What value is there in children’s talk? Investigating family therapists’ interruptions of parents and children during the therapeutic process

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Abstract

In this paper, I explore the ways in which family therapists interrupt their clients during the process of therapy. Family therapy involves multi-party talk and allows for the possibility of overlapping speech, side conversations and interruptions. I focus here on speech acts that occur in the middle of another speaker’s turn and can be treated as an interruption. The family therapist interrupts the clients in different ways. When interrupting an adult/parent client the interruption is accompanied by politeness or an apology. When interrupting the children in the family, though, the interruptions are different. The family therapist makes no apology and does not orient to the speech act as being interruptive. Here, I investigate, through a discursive analysis, how these interruptions are constructed and treated.

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1. Introduction

Research on interruptions has received considerable attention in the literature (Werner-Wilson et al., 1997). Such research demonstrates how interruptions work technically and how they may convey power and dominance.

1.1. Interruptions

Sacks, Schegloff and Jefferson (1974) shows that most instances of overlap occur at possible transition relevant places (TRPs). The participants hear the place in the conversation where they...
can take the conversational floor and move to take it. In other words, speakers envision when it is their turn to speak, as the point of completion of the current speaker can be anticipated (Sacks et al., 1974). The place in question, however, may not actually be a TRP; this results in an interruption (Schegloff, 1992).

A strong accomplishment in mundane conversation is the ‘moment-by-moment’ allocation of turns in talk (Lerner, 1989). Despite this, the occurrence of interruptions in conversation is prevalent (Roger et al., 1988) and the criteria for recognising an interruption either as an analyst or as a participant in conversation are not absolute (Murray, 1985). Micro-analysis reveals interruptions to be a complex phenomenon (Roger et al., 1988).

The nature of interruptions is complex and interruptions are multi-layered; the important research in this area is continually developing, with conflicting findings and differing agendas. Feminist research (and other research concerned with power) argues that interruptions reflect power differences, such as those between men and women (Fishman, 1983; Lakoff, 1990; Werner-Wilson et al., 1997; West and Zimmerman, 1983; Zimmerman and West, 1975); however, this approach has been criticised for pre-assuming power differences and over-stating the importance and implications of power (see Drummond, 1989; Goldberg, 1990; Wilson, 1991). Institutional contexts add an additional level of complexity; a relatively unexplored issue concerns clients being interrupted by their therapists.

1.2. Interrupting in family therapy—institutional talk

There is now a wide literature on talk in institutional settings (e.g. Drew and Heritage, 1992; McHoul and Repley, 2001), examining issues that include asymmetrical relationships. Institutional talk differs from everyday talk in that members sharing an institutional context are often assigned roles and have participatory rights in line with that context; in institutional talk, conversation is interpreted by members differently than it would be in regular conversation (Itakura, 2001). Typically, in the context of therapy, it is the therapist who is seen as the conversational expert (Anderson and Goolishian, 1992). In family therapy, it is the therapist who usually asks the questions, selects the topics and is largely in control of the conversational floor (Stratford, 1998). Therapy being a form of conversation, the expectation is that some of the usual conversational strategies will be oriented to in that setting. This again may influence the therapeutic process; for example, women’s efforts to participate in therapy may be disrupted by the power differences of gender as well as by the institutional asymmetry (Werner-Wilson et al., 1997).

Clients and therapists talk in ways so as to create a therapeutic arena for change (Ferrara, 1994). In this way, a space is created for clients to air their troubles (McLeod, 2001); both the therapist and the client are active in the talk production (Buttny, 1996) and the role of the clinician is to facilitate the conversation. Also, therapy talk being a conversational activity (Labov and Fanshel, 1977), it is an arena where frequent interruptions would be expected. Family therapists usually have more than one client in the room, and often have parents and their children present to work with at the same time. This therapy forum therefore provides the opportunity for multi-layered and varied conversations with different members taking the conversational floor at different times. There is thus the possibility to examine how this particular therapist interacts with the parents and examine how that therapist interacts with the children.
1.3. Interrupting adults versus interrupting children

If the therapist interrupts the client, this can be interpreted as the therapist trying to take the floor or provide an opportunity for speaker change (Stratford, 1998). There are of course many occasions where the therapist will interrupt a parent in order to pursue an agenda; it has been argued that this reflects the power asymmetry inherent in the situation. For example, research indicates that a therapist is more likely to interrupt a female client than a male one (Werner-Wilson et al., 1997). Problematically, though, this type of research fails to pay attention to how the interruption is constructed; it presumes the existence of the power issue, but does not look at the data in more depth.

Some authors have examined children’s talk with a view to presenting evidence of gender differences in talk styles and content (Leman et al., 2005). Research has also shown that parents are more likely to interrupt their daughters than their sons (Greif, 1980). Here, too, the problem of the presumed power relations arises, and we need to pay more attention to the data to see how interruptions work. Bedrosian et al. (1988) argue that in mother–child interactions, mothers were much more likely to interrupt their children than the other way around. They report that in these situations, the children were more likely to give up the conversational floor than mothers were when their children attempted to interrupt them. In other research, it was found that when children during therapy attempt to interrupt their parents, they are largely ignored (O’Reilly, 2006). In this setting, children are actively engaged in therapy and can potentially have their turns interrupted by another speaker.

Shakespeare (1998) has argued that there are different types of membership in interaction and that children are given less-than-full membership. In other words, the children-members are construed as having less than ordinary competence. Shakespeare also claimed that in different contexts and at different points during interaction with adults, the children can be encouraged or discouraged to participate in the conversation. In the present paper, I show that children are treated differently from adults in the context of interruptive speech.

1.4. The current study—interrupting adult and child clients

The data I present here strengthens Shakespeare’s point, in that one of the ways in which the children can be discouraged (within a particular moment or time frame) from continued interaction in the main conversation is by taking the conversational floor from them. In institutional contexts, children are open to being interrupted not just by their parents; there are other adults that may take the floor. The examples I use in this paper have to do with the therapist taking the conversational floor from parents and from their children. The adults in the interaction dominate the conversational floor; as will be seen below, in clinical interactions, children are routinely excluded from the main talk (Strong, 1979).

My study adds to the limited work done in this area; it does this without prior assumptions about the distribution of power. I look at how therapists interrupt parents and at the notable differences in the ways they interrupt children. In my analysis, I do not make a priori assumptions about power and asymmetry; instead, I examine the conversational strategies of the therapist and look at the interruptive turns taken. In other words, how to deal with the turn-taking rules of conversation is left to the participants themselves; there are occasions in the interaction where one of the speakers treats a turn-taking as an interruption (Bennett, 1981; Hutchby and Wooffitt, 1998; Talbot, 1992). In general, as (among others) Drummond (1989) has pointed out, in order to appreciate the complexity of overlapping speech and interruptions, we need to be accountable to the data.
2. Methodology

“Therapies, therapeutic interactions and particular medical examinations during illness constitute a field which engages both children and adults in producing difference and similarity of competence.”

(Christensen, 1998:190).

2.1. The therapeutic setting

Many researchers have shown that there is a difference between the informal everyday mundane conversations people have and talk which occurs in formal institutions; institutional talk is governed by different orders of constraint than is everyday talk (Pomerantz and Fehr, 1997). Over the last couple of decades, conversation analysis (CA) and discursive psychology (DP) have begun to examine institutional talk (Drew and Heritage, 1992; Hester and Francis, 2001). It is important to study talk in institutional settings, because in a modern society, a vast amount of time is spent in them; in these routine social contexts, talk is a central activity and these settings facilitate our understanding of the role of talk in social life (Hutchby and Wooffitt, 1998).

The data for the present research comes from a family therapy centre which specialises in families with children who have mental health problems; the centre practices systemic family therapy. The ‘systems perspective’ views family problems as problems of interaction (Masson and O’Bryne, 1984). This approach to therapy is language-based and client-directed, concentrating on a relational process rather than on step-by-step operations (Larner, 2004). The aim of systemic family therapy is to modify the aspects of the family system that are judged to require change (Masson and O’Bryne, 1984). In the context of this article, I will leave aside the arguments and debates in the field of family therapy, as it is not my concern to consider the effectiveness of therapy or the competence of different or particular therapeutic approaches. Like Labov and Fanshel (1977), I do not take issue with the theoretical frameworks used by therapists; I focus instead on the actual therapeutic conversations that take place and explore what happens in family therapy.

The participants in the data corpus are two therapists, Joe Turner and Kim Jones; there are four families who consented to provide data for research purposes, the Clamp family, the Bremner family, the Niles family and the Webber family.1 The data, a total of 22 h of family therapy, was subjected to discursive analysis in a qualitative approach; the Jefferson transcription system (see Atkinson and Heritage, 1999) was used in accordance with this perspective. The value of analysing therapy in a discursive way is that it offers an understanding of the therapeutic process based on language, rather than interpreting what is hidden in the clients’ heads (Madill and Barkham, 1997).

1 The four families and the two therapists in my data corpus are all referred to by pseudonyms. The Niles family consists of two parents, mother, Sally, stepfather Alex and four children, Steve, Nicola, Lee and Kevin. It is suspected that Steve has attention deficit hyperactivity disorder (ADHD), but this is yet to be confirmed. The Bremner family consists of the grandmother, Mrs. Bremner senior, the mother, Julie, Mrs. Bremner junior and two children, Bob and Jeff, both with mental health needs: Bob has autism and Jeff has ‘a mental disorder’. The Clamp family consists of the parents, Daniel and Joanne, one male uncle, Joe and three children, Philip, Jordan and Ronald. Two of the children have diagnosed conditions: Philip has learning disabilities and conduct disorder and Jordan is ‘mentally handicapped’. There is suspicion that Ronald, too, has learning difficulties. The Webber family consists of the parents, Mandy and Patrick and four children, Adam, Daniel, Patrick and Stuart. Daniel has a conduct disorder and learning difficulties.
2.2. Using the discursive perspective

The study employs a discursive approach as typified in the work of Edwards (1997) and Potter (1996), drawing on conversation analytic techniques as pioneered in the work of Sacks (1984); it looks at how versions of the world are produced through discourse. Using a discursive approach is becoming a more accepted and more widely used research method in the field (see Potter, 1996, 1997). The focus for a discursive approach in psychology is on understanding how discourse accomplishes and is part of social practice: its aim is not to uncover the linguistic structure of talk and text (Edwards and Potter, 1992). People using this perspective take discourse to be all forms of spoken interaction and written texts (Potter and Wetherell, 1987); the discursive approach has led to the formation of new ideas in the context of therapy (see Silverman, 1997, 2001).

2.3. Ethics

The British Psychological Society’s (BPS) ethical guidelines were given extensive consideration prior to the undertaking of this research project. The therapist and the families were all treated with respect and all data was treated with sensitivity. Confidentiality and anonymity were and are assured; thus, only pseudonyms appear in the research. Informed consent was obtained from the management of the centre, from the therapists and from the parents; the children’s consent was not sought, in order to avoid potentially compromising the parental authority. Data was recorded on video-tape (a routine procedure for the therapy team) and was carefully used and protected.

3. Analysis

I ground my observations in the data and investigate how the participants in therapy treat the interruptive speech acts that occurred. Notably there are two ways in which the family therapist will interrupt clients:

- When the therapist interrupts parents, he/she apologises or orients to the interruption in some way.
- When the therapist interrupts children, there is no orientation to the interruption nor is there offered an apology.

These two issues are treated in turn in this paper; I first address how the family therapist interrupts the parents and then address how the children are interrupted.

3.1. When the therapist interrupts parents, he/she apologises or orients to the interruption in some way, usually by saying ‘Sorry’

Generally speaking, there are three ways in which the term ‘sorry’ can be used: saying sorry for something for which one has no possible responsibility; apologising for an unintentional act; and apologising for something that one was intentionally responsible for (Cunningham, 1999). In the case of interruptions, the interrupting speaker can be assumed to be the agent of the speech act;

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2 The Clamp family, Niles family and Webber family have a male family therapist: pseudonym of Joe. The Bremner family have a female family therapist: pseudonym of Kim.
hence it can be argued that in these cases, the therapist is active and responsible for interrupting the clients. The therapist shows awareness of the nature of the talk, and this is oriented to through the acknowledgement of the interruption as such, and by the obligatory apology that follows.

In extract 1, Mrs. Niles is reiterating some of the things that Steve (her oldest son, ADHD suspected) has been doing and refers to her difficulty in managing his behaviour. The therapist steps into the conversation to provide her with some reassurance regarding her parenting skills.

Extract 1: The Niles family

1 Mrs Niles: >I mean< I did, suggest when I [went to se: e that doc: tor
2 FT: [>Can I ↑just< say as
3 well, sorry () <sorry to interrupt> () i- if this is
4 <about Steve> kind of () struggling with *stuff
5 ↑emotionally .hh that doesn’t me::an that you’re doin’ a
6 bad. j↓ob.
7 (1.2)
8 FT: >You know< it do- it’s not necessarily about ↓that

Interrupting in the middle of a sentence (outside of a transition relevance place; TRP; Sacks, Schegloff and Jefferson 1974) violates the conversational rules; this is true in institutional contexts as well as in mundane conversation. In this extract, the therapist interrupts Mrs. Niles’ diagnostic contribution so as to pursue his own continuing agenda: the issue of parenting skills. One of the notable features of his interruption, though, is not only the orientation to it being an interruption, ‘sorry to interrupt’ (line 3), but also the politeness strategies employed in taking the floor ‘>Can I ↓just< say as well, sorry() <sorry to interrupt> (lines 2–3). This apology occurs early on in the therapist’s turn, thereby providing an early acknowledgement of the intrusive nature of the turn. It points to the importance of his point and moves to provide a reassurance of the mother’s parenting abilities. At line 7, a TRP is created leaving space for Mrs. Niles to continue with her point; she fails, however, to take this space and the therapist is able to provide further confirmation that his turn is complete.

In extract 2, Mrs. Webber is interrupted in a similar manner, but in this instance the therapist interrupts to seek clarification about the topic under examination.

Extract 2: Webber family

1 Mrs Webber: >Like I say< .hh I r↑ang up so- >you see< I rang up
2 ↑social services >I went to me m↑um’s< and Dad’s and they
3 were pondering (0.2) ‘cause I said I just don’t k↓now
4 >what to do<
5 FT: [>Can I< can I, sorry
6 to interrupt ↓Mandy
7 (0.8)
8 FT: <can I ask> .hh <ex:m>
9 (0.8)
10 FT: >I mean< I know from the the >not necessarily< last *time
11 but the one time that we met befo:re
12 (0.6)
13 FT: that <that> your experiences with ↑Matthew (0.4)e::rm ().
14 have <had a> (0.4) a big effect. on (0.6) e::rm (0.2)
15 well I hh guess on a number of ↑things
When speakers are interrupted successfully, they suspend their turn and drop out of the conversation; the interrupting speaker then has the floor to pursue his or her own agenda. In this way, it is the interrupting speaker who controls the topic and process of the conversation (Stratford, 1998). In the above extract, Mrs. Webber is telling the therapist about her earlier involvement with social services and has launched into a narrative about the historical context of what happened with her oldest son in his childhood. As Mrs. Webber continues her narrative, the therapist comes in with a turn, takes the floor and pursues the same topic. The therapist uses the same strategy for interrupting as he did earlier in that he begins a request and makes an apology ‘Can I< can I, sorry to interrupt ↓Mandy’ (Lines 5–6). Goffman (1967) has shown that an apology, inasmuch as it is a speech act, functions to repair acts that have potential face-threatening consequences. Here, the therapist uses apologetic techniques in his request for permission to take the floor; by doing this, he acknowledges the impoliteness of the interruption. He leaves floor space (line 7) to acquire acknowledgement from Mrs. Webber (‘Mandy’) and, when none arrives, continues his turn, taking Mandy’s silence as clearing the way for his continued narrative.

An acknowledgement and request to take the floor also occurs in extract 3. Mr. Clamp is discussing the status of his brother (the children’s uncle) as a sex offender, a delicate and sensitive topic of conversation and the therapist tentatively interrupts Mr. Clamp’s turn.

Extract 3: Clamp family

1 Mr Clamp: really they’re sayin’ that Joe’s done somethin’ ↓right,
2 FT: {w- w- w- >can I<
3 <can> (. .) I I know I’m ↑interruptin’ ‘ere Dan, and I’m
4 ↑sorry [about that, (. .) it’s ell↓rm
5 Mr Clamp: [No you’re all↓right
6 (1.2)
7 FT: <so is it> (. .) <what is it> that’s troubling >I mean<
8 clearly there’s <there’s> .hh it’s distressing to ‘ave
9 lost your children, and it’s distressing that your
10 broth↓er’s (. .) kind of er↓en accused of >of<
11 <abusing a child> of your ↑own

In his talk, Mr. Clamp (Dan) tells his story about the involvement of social services in the lives of his family and mentions the problem that his brother, Joe, has been accused of child sexual abuse. The therapist then comes in with an interruption pursuing clarification: ‘<what is it> that’s troubling’ (line 7). Here, too, the therapist orients to politeness by requesting floor space and apologising for the interruption. The false starts, ‘w- w- w-’ (line 2) could be argued to represent the beginning of the clarification (‘what is it’), but before pursuing this, the therapist comes in with his request and apology: ‘>can I< <can> (. .) I I know I’m ↑interruptin’ ‘ere Dan, and I’m
↑sorry [about that,’ (lines 2–4). The false starts and repeated attempts to take the floor before acknowledging the interruption function to demonstrate ‘trouble’ with the turn and mark the turn as breaking the conversational rules. The apology works, then, to acknowledge this and allow the therapist to make his point. In this instance, moreover, Mr. Clamp actively provides the sought permission to take the floor ‘No you’re all↓right’ (line 5), whereupon the therapist continues with his checking.

In extract 4, the therapist suspends his apology until the end of his turn. He takes the conversational floor from Mr. Niles (Alex) in an attempt to engage Steve, the topic of the conversation and the reported reason for the family’s seeking therapy, into the main conversation.
Prior to this extract, Mr. and Mrs. Niles had a lengthy discussion regarding the inappropriate behaviour of their son, Steve. In the extract itself, the therapist pushes his agenda of including Steve in the therapy and moves towards engaging the boy. He announces his move by interrupting Mr. Niles’ talk ‘I’m gonna push >I’m gonna push < Steve in a bit’ (lines 2–3). This announcement by the therapist serves to demonstrate the importance of his point. A noteworthy feature of the therapist’s interruption in this instance is the point at which he chooses to activate his politeness strategy. In the case at hand, he does not request permission to interrupt, but instead pursues his point until completion; it is only upon completion that the apology arrives. In this way, the therapist gives himself permission (through the use of ‘going to push’) to let his interruption take precedence over other therapeutic matters, such as Mr. Niles’ (‘Alex’s) reflections. The important point to note, though, is that an apology does feature. The therapist acknowledges his speech act as an interruption and works to ‘save [the other’s] face’ (see Goffman, 1967) ‘sorry (.) I interrupted you there Alex >at the start< of a:ll this’ (lines 14–16). This softens the interruption and functions to acknowledge the interruptive nature of his taking the floor space from Mr. Niles.

In extract 5, the therapist is trying to engage the older of the two children, Bob (the one with Asperger Syndrome), in the process of therapy. The grandmother and mother are watching as this process unfolds.

Extract 5: Bremner family

1. Bob:     I dunno what to ↑draw though
2. FT:      Er:::m
3. Gran:     ↑What are you b[est at drawin’ “Bo-”
4. FT:      [What you bes- (.)
5. FT:      Sorry (.) >what do you like< what do you like best to
6. ↑play ↑with

Here, the therapist is aligning her talk with that of the grandmother (Mrs. Bremner senior), but overlaps with the grandmother’s talk in an interruptive manner. The therapist’s turn comes in midway through the grandmother’s question to Bob and both parties suspend their turn. The therapist makes a brief apology for the interruption ‘Sorry’ (line 5) and then continues with her questioning of Bob. The apology of the interruption is immediate: the therapist acknowledges that she took the conversational floor, but she does not allow the grandmother to return to her point and instead holds the turn.
Ultimately, the therapist retains control over the direction of the therapy and can choose to interrupt a client as a way of directing the conversation. In extract 6, the therapist interrupts Mr. Clamp as a way of pursuing his own agenda; the therapist’s politeness work (through a request) serves to manage the intrusion of floor space.

Extract 6: Clamp family

1. Mr Clamp: >I mean< ‘e’s done wrong >he knows ‘e’s done wrong< and whatever. "yeh (...) but (...) <they ought to be a certain situation wher::e> (...) not af::ctually let it af::ctually because (. there’s still a fe::ar, as they said ↓yes
2. FT: ↓Right
3. Mr Clamp: not like they’ve said >you know what I mean<
4. FT: [>Can I, can I ask< Dan (0.2) I I know I’m interrupting you .hh now. I’m >kind of< (. part of me
5. ↑thinks, (.)
6. Mr Clamp: ↑Yeah
7. FT: we need to finish and >we need to kind of wait<
8. (0.8)
9. FT: for Joe to be able to join us (. er:::m (.)

In this extract, Mr. Clamp continues to pursue the topic of the social services’ intervention in the case of his brother, Joe, including the allegations of child abuse. No apology is offered by the therapist for taking the floor, although he does acknowledge his speech act as being interruptive and actively requests permission to take floor space from Mr. Clamp ‘>Can I, can I ask< Dan (0.2) I I know I’m interrupting you .hh now.’ (lines 7–8). In this interruptive speech, the therapist shows himself to be accountable for taking the floor as a way of flagging up the necessity of his turn. By informing Mr. Clamp that the session is coming to a close and that therefore the sensitive topic should wait for another occasion where there would be more time, and by orienting to the need for Joe’s presence, the therapist justifies the need to suspend the topic. The request ‘can I’ additionally adds a level of politeness to the interruption.

The key feature of these extracts is the therapists’ acknowledgement of their speech acts as being interruptive. By orienting to the action as an interruption, it is acknowledged as being negative. Evidently, the therapists will do a number of things to display orientation. What I show here is the therapists’ use of politeness strategies, such as saying sorry, to acknowledge the interruption. Requests to take the floor space from the parents are also used as a way of acknowledging the interruption. What happens in these instances is that the parents suspend the floor space and allow the therapist to pursue an agenda and make a point.

There are other occasions, though, where the therapist begins to interrupt but, rather than making a point, allows the parent to continue. Notably, while the same politeness strategies and acknowledgements are used, the floor space is suspended. In extract 7, Mr. Clamp continues his talk about the sex offender label attached to his brother. The therapist attempts to come in, but suspends his turn and apologises.

Extract 7: Clamp family

1. Mr Clamp: >I mean< that <is not very nice> I me::an sh[e got u-
2. FT: [↑S::o,
3. FT: Sorry Dan sor↓ry
4. (0.4)
5. Mr Clamp: She got up >and said< things befo::re (. when we was up
6. at a case conference befo::re
7. (1.2)
There is an indication here that the therapist has something to say related to the events reported about social services and the social worker’s visit to the Clamp family home. The therapist’s elongated ‘∩S::o,’ (line 2) works as an attempt to enter the narrative; it carries the implication that the therapist wishes to take the conversational floor. This assumption is strengthened in the interaction as Mr. Clamp suspends his turn and stops speaking ‘she got u-‘ (line 1). On this occasion, however, while the therapist apologises (as he did previously) for his interruption ‘Sorry Dan sor\ry’ (line 3), he does not pursue his point but allows floor space ‘(0.4)’ for Mr. Clamp to continue (line 4).

In extract 8, the same sequential structure is followed, as the therapist interrupts Mrs. Clamp’s narrative about her punishment strategy for her oldest son Philip (the one with behavioural problems).

Extract 8: Clamp family

1 Mrs Clamp: And <and> I d\t hit ‘im (.) <and it> (.)
2 Mr Clamp: They definitely ‘ave ‘aven’t they?
3 Mrs Clamp: I <hit ‘im> on ‘[is ↑arm *and th-
4 FT: [I guess that’s also, hh sorry Joanne
5 >I’m< (. ) I’m interruptin’
6 (0.4)
7 Mrs Clamp: I hit ‘im on ‘is arm and <I admit> ‘e ‘ad gone mad >‘e
8 says< "I’m goin’ to go and ‘ave a b\ath" I says ......

This extract works in the same way as did extract 7. The therapist again begins to make a point in a way that suggests he has something to say relating to the narrative provided by Mrs. Clamp ‘I guess that’s also’ (line 4). His interjection comes in the middle of Mrs. Clamp’s turn and the therapist himself treats it as interruption ‘sorry Joanne >I’m< (. ) I’m interruptin’ (lines 4–5). As in previous extracts, the therapist uses a politeness strategy, saying ‘sorry’ (line 4), but here (similar to what he does in extract 7) he suspends the floor space, as demonstrated by a (0.4) second pause (line 6), and passes the conversational rights back to Mrs. Clamp.

The literature on interruptions shows that the primary function of an interruption is to gain immediate control of the conversational floor and to pressure the current speaker to relinquish his or her conversational rights at that point. Whether this strategy is successful or not, it constitutes a violation of the conversational rules (Goldberg, 1990). What we see in the data presented above is that the therapist recognises that he is taking control of the conversational floor through an interruption and that he treats this move as interruptive. The therapist accounts for his interruptions to the parents and recognises their full membership in the interaction; mostly, this is done through the use of an apology. The parents suspend the floor and allow the interruption to air; the therapist then takes control and decides whether to pursue the point or to allow the parents their floor space back. The key point to acknowledge, though, is that when the therapist interrupts parents, the interruption is accompanied by an apology or by the therapist orienting to the status of the turn as interruptive.

It has been suggested that interruptions are considered a sign of impoliteness and a way of controlling the conversation (cf. Greif, 1980). Given that it is the therapist’s role to control the conversation, it is not surprising that on some occasions, he/she will interrupt the family members in order to direct the therapy. When interacting with the adults, the therapists orient to, and deal with, the impoliteness of the interruption; however, no such politeness work is done in the interaction with the child members.
3.2. When the therapist interrupts children, there is no orientation to the interruption nor is there an apology

In multi-party talk where adults are present, children are more likely to suffer from frequent interruptions (Ervin-Tripp, 1979); in their attempts to be heard, young people are more likely to be interrupted by the adults and as a result, give up their turn (Lewis, 1996). While in the present data, there are generally fewer contributions to the therapy from the children and while their turns tend to be shorter, instances do occur where children are active participants in the main conversations. On the other hand, and in contrast to interruptions of the parents, when the children have their turns interrupted by the family therapist, these interruptions are treated differently; they are not oriented to as interruptions; no apology is offered nor are any politeness strategies activated.

In extract 9, the therapist is trying to engage Steve in the main conversation, as most of the talk to this point has focused on his ‘naughty’ behaviour.

Extract 9: Niles family

1. PT:  ᵈAH you watch it as well >do you< Steve?
2. Steve:  ↓No
3. Lee:  >He does we a[ll]< "watch-°
4. PT:  [How do you know that Bart’s naughty?
5. Mr. Niles: ‘e does he wa- (. ) >they all watch it< (. ) I tell ’em tc
6. go upstairs ‘cause I can’t stand it

As we see in lines 3–4 of this extract, the therapist’s talk overlaps with Lee’s, the younger sibling. Drummond (1989) has shown that participants have strategies for dealing with overlapping talk; thus, they may display acknowledgement of the overlap by repeating what they said during the overlap or by responding to the other speaker. As we have seen above, this is the case when the therapist interrupts an adult client; however, as the present extract shows, this does not happen when children have their turns interrupted. In extract 9, the therapist addresses Steve with an assumption ‘|^Ah you watch it as well >do you< Steve?’ (line 1), with reference to the animated programme ‘The Simpsons’. Steve denies being an audience member with a ‘]\No’ (line 2) in a way that actively goes against the therapist’s formulation. The child, Lee, moves to counter Steve’s claim, but is interrupted by the therapist in pursuit of supporting his own assumption. What is notable here is that even though the therapist’s turn occurs in the middle of Lee’s turn and Lee suspends his floor space, the therapist makes no attempt to acknowledge Lee in any way: he does not respond to Lee’s contradiction of Steve or turn his head in Lee’s direction; rather, he continues to make eye contact with Steve and provides the question ‘How do you know that Bart’s naughty?’ (line 4), interrupting Lee.

While his interruption takes the conversational floor away from Lee, without employing any politeness strategy or offering an apology, it could be seen somehow as a ‘rapport interruption’, reflecting shared goal orientations. Whereas power interruptions tend to be treated as negative and disruptive, rapport interruptions are generally treated as a display of affiliation and cooperation (Goldberg, 1990). By asking Steve how he came to acquire his knowledge of one of the central characters of the cartoon, the therapist aligns himself with Lee’s projection of Steve’s potential dishonesty. This is then further supported by Mr. Niles who also contradicts Steve’s denial of watching the Simpsons ‘‘e does he wa- (. ) >they all watch it<’’ (line 6), thereby providing some support for the therapist to continue his line of questioning of Steve. What this also does is to maintain Steve’s position as the central focus of the conversation, thereby keeping attention away from Lee and supporting the therapist in his unapologetic treatment of Lee.
In extract 10, the therapist interrupts Steve’s response to his father’s question as a way of keeping Steve in the focus of the therapy. Again, there is no orientation to the interruption nor any apology made for it.

Extract 10: Niles family

1. Mr Niles: ↑Yeah (. ) <but> tell Joe why >I won’t give ↑you your
2. ‘phone< back
3. Steve: ↑cause I swear [too much I sw-
4. FT: [But >but< I I >think< (. ) that this
5. ne:eds to be re:ally cle:ar

As noted earlier, it is considered to be a violation of the turn-taking rules for more than one speaker to speak at the same time (Makri-Tsilipakou, 1994); when dealing with other adults, the therapist displays recognition of this. As extract 10 shows, however, no such rules are recognised when adults interact with child members. In the extract, Mr. Niles and Steve are relating an incident involving a punishment for Steve’s behaviour and Steve is engaged in providing the information requested. Notably, though, the therapist interrupts Steve’s answer and begins to pursue his own point ‘But >but< I I >think< (. ) that this ne:eds to be re:ally cle:ar’ (lines 4–5).

The key feature of this interruption is the lack of its acknowledgement as an interruption. Steve suspends his floor space and gives it to the therapist; the therapist makes no apology for taking it.

In extract 11, the therapist and adults are doing the basic ‘housekeeping’ conversation that occurs at the beginning of therapy, the welcome, organising coffee and orienting to previous sessions.

Extract 11: Bremner family

1. Gran: ↑Oh ↑right (. ) ↓yeah
2. Bob: And I was go[in’ to s-
3. FT: [So unfortunately <sorry I had to cancel> the
4. appointm[ent ‘cause I was unwell. And. then you =
5. Mum: [that’s alright
6. FT: = cancelled the on::e,
7. Mum: ↓Yeah

This particular extract occurs near the start of the therapy session and the ‘real’ business of therapy has not yet begun. Bob makes an attempt to join in the conversation and offers a story announcement (see Sacks, 1992) as a way in, by beginning a turn that orients to some announcement. He sets this up with ‘and I was go[in’ to s-’ (line 2), with the suggestion that there is more to come. The rest of the story, however, is cut off by the therapist; as a result, Bob fails to complete his turn and provide the announced information. Midway through Bob’s turn, the therapist pursues her own agenda regarding appointments, making no attempt to acknowledge Bob; neither does she acknowledge her turn as interruptive or apologise for taking the floor. Bob’s turn is treated as not being significant and the therapist’s interruption overrides any potential story. The grandmother and the mother, too, stay on the topic of the cancelled appointments and neither of them turns to address Bob or make eye contact. The main topic of conversation is maintained by all adult parties in a way that treats Bob as less significant in the conversation.

The mother’s turn ‘that’s alright’ (line 5) at first glance also looks interruptive, as it occurs in the middle of what the therapist is saying. As West and Zimmerman (1983), however, have argued, supportive utterances such as ‘yeah’ and ‘right’ do not constitute interruptions. Some speech simply overlaps and in some cases, overlapping speech occurs as a supportive statement or as a way of showing ‘listening’ (Drummond, 1989).
The topic of conversation in extract 12 concerns Bob’s behaviour and his punishment of not being able to attend a school disco. The therapist’s agenda is to pursue the reasons for the mother’s visibly being upset state during the session.

**Extract 12: Bremner family**

1. Bob: What dis\[co yo[u talking 'abou-\??
2. FT: ↑Bo:b
3. FT: Bo:b
4. Bob: >What?<
5. FT: Why do you think it’s <upset> mumm:y then that you’ve be:en shoutin’ at ‘er

In this extract, Bob is asking a question about a disco that was referred to previously in the conversation ‘What dis\[co yo[u talking 'abou-\?’ (line 1). Bob’s turn, however, is interrupted; when he tries to complete the turn fully with a quieter pronunciation of ‘abou-’ and the suspension of the floor, he fails to do so as the therapist interrupts his question by addressing him by name ‘↑Bo:b’ (line 2). Rather than acknowledging the interruption or apologising for it, the therapist continues to try and acquire Bob’s attention with a second projection of his name, so as to pursue her own agenda, Mrs. Bremner’s feelings. Notably, Bob does not ever actually receive an answer to his question. He fails to return to the topic and the session continues without any further mention of the ‘disco’.

In extract 13, Lee attempts to engage the therapist by asking a direct question. His turn is interrupted by the therapist who is engaged in conversation with the parents. Lee’s second attempt to engage the therapist is also ignored and he is then rebuffed by his father.

**Extract 13: Niles family**

1. Lee: ↑Can we play th[at game?
2. FT: ↑We use computers to, e:r
3. Mrs Niles: ↑Yeah ↑but ↑you ‘ave to write re↑ports and everythin’
4. FT: ♦[I use a computer for that heh heh
5. Lee: Can we ↑play that game abo:ut e:rm (.) football?
6. FT: We:ll I reckon (.) I re[ckon >I reckon what< we’ll do =
7. Mrs Niles: [NO we’re ‘ere to ↑talk about
8. Steve
9. FT: = first is make <this list> ‘cause Steve thinks ‘e’s a
10. FT: bit like Bart Simpson

In this extract, Lee attempts entry into the main conversation by asking the therapist a question with reference to a game that was played in the previous therapy session ‘↑Can we play th[at game?’ (line 1). The therapist however, fails to respond to Lee’s request and interrupts his turn to address the main topic of the conversation (earlier, they had talked about writing things down as opposed to using computers). Again, the therapist interrupts without acknowledging Lee’s turn or orienting to the interruption in any way. Lee, however, does pursue his agenda of playing the game and repeats his request ‘Can we ↑play that game abo:ut e:rm (.) football?’ (line 6). While the therapist is responding to the request, Mrs. Niles makes it clear to Lee that the purpose of the therapy is not to play games and provides him with a dispreferred response (Pomerantz, 1984) ‘NO we’re ‘ere to ↑talk about Steve’ (lines 8–9). This alignment with the therapist serves to demonstrate to Lee that his turn is not as important as the main conversation that is unfolding; the adults work together to squash Lee’s attempt at taking the conversational floor.
In extract 14, the Clamps’ youngest son, Ronald, attempts to engage the therapist with a politeness strategy. Again, the child is interrupted by the therapist in a way that is not acknowledged as interruptive by the adults in the interaction.

Extract 14: Clamp family

1. Ron: ↑Excuse me Mis[ter “Tu”-]
2. FT: [>Can I ask< you three <can you>
3. three
4. (1.2)
5. FT: if (.). >>= if your< mum and dad ‘ave be:en talk
6. ab:ut things <that they> find difficult,
7. Jordan: ↑Ye≥lah

In this extract, Ron is directly addressing the therapist; however, the latter interrupts him to ask the three children a question. In his turn, Ron had been using a politeness strategy ‘↑Excuse me’ (line 1), so as to attract the attention of the therapist and take the conversational floor in order to make a point. The therapist, however, speaks over Ron’s turn and interrupts the request ‘[>Can I ask< you three’ (line 2). While the therapist does request permission to ask his question, he directs it to all three of the children and fails to address Ron’s request, or orient to his own turn as interruptive.

4. Discussion and conclusions

In this paper, I claim that the study of interruptions is important to advance our understanding of how conversation, in particular institutional talk, works. Whereas in mundane conversation, people do not necessarily orient to interruptions politely, in therapy, the therapist takes an institutional role and is constrained by the boundaries of the particular institution he or she is working for. As I have shown in this paper, when therapists interrupt their clients, they can either orient to that interruption in a polite manner or they can continue talking and ignore the speech acts initiated by their conversational partners. In the therapy sessions I have been observing, when the therapist interrupts the adult clients, there is an orientation to the interruption and a politeness strategy is set in motion. When the therapist interrupts the children, however, no such acknowledgement or apology is given. Interrupting a parent functions as a way of orienting to the nature of therapy in that the interruption announces to the parents that attention has been paid to what has been said. This is done in a way that makes it clear that the topic must be interrogated immediately, and that the topic it is important enough to stop the conversational flow and produce an insertion sequence. An interruption shows that the therapist in a way is thinking aloud such as to make transparent his or her engagement with what the parent is saying. Not recognising the interruption of a child, in contrast, helps to construct the child’s lower participation status and also suggests that the children’s talk is somehow less important.

My intention, in writing this paper, has not been to criticise family therapists. I would speculate that if we begin to examine conversations in other settings with adults and children present, similar findings would be yielded. I would expect that in social services’ meetings, family welfare conversations and even family dinner talk, adult interruptions of children are less likely to be oriented to or apologised for than are interruptions of adults by adults. Studies have shown that certain groups, such as children, are only given half membership in conversations (see Shakespeare, 1998). It would therefore be interesting and useful to examine other institutional and more mundane contexts and examine the nature of interruptions, when adults are involved, in contrast to what happens in the case of children. In my data, the fact that the
children studied have a diagnosed (or diagnosable) disorder and are classified as having mental health problems, adds an extra dimension of complexity to their competence and membership status.

The UK Department of Health (2001) has argued that children with learning disabilities should be encouraged to make their own choices; the trend is to empower the service users themselves. The children in the family therapy contexts studied in this paper (all of whom have learning disabilities alongside their mental health problems) and their siblings, should then be encouraged to participate and be empowered alongside their parents. Given the mental health problems, the children are placed within this particular government remit. While the social services are attempting to address disempowerment, the site of the power relations between service workers and family members is still a less manageable area (Jingree et al., 2006). Jingree et al. show that, despite the government’s commitment and the services’ good intentions to encourage empowerment for service users, the power dynamic persists through the imbalance in interaction and the members’ unequal conversational status. What the data show is that when it comes to interruptions, children are treated differently than are adults in the context of a mixed therapeutic conversation.

In therapy, people have different rights and responsibilities; even so, the question is, when children are speaking, should interruptions be allowed in the ways we have seen practised above? When we analyse these conversations, we can see how children are not just passive recipients of therapy, but active members who use their developing interactional skills to display an understanding of therapy talk (Gardner, 1998). There is evidence here that adults, particularly those with a role in guiding conversation (as is the case for therapists) need to be more aware of the way they interact with children. This may be even more important for those therapists who work with children on a one-to-one basis. I have no examples in my data set where the therapist orients to interrupting a child, but notably I have no examples of parents orienting to their interruptions of the children either.

Many studies have examined the role of gender when it comes to participants’ interactional rights in the conversation, with interruptions being seen as an expression of male dominance (Zimmerman and West, 1975). Interestingly, according to Goodwin (1991), even pre-adolescent girls show awareness of when their conversational rights have been violated. One of the questions that have been asked is to what extent children can be treated as socially competent within their own social world and to what extent they are allowed to exercise that competence in their relations with adults (Hutchby and Moran-Ellis, 1998). By suppressing the children’s contributions, the therapist is treating them as less competent and their contributions to the therapy as less valuable. As mentioned earlier, according to Shakespeare (1998), children do not participate in an interaction on equal footing with adults; they can either be encouraged to participate in the conversation or be discouraged from participating. The data presented in the present paper show some support for this view by demonstrating how, by interrupting the child’s turn, one may take away his or her conversational floor space and how, by failing to recognise and acknowledge the nature of the interruptive speech act, one may in fact discourage the child’s participation.

The wider implications for a family therapy which sets out to treat a family as a whole are that one should be aware of the fact that in much of current therapy, children are treated differently from adults, and are afforded fewer interactional rights. Recognising that even young children have the ability to understand, and display their grasp of therapeutic goals (Gardner, 1998) should make us realise that there is a need to address the problems involved in the interaction between therapists and children.
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References


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