (line 3) is non-agentive and non-specific, but indicates a general trend. He then upgrades his progressive generalisation from *'getting worse'* (line 3) to *'a lot worse'* (line 6) adding the third person reference to his son, 'Jordan'. This explicates that the general '*things'* relate more specifically to Jordan,

while still providing a fairly general description of Jordan's behaviour as *'very violent'* (line 6). General descriptors of behaviour tend to give way to more explicit examples of specific actions as adult family members work to dis-align themselves from their children and to construct their versions as believable.

Extract 3

1 Dad: when [we wuz on 'oliday >when we wuz =
2 Jordan: [La la la la
3 Dad: = on 'oliday< 'e nearly killed a child (.) he
4 pushed 'em down the s↑tairs
5 (1.0)
6 Dad: an' then went down the second time 'e pu[shed
7 them down again
8 Jordan: [La la
9 la la

(Clamp family)

The specificity, which builds plausibility within this extract, is constructed by the telling of detail. By providing specific details about an event or situation is to make it more authentic, vivid detail can be used to build the factuality of the account (Potter, 1996). The specific details of the location, '*on holiday'*, (line 1), *'the stairs'*, (line 4), the action *'pushed'*, (line 4), and the numeric detail, '*second time'* (line 6), add validity to the father's version. The positioning of agency through ascribing intent *'he pushed'* (line 4) and the severity of

outcome *'nearly killed a child'* (line 2) function to imply the dispositional character of Jordan. The use of detail to authenticate accounts is a common discursive strategy in family therapy when parents work to position their child/ren as problematic (O'Reilly, 2005). By positioning the problem within the child, parents work to resist a systemic interpretation of the child's behaviour which affords them the opportunity to attempt to save 'face' (Goffman, 1999). Problematically while managing this face saving dis-alignment by diverting blame from themselves to the children, the negatively talked about children are actually present in the room. Notably, although these vicarious accounts are produced in a manner which signals the child's behaviour as problematic, the child (Jordan) fails to respond as may be expected by offering a rebuttal, in the form of an excuse, justification or apology for that behaviour (Sterponi, 2009). Instead, he indicates his 'pseudo-presence' by vocalising in overlap what is recognisable as a child's strategy to indicate 'not listening' by repeating the sound particle 'la la la' (lines 3, 8 and 9). The following extracts are further exemplars of negative evaluative comments reported by parents to the therapist within the hearing of the child.

Extract 4

1 Dad: <we've got t' sort> (.) o:r get some medication or
2 somet t' calm 'is temper ↓down (.) cuz 'e's ↑schizo

(Niles Family)

Extract 5

1 Mum: >Yer know< ↑so we've got (0.2) small kids either
2 <side of us> ↑now haven't we? (0.2) an' they're in
3 the garden it's (0.4) it's like the scho:ol said
4 'e's like a preda↑tor

(Webber Family)

Bearing in mind that the children being described by their parents are listening to what is being said about them, in extract 4 the child is described as *'schizo'* (line 2) and in extract 5 as a sexual *'predator'* (line 6). Both of these descriptors work to locate the child's behaviour as dispositional and internal rather than inter-relational. Again the pseudo-absence of the child is notable in that although party to the conversation, and clearly the subject of negative evaluative comments, the child does not respond to the allegations in any of the expected ways. The distancing of parental responsibility is further developed by alignment management using discursive techniques such as the selective self referent pronoun 'we'. By stating, '*we've got to sort'* (line 1), this lexically excludes the child and thus aligns with the therapist in seeking to 'fix' him.

Within the theme of 'telling' we have outlined three discourse strategies which work to authenticate a particular version of events. Thus telling is not merely a neutral activity for the sake of simply informing the therapist about family life, but actively constructs the nature of the family's problems as located specifically within the child/ren.

Active voicing

When building alignment, active voicing (Wooffitt, 1992) is used as an additional element which co-occurs with telling. This functions to authenticate the parental construction of the child by re-enacting the specific details of the described event.

Extract 6

1	Dad:	I said t' 'im >I said< ["who's done this" =
2	Mum:	['We're
3	Dad:	= an' of course (.) he (.) 'is answer t' everythin'
4		"uh (.) I s'pose I've fuckin' done this"
5	FT:	↑Yeah

(Niles Family)

Extract 7

1	Mum:	I'd jus' got 'is yo yo be'ind my back like
2		that ((mother demonstrates))(.) an' >I says<
3		"you're not 'aving it it doesn't belong t' ya"
4		(.) "I want my ↑yo ↑yo now" so 'e started
5		pinchin' my skin (.) twistin' it like that

(Clamp Family)

In both of these extracts the sequential ordering of the narrative follows the same pattern. Both begin with the parent repeating in the active voice what was said both by themselves and the child at the time and conclude with the subsequent extreme behaviour the child displays. The parental active voice is constructed as reasonable in both content and tone. This is contrasted with the unreasonable response from the child. In extract 6 the child's inappropriateness is highlighted by the use of the swear word *'fuckin'* and in extract 7 by the increased emphasis of delivery. Contrast structures (Smith, 1978) are powerful persuasive devices which mark out the differences between the reasonableness of the parent and the unreasonableness of the child. This functions to develop the construction of the child as the problem and distance the parent from blame, building the alignment of the parents with the therapist to 'fix' the child. The use of the 'active voice' makes claims made by the parents more difficult to refute, which is notable given the presence of the talked about child: an available party to potentially deny or qualify any claims made.

Evidencing

Given that claims need to be qualified in order to validate them, physical evidence is used as a way of substantiating those claims. Problematically where there is contradictory evidence immediately available this can be managed in the current context.

Extract 8

1 Mum: although 'e's sittin' there as good as gold t'day
2 can't help Jeff's problems because ↑Bob overtakes
3 everything

(Bremner Family)

Extract 9

1	Dad:	It's like (.) you've se:en it for yourself (.) he's
2	→	sat in 'ere now (.) 'e's been doin' that 'e's been
3	→	answerin' your questions and 'e's been listenin' t'
4	→	ya but 'e's not payin' attention to ya (.)

(Niles Family)

In these extracts the parents both orient to the potential disbelievability regarding the claims they make about their children's behaviour at home. They do so by pre-empting the therapist's possible scepticism by drawing attention to the contrast between the child's behaviour in the therapy session and at home. In extract 8 Bob is referred to as sitting in the therapy session *'as good as gold'* (line 4) compared to at home where he *'overtakes everything'* (line 9). This is similar to extract 9 where Steve is constructed as *'answerin' your questions'* and *'listening'* (line 3) but '*not payin' attention'* (line 4).

In therapeutic contexts it is not sufficient to simply tell the therapist about family life events, rather the family members have interactional work to do to support their claims. This is achieved by adding evidencing to telling and active voicing, to build a convincing picture of their version of family life.

Extract 10

1 Dad: = Show Joe yer arm >where you've s-< cut a:ll yer
2 arm and >says th[e roses< done it
3 Mum: ['e reckons the rose bushes done it
4 but I s- >I reckon 'e's done it< with somet
5 Dad: ↑Show Joe yer arm then
6 7 lines omitted
7 Steve: there's nothin' th::ere
8 Mum; Don't tell lies
9 Dad: Looks like 'e's tried t' scratch the name o::r
10 somethin' in 'is arm
11 Steve: NO I ain't

(Niles Family)

In this extract the child's version and the parents' version regarding the nature of the scratches on Steve's arm are constructed as competing versions of an event. The 'truthfulness' of the parental version is evidenced through the presence of physical proof. In providing this evidence they simultaneously discredit the child's version and diminish the status and character of the child. By contrast they elevate their own status as plausible reasonable parents, which in turn serve to foster the alignments between them and the therapist. Interestingly, the child in extract 10 refutes the parental explanation of the scratches *'there's nothing there'* (line 7), in response to the invited action from the father '*show Joe yer arm'* (line 5). The pronoun 'your' serves to reference Steve as selected to respond. In contrast to this, however, the father goes back to directly addressing the therapist and talking about Steve in the third person '*looks like 'e's tried to scratch'* (line 9). Notably Steve initiates a

denial *'NO I ain't'* (line 11), thus using an opportunity as a pseudo-present (actively contributing without invitation) talked about individual. Not all children in therapy utilise these opportunities and thus become pseudo-absent.

In this section we have demonstrated that parents will talk to the therapist about their children in front of their children. They present a narrative of home-life events and construct a negative and derogatory picture of their child as a way of positioning the child as the reason for therapy. By positioning the child through telling, active voicing and evidencing they are able to manage their own identity as 'good parents' in a context in which they become accountable for their parenting and family system. By gossiping about the third party one can elevate one's social position by downgrading the position of the talked about other (McAndrew et al, 2007). By talking about the child in a derogatory way and positioning the child as the problem, they are able to deflect parental responsibility and blame to the child. Through these techniques they attempt to build alignments with the therapist and engage him/her in the gossip. The institutional context and role of the therapist, however, mean that this alignment of adult parties is not always successful and in part two we consider how the alignments can be resisted and how dis-alignments are managed.

PART TWO- RESISTING ALIGNMENT AND DIS-ALIGNMENT

In gossip sequences, the gossiper may have some difficulty in obtaining the collaboration of the recipient and resistance to alignment may be encountered (Tholander, 2003). The parents do considerable work to build alignments with the therapist and to exclude the child through actively dis-aligning with them and their versions of events. However, both the therapist and the children manage stake and interest in actively resisting this process (Potter, 1996).

Children tend to resist and deny the accountability positioned with them to varying degrees, but their half membership status is recognised by the therapist who actively seeks to engage with them to ascertain their versions of events. Notably the therapist does do some work to demonstrate that despite engaging the child in the therapy this does not mean that he does not believe the version of events presented by the parents.

Denying

Family therapy is an environment of competing versions and in this context the 'talked about other' has the opportunity to negate the version presented. Through cumulative narratives parents build a generalised version of the child whereby they position the inherent character of the child in a derogatory and negative way. This locates the 'problem' as dispositional rather than inter-relational. Dis-alignment with the child's problem is created through the repeated telling of instances of problem behaviour and simultaneously aligns the parents with the therapist as jointly working together to 'fix' the problem child. At any point during gossip the speaker's negative evaluation is open to challenge (Guendouzi, 2001),and given the nature of the talk about them and the therapeutic context there are instances where children resist the versions presented and challenge the dis-alignment.

Extract 12

1 Mum: And 'e got 'is hair off with that and >chucked it<
2 on the flo::or >and I says< we[ll once ↓yo-
3 Steve: [NO I HAVEn't I
4 dropped *it on the ↑flo:or

5 Dad: <YOU [threw it> across the livin' ro:om befo:re now
6 Mum: [N- <YOU CHUCKED IT> .hh I was ↑there and seen
7 ya >and I says< once you break that <you ARE NOT
8 'avin' another one>

(Niles Family)

Commonly denials contain negations and are typically followed by an account or correction (Ford 2002). In this extract Steve begins his turn by emphatically denying the version presented by his mother *'NO I HAVEn't'* (line 3). The increased volume of this interjection and its interruptive nature serve to enhance the forcefulness of the denial. This is immediately followed by a correction *'I dropped it'* (line 4). Although in this environment the talked about third party ostensibly has the opportunity to deny or refute versions and offer corrections or alternatives, what is demonstrated here is that on the rare occasions when children take up that prospect their accounts are quickly and forcibly negated, this is also indicated by research which shows that children's interruptions are treated negatively (O'Reilly, 2006). This is achieved here through the parents' use of collaboration, emphasis and upgrades. Problematically this creates a hostile atmosphere whereby the child's attempts to offer their versions are discredited. The therapist's role is complicated, therefore, as the therapist seeks to balance the dis-alignment sought between family members as well as respect and work with the parents' versions. The therapist manages this through two main strategies: actively engaging the child in the therapeutic conversation and discursively portraying that he believes the parental accounts.

Engaging

The perspectives of children have become more of a concern for family therapists over time (Cooklin, 2001) but despite this, children's half membership status in interactions means that it is more difficult for them to actively claim the conversational floor. While the parents could provide their children with floor space, it may be counterproductive to their stake in producing a particular version of the child to allow them that opportunity. Thus it falls to the therapist to use his/her authoritative full-membership status to create a more inclusive environment.

Extract 13

1 FT: What's it li↓ke hearin' yer mum an' dad (.) and me
2 talkin' about things that you do?
3 (5.5)
4 FT: Does that bother you?
5 Phil: ((Shakes head))
6 FT: No?

(Clamp Family)

Extract 14

1 FT: we did a lot of talkin' abo::ut (0.8)some of
2 the things that you do (.) that your mum and
3 dad aren't too happy about and I guess I jus'

wanted t' say that I know that it's re:ally
difficult t' sit there and ↑listen

(Clamp Family)

Gossiping is considered to be a negative social action (Noon & Delbridge, 1993) and the therapist orients to the possibility that being talked about in a derogatory way may be upsetting *'does that bother you?'* (line 4) and *'it's really difficult'* (lines 4-5). The therapist positions himself as an active member of the collusive partnership between himself and the parents and acknowledges the exclusion of the children during those interactions. This is evident through is use of *'we'* (line 1) which aligns him with the parents and includes the three adults together in their discussions about Steve. In extract one the therapist acknowledged the shift in alignment that occurred and made attempts to redress that. Here in extracts 13 and 14 a similar correction to the shifts in alignment is demonstrated.

Extract 15

1	FT:	↑what we're hopin' t' achieve and >I know that<
2		you're looking uneasy already Da(h)niel
3	Mum:	Heh he[h heh
4	FT:	[I know that this isn't easy stuff for you t'
5		talk about >is it<
6		(0.6)
7	FT:	especially with your parents (0.2) present. but but
8		we kindda had an <idea that>

9 (0.6)

10 FT: actually it's re::ally important <for us all> t' be

11 able t' talk about as well

(Webber Family)

Not all the therapist's engagement of the child is retrospectively repairing a social breach. There are occasions when the therapist anticipates what is likely to come in the session and prospectively engages the child early on. The therapist interrupts a general opening to the session aimed at the whole family with an insertion sequence aimed specifically at the child. He displays noticing that Daniel looks uneasy *'you're looking uneasy already Daniel'* (line 2) and does some interactional work to validate that feeling before continuing with the original turn. What this displays is recognition that it may be potentially difficult for Daniel to make contributions to the therapy but that it is important for all parties to contribute *'important for us all to be able to talk'* (lines 10-11). This makes relevant the prospective nature of the talk. We note, however, that although retrospection and prospective engagement are common, it is also possible for the therapist to orient to the pseudo-absence of the child in the immediate temporal space. Children are active participants in the family therapy context and thus normatively the therapist has some responsibility for taking steps to ensure that the child can express their views (Barker, 1998). In this extract the therapist orients to this normative framework by highlighting the relevance of multi-party contributions, including those from Daniel.

Extract 16

1 FT: So. who'd like to tell me why ↑mummy's not in the
2 mo:od t' tell ↓me
3 Jeff: ↑Not me
4 (0.6)
5 Jeff: ∘Don't know why∘
6 Bob: Not me
7 Mum: ↓Jeff doesn't know ↓why (.) Bob knows why
8 FT: S::o Bob would you like [t' tell me why =
9 Bob: [No ↑I'm not in the mood ta
10 tell
11 FT: = mummy's in a mood

(Bremner Family)

By using a lexical and relational method of hearer selection, *'mummy'* (line 1) the therapist specifically selects the two children as recipients of the question. This works to engage the children and affords them privileged access to the conversational floor space by excluding the other adult parties present. In this extract, version elicitation is primarily directed towards the two children, with the adult members occupying positions as overhearing others. This shifts alignment between the therapist and the children and positions the mother as the talked about third party.

Believing

When therapists shift alignments to the children as an engagement strategy there are potential risks to the relationships between the therapist and the adult members. A discursive resource to balance the tensions between multi-party versions of events is for the therapist to display not disbelieving. Where there are competing versions of events, the social actions the parents are engaged in is an attempt at polarisation, whereby their version is privileged as 'true' and others by default are 'false'. Alignment/dis-alignment strategies can be similarly oppositional leaving the therapist to reconcile both versions rather than favouring one over the other. The danger of an alignment shift which seeks to engage children therapeutically is that it may provoke an anxiety in parents to display additional evidencing, considered earlier in the paper. One way in which the therapist works to avert dis-alignment with the parents is to actively deny disbelief.

Extract 17

1	FT:	In some ways my my own kind of thoughts on that is
2		(0.6) >I mean< I have no reason not to believe what
3		you tell me anyway
4	Dad:	Hum
5	FT:	in some ways I don't feel I need t' see it because I
6		accept (0.4) what I hear about it

(Niles Family)

Extract 18

FT: [but (.) <I do not disbelieve> for one minute what either of you two are saying (.) cuz I have been to your old house I have seen the damage (.) I've seen the bag full of stuff (.) so in some ways,

Dad: Yeah b[ut

FT: [I don't need Steve t' do it here t' believe you

(Niles Family)

In both of these extracts the therapist orients to the believability of the parental versions of events. The therapist treats their actions of cumulative evidencing as attempts to convince him of the factuality of their version of the child. This is displayed by his statements *'I have no reason not to believe what you tell me'* (line 8), *I do not disbelieve for one minute'* (line 1) and *'I don't need Steve to do it here to believe you'* (line 6). What this achieves is a re-alignment with the parents which averts their disengagement with therapy. Problematically this has potential to disengage and dis-align with the children. The challenge for therapists therefore is to retain all members within the zone of relational accountability without dis-alignment with any member.

Discussion

This study demonstrates the complexity of teasing out the social actions inherent within the family therapy environment. Managing blame and accountability with multiple parties is a delicate endeavour for the family therapist to work with. Whilst the conversational features

analysed in family therapy have many of the recognisable characteristics of gossip in other mundane and institutional settings, the presence of children and the issue of blame is particularly salient in this context.

Our analysis highlights how blame and responsibility are managed, how the presence of the child is dealt with, and how therapy is accomplished. The first part of analysis focused predominantly on the perspective of the parents who sought to manage their own accountability for their child's behaviour by attempting alignments with the therapist. Parents attempted to strengthen their relationships with the therapist in three incremental ways. They used mere description, active voicing and providing evidence to substantiate claims. The second part of analysis focused predominantly on how those alignments were challenged and resisted. Children challenged alignments by denying claims, while the therapist worked to engage the children in the therapy and simultaneously demonstrated belief of the parents' versions.

The advantage of using a conversation analytically informed discursive approach for research of this nature affords an opportunity for a detailed systematic analysis of the sequential aspects of interaction within the family therapy setting. It further provides a framework to interrogate the detail of the social actions as they occur in context, allowing an exploration of process and function rather than simply content. Other qualitative methodologies offer some useful insights into family therapy by offering thematic descriptions and interpretative comments, but this approach has additional value as it fully evidences claims in naturally occurring data and is able to explore the nuances of social action that are occasioned in therapy talk.

In this paper we have explored the social action of gossip. In family therapy, the talk has some distinctively identifiable features of gossip as it is normatively considered, although it is unusual to consider any talk in therapy to constitute gossip in the conventional sense. Our use of the term gossip in this paper has been used as a useful analytic tool rather than a literal description by expanding the typical meaning of the concept and translating it to an institutional context. By using discursive techniques we are able to identify instances where talk is produced to be heard as simply factual description, whilst maintaining an underlying alternative performative social action. In therapy there is a necessity for information gathering as the therapist requires access to the family's private lives. Problematically, as our analysis demonstrates, this element of therapy is loaded with negative descriptions and 'gossip' which function to dis-align from children's behaviours in order to maintain face.

The negative descriptions of children, the management of accountability and attempts at alignment, make family therapy a complex institutional accomplishment. Parental descriptions in family therapy can perform multiple social actions simultaneously. Therapists can utilise this knowledge to facilitate decisions about how and from whom narratives and information are elicited, with a conscious awareness of the potential performative nature and functions of those descriptions.

The evidence base in family therapy suggests that there is some concern in the field regarding the inclusion of children in family therapy sessions due to the potential harm that may be caused (Miller and McLeod, 2001). Miller and McLeod note, however, that there is a unique advantage to working with parents and children together as it adds an important dimension to the therapy and facilitates child-parent relations. Recently the Department of health has taken the position that clinical practice should be evidence driven (MacIntyre et al, 2001) and

family therapy particularly has a limited evidence base (Roy-Chowdhury 2003). Whilst anecdotally therapists generally promote the value of including children in family therapy sessions, there is limited empirical evidence to support the efficacy of this approach (Miller and McLeod, 2001). This paper goes some way to providing clear evidence to how children are included in family therapy and the ways in which they are ‘gossiped’ about.

From the evidence in this paper we raise a number of considerations for the field of family therapy to reflect upon. When therapists make a clinical judgment to offer initial sessions with the parents without the children present, we propose that they may want to consider the following issues. Therapists may benefit from a more explicit awareness of the nature of multiple social actions which may occur within descriptions, such as accountability, mitigation, excusing, and managing threats to face. With this in mind it may be advisable for therapists to work towards eliciting descriptions from parents which are as much as possible performing 'information only' functions, in that they are simply factual and free from judgements. During this time therapists may be able to communicate specific therapeutic boundaries about limiting the accountability management and blame resistant elements of ostensibly descriptive talk, which could be translated to later sessions when the children are also present.

When therapists make a clinical judgment to include the children in the family therapy sessions we propose they may want to consider the following issues. Although within the NHS it is recommended that professionals work in a child-centred way (Pickering and Busse, 2010) the pressure towards alignment from the parents, as shown in our data, can make achieving this difficult. Parents have a strong stake in the process and outcomes of therapy and this impetus may be a driving force in their desire to dominate sessions with their own

versions of events. Because of this the therapist may need to exert additional effort to afford children more opportunities to offer their own perspectives. Additionally, it will be helpful for the therapist to be cognisant of the danger of inadvertent iatrogenic consequences on the child who may be detrimentally affected by being party to the kind of negative talk from parents that has been exemplified in this paper. Gossiping about a family member can damage relationships with that talked about party (Fine, 1986) and unchecked or unbalanced negative descriptions of children in therapy could have an undesirable or even harmful impact on the child's mental health. It is however recognised that this can be particularly difficult for the therapist to be aware of and manage amidst the dynamics of the moment-by-moment interaction, and thus the value of the reflecting team is acknowledged as especially useful in these instances.

The analysis presented in this paper highlights that individuals with a 'half-membership' status may be pseudo-absent or pseudo-present in the interaction. This positions them as the 'talked about' third party with limited access to the conversational floor. Anecdotal narratives and clinical experience indicate that many vulnerable groups are afforded this pseudo presence in conversations; those in wheelchairs are typically talked over, those with learning disabilities are talked about in front of them, patients lying in hospital beds are often talked over, and in some cultures women are not given privileged access to the conversation. This paper has dealt only with the therapy context but extensive literature searches reveal that there is limited evidence related to any of these 'half-membership' groups and how they are 'gossiped' about in their presence. Future research has a long way to go to understand the nuances of interaction with these particularly vulnerable groups.

References

Barker, P. (1998). *Basic Family Therapy (Fourth Edition).* Oxford: Blackwell Science Ltd.

Beauchamp, T., & Childress, J. (2008). *Principles of Biomedical Ethics. Sixth Edition* Oxford: Oxford University Press.

Behnke, S. (2007). Gossiping about patients. *Monitor on Psychology, 38 (5),* 70-71.

Benwell, B. (2001). Male gossip and language play in the letters pages of men's lifestyle magazines. *Journal of Popular Culture, 34 (4),* 19-33

Cooklin, A. (2001). Eliciting children's thinking in families and family therapy. *Family Process, 40 (3),* 293-312.

DiFonzo, N. & Bordia, P. (2007). Rumor, gossip and urban legends. *Diogenes, 213,* 19-35.

Drew, P. & Heritage, J. (1992). *Talk at Work: Interaction in Institutional Settings.* Cambridge: Cambridge University Press.

Duncan, J., Bowden. C., & Smith, A. (2006). A gossip or a good yak? Reconceptualising parent support in New Zealand early childhood centre based programmes. *International Journal of Early Years Education, 14 (1), 1-13.*

Edwards, D. (2005). Moaning, Whinging and Laughing: The Objective Side of Complaints. *Discourse Studies. 7(1):* 5-29.

Edwards, D. (1997). *Discourse and Cognition.* London: SAGE Publications.

Edwards, D. & Potter, J. (1992). *Discursive Psychology.* London: SAGE Publications.

Eggins, S. & Slade, D. (1997). *Analyzing Casual Conversation.* London: Cassell

Fine, G. (1986). The social organization of adolescent gossip: The rhetoric of moral evaluation. In J. Cook-Gumperz, W. Corsaro, & J. Streeck (Eds). *Children's Worlds and Children's Language.* (pp: 405-423). Berlin: Mouton de Gruyter

Fiske, S. (2004). *Social Beings: A Core Motives Approach to Social Psychology*. New Jersey: John Wiley and Son

Ford, C. (2002). Denial and the construction of conversational turns. In J. Bybee, & M. Noonan, (Eds). *Complex Sentences in Grammar and Discourse: Essays in Honor of Sandra A. Thompson. (pp: 61-78).* Amsterdam: John Benjamin Publishing Co.

Foster, E. (2004). Research on gossip: Taxonomy, methods, and future directions. *Review of General Psychology, 8 (2),* 78-99.

Goffman, E. (1999). On face-work: an analysis of ritual elements in social interaction. In A. Jaworski, & N. Coupland, (Eds). *The Discourse Reader.* (pp: 306 – 320). London: Routledge.

Goodwin, M.H (1982). "Instigating": storytelling as a social process. *American Ethnologist, 9,* 799-819

Grosser, T., Lopez-Kidwell, V., & Labianca, G. (2010). A social network analysis of positive and negative gossip in organizational life. *Group and Organization Management, 35 (2),* 177-212.

Guendouzi, J. (2001). 'You'll think we're always bitching': the functions of cooperativity and competition in women's gossip. *Discourse Studies, 3 (1),* 29-51.

Hutchby, I., & O'Reilly, M. (2010). Children's participation and the familial moral order in family therapy. *Discourse Studies, 12 (1),* 49-64.

Jefferson, G. (2004). Glossary of transcript symbols with an introduction. In G. H. Lerner (Ed). *Conversation Analysis: Studies from the First Generation.* (pp: 13-31). Amsterdam: John Benjamins.

Jefferson, G. (1984). On the organization of laughter in talk about troubles. In J. M. Atkinson, & J. Heritage, (Eds). *Structures of Social Action: Studies in Conversation Analysis. (pp: 346 – 369)* Cambridge: Cambridge University Press.

Kurland, N. & Pelled L. H. (2000). Passing the word: toward a model of gossip and power in the workplace. *Academy of Management Review, 25 (2),* 428-438.

Macintyre, S., Chalmers, I., Horton, R., & Smith, R. (2001). Using evidence to inform health policy: Case study. *British Medical Journal. 322:* 222-225

McAndrew, F., Bell, E., & Garcia, C. (2007). Who do we tell and whom do we tell on? Gossip as a strategy for status enhancement. *Journal of Applied Social Psychology, 37,* 1562-1577

McDonald, K., Putallaz, M. & Grimes, C. (2007). Girl talk: gossip, friendship and sociometric status. *Merrill-Palmer Quarterly, 53 (3),* 381-411.

Michelson, G., & Mouly, V.S. (2002). 'You didn't hear it from us but …': Towards and understanding of rumour and gossip in organisations. *Australian Journal of Management, 27 (special issue),* 57-65

Michelson, G., van Iterson, A., & Waddington, K. (2010). Gossip in organisations: Contexts, consequence, and controversies. *Group & Organization Management, 35 (4),* 371-390).

Mills, C. (2010). Experiencing gossip: The foundations for a theory of embedded organizational gossip. *Group and Organization Management, 35 (2),* 213-240.

Noon, M. & Delbridge, R. (1993). News from behind my hand: gossip in organizations. *Organization Studies, 14 (1),* 23-36.

O'Reilly, M. (2006). Should children be seen and not heard? An examination of how children's interruptions are treated in family therapy. *Discourse Studies. 8 (4):* 549-566.

O'Reilly, M. (2005). "What seems to be the problem?" A myriad of terms for mental health and behavioural concerns. *Disability Studies Quarterly. 25 (4) (online journal article) www.dsq-sds.org*

O'Reilly, M. & Parker, N. (in press) "She needs a smack in the gob": negotiating what is appropriate talk in front of children in family therapy. *Journal of Family Therapy* X XX

Pickering, D. & Busse, M. (2010). Disabled children's services: how do we measure family-centred care? *Journal of Child Health Care, 14 (2),* 200-207

Potter, J. (1996). *Representing Reality: Discourse, Rhetoric and Social Construction.* London: SAGE Publications.

Roy-Chowdhury, S. (2006). How is the therapeutic relationship talked into being? *Journal of Family Therapy, 28,* 153-174.

Roy-Chowdhury, S. (2003). Knowing the unknowable: what constitutes evidence in family therapy? *Journal of Family Therapy, 25,* 64-85

Sacks, H., Schegloff, E.A., & Jefferson, G. (1974). A simplest systematics for the organization of turn-taking for conversation. *Language, 50* (4), 696-735.

Shakespeare, P. (1998). *Aspects of Confused Speech: A Study of Verbal Interaction between Confused and Normal Speakers.* Mahwah. N. J. Lawrence Earlbaum Associates.

Smith, D. (1978). K is mentally Ill: the anatomy of a factual account. *Sociology, 12*, 23-53.

Sterponi, L. (2009). Accountability in family discourse: Socialization into norms and standards and negotiation of responsibility in Italian dinner conversations. *Childhood, 16 (4),* 441-459.

Tholander, M. (2003). Pupils' gossip as a remedial action. *Discourse Studies, 5 (1),* 101-129.

Wooffitt, R.C. (1992). *Telling Tales of the Unexpected: The Organization of Factual Discourse.* London: Harvester/Wheatsheaf.

Table one: family information

The four families were given the pseudonyms of, **Clamp**, **Niles, Bremner** and **Webber**.

The Clamp family consisted of two parents, **Daniel** and **Joanne**, one male uncle, **Joe** and three children, **Phillip** ('special needs'*****), **Jordan** ('handicapped) and **Ronald** (Learning difficulties).

The Niles family consisted of two parents, **Alex** and **Sally** and four children (one with a pending diagnosis), **Steve** (Undiagnosed … suspected ADHD), **Nicola**, **Lee** and **Kevin**.

The Bremner family consisted of the **mother,** the **grandmother** and two children; **Bob** (Autistic Spectrum Disorder) and **Jeff** ('Mentally handicapped')**.**

The Webber family consisted on two parents, **Patrick** and **Mandy** and four children (one with a diagnosed disability), **Adam**, **Daniel** ('Special needs'), **Patrick** and **Stuart**.

Terms describing the children (e.g. handicapped) are the terms used by the families

themselves