

*Should children be seen and not heard?
An examination of how children's
interruptions are treated in family
therapy*



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ABSTRACT This work adds to the growing literature on children's talk and the extensive research on interruptions by combining the two. I investigate children in the institutional context of family therapy and their interactions with the parents and therapist. Drawing upon 22 hours of natural family therapy data and four families, I use a discursive approach. I note that children are not attended to when they try to interrupt unless they persist and then the acknowledgement is negative. I show that when the main topic is about extremes of behaviour the child's none relevant interruption is ignored. There are occasions however when the child interrupts with a topic relevant issue and these are usually attended to. This research has wider implications for therapeutic practice and children's role in therapy. There is a need for further study of children's interruptive discourse practice as research in this area is limited.

KEY WORDS: *children, disability, discourse, institutional talk, interruptions, therapy*

Introduction

There are no absolute syntactical or acoustical criteria for recognizing an occurrence of 'interruption' available either to those involved in the speech event nor to analysts. (Murray, 1985: 31)

Despite their complexity, interruptions are of great interest to scholars of communication, linguistics and conversation analysis. They are also of interest to academics interested in gender and minority groups and further, on a practical level, to those in institutions such as health, law and education. One of the problems for studies on interruptions and one of the main reasons for inconsistent findings is related to the problem of defining interruptions (Drummond, 1989).

TURN-TAKING RULES AND PROBLEMS OF DEFINITION

A strong accomplishment in mundane conversation is the 'moment-by-moment' allocation of turns in talk. Essential to successful accomplishment of turn-by-turn interaction is the practice of beginning the turn at a place where the current turn may be at completion (Lerner, 1989; Hutchby and Wooffitt, 1998) and conversations usually function in a cooperative way (Watts, 1997). In other words 'Interrupting is not a thing that people are supposed to do in conversation. But interrupting occurs in conversation' (Sacks, 1992: 24). Sacks et al. (1974) demonstrate that when speakers design their turns at talk they occur in constructional units of talk and the endpoint of these units are transition-relevance places (TRPs) and it is at these TRPs that a change of speaker can occur.

Schegloff (1992) shows that participants orient to possible transition relevant places, not actual ones. We know this because in conversation there are not often gaps of silence between turns. Jefferson (1986) argues that most instances of overlap occur at possible TRPs but overlapping talk isn't necessarily the same as interrupting. She notes that starting up in the middle of another's turn, and not letting the other finish, is. In relation to the work of Sacks et al. on turn-taking, Drummond (1989) projects that much of the work considered to be interruptive is only an orientation to the completion of the speaker's turn, and therefore a turn is only interruptive if it occurs at a non-TRP, or orientation to it.

INSTITUTIONAL TALK AND THERAPY

Itakura (2001) shows that institutional talk differs from everyday talk as members are often assigned roles and have participatory rights. In everyday conversation there is an absence of institutional constraints and the informality means that members should all have equal rights and access to the conversational floor.

Therapeutic conversations differ significantly from mundane ordinary conversation. It is the therapist's role as the 'expert' to guide the family conversation (Stratford, 1998). Cecchin (1992) argues that therapeutic conversations reveal a co-constructed world and create meaning in people's lives. Interruptions in institutional contexts therefore can be expected to function in different ways. Irish and Hall (1995), for example, demonstrate that in medical contexts patients were more likely to interrupt with a statement whereas the physician was more likely to interrupt with a question, showing the content of the interruption to be important. Notably they found that patients are more likely to interrupt physicians than the other way around which challenges the notion that interruptions reflect dominance.

PROBLEMS WITH THE PRE-ASSUMPTIONS OF POWER

The controversy of the function of interruptions has been extensively studied. Zimmerman and West (1975) argue that an interruption disrupts the speaker's turn and is an intrusive power tactic. Interruptions are a negative aspect of

conversation and are a way for men to exercise power over women by taking the conversational floor. They continue by claiming that interruptions maintain the power differences between men and women and are actually in some form 'small insults' (West and Zimmerman, 1983). Findings also indicate that in children's conversations boys were more interruptive than girls (Swann and Graddol, 1998; Leman et al., 2005).

While there is support for these ideas (see Lakoff, 1990; Tannen, 1994) there are strong arguments that there is little evidence that men interrupt women more (Goldberg, 1990). For example, Drummond (1989) argues that the methods used by West and Zimmerman for identifying interruptions is unclear and in relation to the claim on disruption the analysis is open to interpretation. He claims that *any* overlap has the potential to be disruptive; therefore in order to resolve the interpretation issue we need to look at how it was actually resolved in the interaction and West and Zimmerman do not deal with resolution adequately. As Goldberg (1990) proposes, it is possible that some of the interruptions are displays of power, but the researcher cannot pre-assume that they all are. Instead, therefore, I consider the views of Hutchby (1992) to be more relevant, that interruptions become treatable as an interactionally achieved feature of the production of talk.

INTERRUPTIONS AS A PARTICIPANTS' CONCERN

In my data I investigate how the participants themselves deal with the interruptions and make no pre-assumptions about gender or power. Talbot (1992) argues that what we need to do when analysing interruptions is look at them as a discursive activity. Hutchby (1992) argues that the process of interrupting is an activity and the status of recognizing an interruption is a members' evaluative construct. He criticizes previous approaches and studies of interruptions as failing to consider the participants' own displayed orientations to the interruptions as interruptive. In other words, interruptions are the concern of the participants and in the interaction the bid for the floor can be treated as illegitimate. While Bilmes (1997) criticizes Hutchby for deviating from his initial insights, he does support the notion that an interruption is a concern for the participants, and that it is in fact problematic to locate interruptions using analysts' criteria. We as analysts should examine the situated practices of interruptions in order to see interruptions as more than a category of speech overlap (Hutchby, 1992). Sacks (1992) notes that interruptions are marked by the interrupted speaker stopping their point and Bilmes shows that either party may stop and this is a marker for recognizing the speech act type.

CHILDREN'S TALK

Looking at language in children is crucial for understanding the way in which they construct their everyday life. Examining talk enables examination of the ways children construct their world and the way they use it to take up any one available position as a member of a social group (Danby, 1996). Children's views

and voices have to be heard and taken into account (John, 1996) and gradually over time more research is dedicating itself to listening to children. Craig and Washington (1986) demonstrate that children are quite competent speakers and produce utterances that are not simultaneous with another, and are successful in changing speakers. Children's talk is an important area of study. Adult interruptions are given extensive attention in many disciplines of research, but children's turn-taking procedures have afforded less interest.

In mundane conversation there is an assumption that there is a shared competence that is acted out in the interaction. Both members afford equal status in that interaction. Children have a marginal voice in society and this is worsened if that child is considered to have special needs (Bines, 1995). Shakespeare (1998) asserts that there are different types of membership in an interaction, namely, members, less-than-full members, and ordinary members. She stipulates that there are a number of categories of less-than-full members who are recipients of category-bound talk by normal members, such as children, and those with some form of disabling condition. For example, in the process of interaction the shortfalls of children's competence may be drawn upon or oriented to allowing adults to direct children's talk because people do not expect children to be fully competent. Shakespeare shows that adults are assumed to be ordinary full members of an interaction and when they display features suggesting they are not (like confused speech) they are held to account. Children, though, are not assumed to be full members and are treated as less competent. In my research I investigate children with and without disabilities and their attempted contributions to family therapy. Focusing on adult/child interactions enables the broader issues of children's competence as highlighted by Hutchby and Moran-Ellis (1998). Lewis (1996) argues that young children are likely to be the group who are listened to least in a meaningful way and what I show in this article is that adults are most likely to simply ignore an interruption from a child and not listen at all.

Methodology

Talbot (1992) argues that a qualitative analysis of interruptions is more effective than statistical analyses. In this article I take a qualitative approach to investigating family therapy and analyze the data in accordance. This is because qualitative research allows for a rich exploration of the data showing how interruptions work and how they are treated rather than just counting the instances.

THE DISCURSIVE APPROACH

Discursive psychology is constructionist in approach looking at the way discourse itself is constructed and it studies ways in which discourse 'constructs versions of the world' (Edwards and Potter, 2001: 14). The discursive approach grew out of the philosophical ideas promoted by and oriented to by conversation

analysis (CA) and employs many of the analytic procedures. CA addresses a range of theoretical and methodological issues and is the 'systematic analysis of the talk produced in everyday situations of human interaction' (Hutchby and Wooffitt, 1998: 13). Drew and Heritage (1992) claim that the analysis of mundane conversation is necessary for our understanding of institutional talk. They argue that in order for us to understand how activities are performed in institutional settings we must first understand how they work in everyday settings and therefore we can then appreciate the differences.

SETTINGS AND CONTEXT

In this article I draw upon data obtained from four families engaging in family therapy. I draw upon a total of 22 hours of family therapy sessions from two different family therapists. Families were referred through the general practitioner and attend on a voluntary basis. The reasons for referral are reported as being linked to the one or more disabled children in the family.

In his lectures, Sacks (1992) claims that naturally occurring talk should be recorded because notes or memory are not reliable and the precise technicalities of conversation are important for understanding conversation. In this study, videotape data was made available by the therapist. Videotaping is a routine part of these therapeutic sessions, not a feature introduced solely for this research.

ETHICS

It is difficult for researchers to be clear about how safe their research is and to interpret some of the ambiguous terminology set out in the literature. Notably one of the key areas where ethical considerations are heightened is with minority groups who are deemed incapable of understanding the world in the same way as others might. I take the BPS (British Psychological Society) ethical guidelines seriously and endeavour to uphold all the relevant considerations especially those of anonymity and confidentiality (www.bps.org.uk). Lengthy communications with the therapy team took place and all necessary informed consent was obtained.

Analysis

In our society, children are usually taught not to interrupt a person who is talking. (Greif, 1980: 253)

In this analysis I consider the ways in which children's talk can be interruptive in family therapy conversations and in the context of family therapy it is arguable that there are differences from mundane conversation because of the role of the therapist. In more formal conversations the speaking rights may be pre-allocated and then worked up and oriented to in the conversations (Shakespeare, 1998). In family therapy the therapist can potentially orient to any member of the family and take control of the therapy. The type of conversation unfolding, however, will

differ from mundane conversation as it allows for delicate and sensitive issues to unfold (see Silverman, 1997). Interruptions from children engaging in family therapy seem to occur in one of three interrelated ways:

- There are occasions when children try to interrupt the adult speaker, but are ignored when the topic is of a delicate nature and therefore the child concedes and falls silent. In other words, when the main topic is about extremes of behaviour the child's interruption is ignored.
- There are occasions when the child tries to interrupt the adult speaker, but is ignored when the topic is of a sensitive nature but sometimes the child persists until a negative acknowledgement is given.
- Sometimes the child interrupts with a topic relevant issue and this is attended to.

It appears that two key elements are relevant to the success of having the interruption attended to, or not acquiring floor space, namely the nature of the topic of conversation and the topical features of the interruption.

WHEN THE MAIN TOPIC IS ABOUT EXTREMES OF BEHAVIOUR THE CHILD'S INTERRUPTION IS IGNORED

The topic of the main therapeutic conversation is a relevant and oriented to feature in family therapy. The topic of conversation will shift and change but generally focus on the troubles of the family and is therefore likely to encompass large areas of talk that is delicate in nature. It is considered that interruptions are a sign of impoliteness and as a way of controlling the conversation (Greif, 1980). My data demonstrate that when children try to interrupt the main conversation of this nature, they are ignored by the adult parties whose attention they are trying to attract.

Extract 1

- 1 Dad: Ronalds's okay n↑o [w then Ron↓ald ain't too ↓bad =
 2 →Phil: [°Can I play with Jordan dad?°
 3 Dad: = >I mean< 'e 'as be'aviour problems >sometimes< but.
 4 'e's just (.) >you know< .hh it's <↑not the same a:s> (.)
 5 whatev↓er
 6 FT: Ye↓ah
 7 Dad: ↑It's just >at school< at the moment we're 'aving
 8 problems with 'im at scho:ol at the [moment .hh but <erm>
 9 'e nev::er =
 10 →Phil: [°Jordan°
 11 Dad: =<ever went to> ↑nursery o:r >whatever< .hhh we never got
 12 'im in nursery

In this conversation, Mr Clamp is engaged with the therapist as part of an ongoing conversation about Jordan's extremes of behaviour and his disability.

The 'Ye↓ah' (line 6) from the therapist can be treated as a continuer and acknowledgement of Mr Clamp's discourse and not as an agreement to Phillip's request because of its location in the talk and the continued narrative from Mr Clamp. Phillip attempts to interrupt the main sequence of talk from his father by directly addressing his non-topic relevant question to Mr Clamp "°Can I play with Jordan dad?°" (line 2). Drummond (1989) shows that a turn is interruptive if it comes in at a non-transition relevance place (see Sacks et al., 1974) and it is clear here that Phillip's turn is located in the middle of his father's turn. More importantly, though, Mr Clamp treats the turn as potentially interruptive by ignoring the question. The question is clearly directed at Mr Clamp as 'dad' and by failing to attend to it Mr Clamp orients to the potentially disruptive nature of attending to the question. Drummond shows that participants have strategies for dealing with interruptive talk and often orient to the overlap by responding to the other speaker. In this case however Phillip's request is ignored by Mr Clamp (the initial speaker) and is also ignored by the other parties and notably Phillip redirects his interruption to his sibling as a side conversation (line 10) (see Jefferson, 1972; Egbert, 1997).

Extract 2

- | | | |
|----|---------|---|
| 1 | Mum: | Well. (.) 'e's <u>pushed me</u> do↓wn the sta:irs <u>twice</u> |
| 2 | FT: | ↓Right. |
| 3 | Mum: | <u>bruised me leg</u> and .hh (.) me *arms |
| 4 | Dad: | <u>Threatened 'er</u> (.) <who did he> [t ^h reaten with a <u>knife</u> |
| 5 | | the oth↑er day? |
| 6 | →Kevin: | [Da:d? |
| 7 | Nic: | ((raises her hand)) |
| 8 | Lee: | ↑Ye↓ah |
| 9 | Mum: | ↑Yea::h |
| 10 | FT: | Right. |

In this extract the child, Kevin tries to get the attention of the speaker by attempting to interrupt the main conversation. His interruption is only short in nature but is directive and could be interpreted as an attempt to acquire floor space in order to ask Mr Niles a question. He positions the recipient of his interruption 'Da:d?' (line 6) with the implication that there is more talk to come once the floor is acquired. The attempt however, is ignored by Mr Niles and Kevin fails to complete his projected turn and we are therefore left uninformed as to whether his interruption is relevant to the topic of Steve's extreme behaviour or not.

Extract 3

- | | | |
|---|--------|---|
| 1 | Gran: | He (0.2) <u>shouts</u> at ↑Julie he <u>hates</u> her .hh <she's <u>lazy</u> > |
| 2 | | (.) <she <u>neve::r</u> <u>does</u> what ↓he ↓wants> and just |
| 3 | FT: | U↓hum, |
| 4 | Gran: | <u>lays</u> >into< 'er and she' [s ↑had it a::ll we:ek >and< so,= |
| 5 | →Jeff: | [Nan (.) I <u>drawed</u> it <u>Nan</u> |

- 6 Gran: = from Julie's >↑point of view< you get that shouting at
 7 you <every day> (.) <all week> .h >you just get< (0.4)
 8 like she is ↑now
 9 FT: ↓Right

Here in this sequence of talk Mrs Bremner (the grandmother) is informing the therapist about how Bob has been behaving towards his mother, Julie. She details in her narrative the 'extreme' nature of Bob's behaviour and the effect that this is having. During this conversational sequence Jeff tries to take control of the conversational floor by attempting to draw Mrs Bremner's attention to him, '*Nan* (.) *I drawed it Nan*' (line 5). His attempts at interrupting his grandmother's talk off topic, though, fail to obtain floor space or acknowledgement.

In these three data extracts, children who attempt to interrupt the current speaker and draw attention with a topic change are ignored. In some instances however, the child attempts to obtain the attention of an adult party who isn't the main speaker at the time, but is engaged in the main conversation. In these circumstances the child is met with the same lack of response from the adult parties.

Extract 4

- 1 FT: and it <makes me wonde:r> .hh (.) <are the:re> things
 2 that everybod↓y else can ↑do that. will make it ↑easier
 3 for *Steve to change .hh s:o that before <he> can change
 4 (.) do other pe:ople need >to do< th↑ings so that he'll
 5 find it >easier to change< and >easier to talk< (.) >I
 6 mean< I 'ave to say alongside ↓that (.) >I mean< .h >I
 7 know< Steve's 'e's on [ly ↑thirteen coming on fourteen
 8 →Kevin: [I need a ↑wee
 9 FT: = (.) but i [t's ↑only a couple of yea [rs befo::re he =
 10 Lee: [well then go to the toile [t
 11 Kevin: [I can't ↑go ↑to the
 12 ↑toilet
 13 FT: = starts to be held res [possible for ↓things and,
 14 →Lee: [Mom
 15 FT:
 16 Mum: Hum
 17 FT: >I mean< <he could now> and actually (.) hu↑rting other
 18 children and stuff like ↓that

Mr and Mrs Niles here can be assumed to be engaging with the therapist and listening to the therapist who currently has the floor. The non-verbal cues show they are giving the therapist eye contact and are active in the main conversation and therefore when Kevin attempts to interrupt the therapist's talk '*I need a ↑wee*' (line 8) to obtain his mother's attention it can be considered potentially interruptive of the main conversation. The therapist continues his narrative of concern for Steve's extreme behaviour and neither parent steps outside of the main interaction to acknowledge Kevin. Notably it is Kevin's sibling that provides

a response to Kevin's attempted interruption. Furthermore Lee also attempts to interrupt the therapist's talk by attempting to acquire his mother's attention, 'Mom' (line 14). At this point the mother does emit a low 'Hum' (line 16) but it is unclear whether this is an acknowledgement of the therapist's continuing talk or of Lee's interruption. There is a general failure from the mother, though, to attend to either of the children's attempts at interrupting off topic.

Extract 5

- 1 Gran: No °no°
 2 FT: ↑No not at [this moment
 3 →Bob: [Pick a num↑ber
 4 FT: I've just se:en the time (0.4) the time's flown by
 5 Gran: Yea::h
 6 →Bob: Pic [k a number
 7 FT: [though it probably hasn't for you .h but e:r,
 8 →Bob: Pick a number
 9 Gran: Heh heh
 10 FT: it has for ↓me
 11 Bob: One
 12 FT: I'll just [>nip next door< to see h [ow they decided on =
 13 →Bob: [Mummy one [Pick a ↑number
 14 FT: = what to do see I [f they've got any ideas >okay< =
 15 →Bob: [Mum↑my
 16 FT: [= back in a few minutes

What can be seen in this extract is Bob making attempts to take the conversational floor and change the topic of conversation, at least by drawing his mother's attention from the main interaction. What cannot be seen from the transcript is that the mother is engaging in the main sequence of conversation, making eye contact with the therapist and nodding. Not all of Bob's attempts to take the floor occur in the middle of an adult's turn but they can still be considered interruptive of the main conversation as they are treated as such by the other parties. Notably Bob is ignored by all adult parties engaged in the therapy. This is despite the closure of that section of therapy with the departure of the therapist from the room. Bilmes (1997) showed that one of the techniques in which interactants display that there are attempts at their turn being interrupted is to ignore the individual attempting to interrupt. There is a determination to hold the floor by the speaking party. In this instance the grandmother and therapist continue to talk and the mother continues to engage in the main sequence of talk.

Bob's first attempt 'Pick a num↑ber' (line 3) comes in at a point where the therapist is talking and works as an attempt to change the conversation to talk about numbers. When he is unsuccessful he tries again at a TRP (line 5), but this can still be considered interruptive because the main sequence of conversation is still ongoing marked by the therapist's overlap (line 6). Bob continues to try and take the conversational floor with his talk of numbers during the therapist's

narrative 'Pick a ↑number' (line 13) and 'Mum↑my' (line 15) but despite his persistence fails to acquire it.

What these data show is that the adult parties in family therapy generally do not attend to the children's interruptions. They do not allow the child to take the conversational floor, nor do they acknowledge the child's interruption in a way that allows it to become a side sequence. When two parties find they are speaking at the same time the turn is often abandoned or they orient to the interruption (Sacks, 1992) but this does not appear to be the case when children interrupt. What Bob shows, though, in extract 5, is that children do not always abandon their attempts when ignored. There are occasions when the child persists to try and take control of the floor and be attended to. This persistence is not always met with ignorance, nor is it met with success. Instead a general feature of persistent interrupting is negative acknowledgement.

SOMETIMES THE CHILD PERSISTS UNTIL A NEGATIVE ACKNOWLEDGEMENT IS GIVEN

Roger et al. (1988) argue that repeated attempts at interruption have to be treated as separate attempts to take the floor, but they do need to be seen as part of a broader sequence. In this analysis I show that children do in some cases make multiple attempts to take the floor until a negative resistance is presented.

Extract 6

- 1 FT: She said. that ↑actually she'd rea:::lly start to miss
 2 'im (.) >and want him back< (.) and I hh seem to remember
 3 ↓Dan saying <then that> (.) no. >I'll be al↓right with
 4 this< I'll be al[right with Phillip going but >but< =
 5 →Ron: [I want to dr:aw some ↑pictures
 6 FT: = you (.) >I mean< you know Dan <very well> you're kind
 7 of thinking that (.) he might struggle with this 'e
 8 ↑mig [ht be saying he won't er (.) ↑but he might struggle
 9 →Ron: [°I want to draw°
 10 Dad: °Be quiet°

As with extract 4, the Clamps here are engaged in the main interaction, attending to the therapist's narrative. It is not entirely clear whom Ron is trying to address in his interruption but as the therapist has control over the distribution of paper and crayons it is fair to assume that the key person Ron is trying to engage is the main speaker, the therapist. Amidst the therapist's narrative about a particularly sensitive issue, the potential removal of Phillip from the family home, Ron attempts to briefly take the conversational floor, 'I want to dr:aw some ↑pictures' (line 5) in a way that is topically and sequentially interruptive. The therapist however continues his narrative and none of the adults allow the conversation to be disrupted to provide Ron with a response. His persistence also fails to acquire paper and crayons, or any conversational rights the floor and is simply met with a constraint of '°Be quiet°' (line 10).

Extract 7

- 1 Dad: B↑ut e::r, (.) it's.hh <ever since> 'e's be:en very ↓ill
 2 FT: Has any [body ↑else in the family got a::: handicap o:r =
 3 Jordan: [dad (.) dad (.) ↑d↓ad
 4 FT: = a disability?
 5 Dad: Not like that >no<
 6 FT: But there are [some but they're different to Jordan's =
 7 Jordan: [dad (.) >dad<
 8 FT: = is that what you mean o:r,
 9 Dad: No no no no
 10 FT: ↑Right
 11 Dad: They're like ↑Phillip >like Phillip's< p [roblems you know
 12 Jordan: [dad (.) dad
 13 (0.2)
 14 Jordan: ↑d↓ad
 15 FT: Right.
 16 Dad: ↑like that >yeah< like me si [ster's girl <she was> (.)
 17 ve:ry naughty little girl
 18 Jordan: [dad (.) dad (.) dad (.) dad
 19 FT: Right
 20 Dad: But e:r (.) Jor [dan is getting (.) ↓worse
 21 Jordan: [dad (.) dad
 22 Mum: OI
 23 Jordan: I want dad

The interruptive discourse from Jordan is continuous through Mr Clamp's narrative as he regularly and repeatedly tries to acquire his father's attention. Mr Clamp's narrative is designed to inform him of the differences in behaviour between his two sons, Phillip and Jordan and therefore the topic of disability is the serious business of therapy. Jordan addresses his father by title 'Dad' in a way that demonstrates who he is trying to engage but even after the (0.2) second pause (line 13) Jordan is ignored, demonstrating that the turns are being treated by the father as disruptive and interruptive. Jordan's constant attempts to interrupt the main therapeutic conversation are simply rebuffed by his mother. The 'OI' (line 22) is said in a considerably louder volume than the surrounding conversation and is accompanied with a notable change of facial expression and this is further indexed with the father's description of Jordan: '*Jordan is getting ↓worse*' (line 20).

Extract 8

- 1 FT: Which >which< is kind of o:oh >you know< brothers and
 2 sisters m↑ight hate to admit they [ca:re =
 3 Lee: [Joe
 4 FT: = about <each other>.hhh I thin [k they do,
 5 Lee: [Joe
 6 Steve: Shut up.
 7 FT: ↑but then ↑Steve >didn't want to know< (.) he was kind of
 8 no way >leave me alone< hh ↑bu [t then when you =

- 9 Lee: [°I want Joe°
 10 FT: = went back he told you
 11 Dad: Oi (0.2) shut up.
 12 FT: When you're u[psset Nicky, what do you like pe:ople to =
 13 Lee: [I want to talk to Joe
 14 FT: =do (0.4) if you'[re upset >what do you like people to
 15 do<
 16 Dad: [He'll talk to you in a minute when he's
 17 finished

In this extract, Lee makes several attempts to draw attention from the therapist and take the conversational floor. He interrupts by addressing the therapist by name on two occasions (lines 3 and 5). The therapist in his talk is considering troubles telling and feelings talk and is attending to the raised issue of Steve's behaviour. The family members treat Lee's potentially interruptive turns in a negative way with Steve telling him to '*Shut up*' (line 6) and his father telling him to '*shut up*' (line 11). Despite the negative feedback to his claims to the floor, Lee persists in his attempt and Lee's turns are treated as interruptive as Mr Niles acknowledges that the therapist's turn is incomplete: '*He'll talk to you in a minute when he's finished*' (lines 16–17). Notably the therapist actually doesn't attend to Lee's interruption.

Extract 9

- 1 Dad: >You know< 'cause I'm (0.6) losing the [use of my
 2 legs
 3 Ron: [I ↑know
 4 what he does
 5 Dad: with me [diabetes and what ↑ever >you know<
 6 Ron: [I know what he does
 7 Mum: You've had your *say

This particular extract demonstrates that conversational floor space is oriented to being distributed amongst members. Even though Ron's interruptive turns are potentially on topic they are met with resistance from the parents. Mr Clamp resists giving up the floor to allow his son to make his point and Mrs Clamp actually points out that it is no longer Ron's turn to contribute: '*You've had your *say*' (line 7). Ron's repeated attempts at interrupting the father's talk about his medical condition are ignored and then rebuffed.

Extract 10

- 1 Dad: Don't get me wrong he's go- when he's on his own he can
 2 be good can't he at times
 3 FT: You've always said that (.) al[ways
 4 Dad: [You know wha[t I mean he =
 5 Kevin: [Mum
 6 Dad: = can b[e good I m[ean I'm supposed to be =
 7 Kevin [Mummy
 8 Mum: [No Kevin wait

In this extract, Kevin attempts to interrupt his father's talk in order to attract his mother's attention and therefore he is not trying to interrupt the main speaker directly and this poses the possibility that a side conversation would be acceptable to Kevin. Mrs Niles, however, despite not being the current speaker, is a co-participant in the main interaction and therefore by trying to acquire her attention his turn is potentially interruptive and this is oriented to in a negative way from Mrs Niles, '*No Kevin wait*' (line 8).

What these extracts of talk demonstrate is that children's interruptions of the therapeutic conversation are not treated in a positive way. If the child chooses to continue interrupting with repeated attempts then they are requested to refrain from continuing. It is notable, though, that the therapeutic conversations taking place here are generally of a delicate or sensitive nature. They are attending to the main business of therapy, troubles telling, emotions and inappropriate behaviours and the projected interruption often orients to topic change or non-relevance to the main talk. My data reveals that when the children come in with a more topic relevant interruption they are more likely to receive acknowledgement from one of the adult parties.

SOMETIMES THE CHILD INTERRUPTS WITH A TOPIC RELEVANT ISSUE AND THIS IS ATTENDED TO
It seems to be a common trend that when a child in family therapy interrupts one of the adult speakers with a topic that has the possibility of changing the topic the adult parties simply ignore the child's potential contribution. This is not necessarily the case, though, with contributions that are explicitly on topic and brief in nature. Furthermore, there appears to be more opening of the conversational floor when the topic is less delicate or sensitive in nature. Not all topic relevant interruptions by children are acknowledged in family therapy. The topic relevant nature of an interruption by a child seems to facilitate its success but does not guarantee it.

Extract 11

- 1 FT: You're ↑Joe (.) right (.) ↑we've got another ↓Joe,
2 .hh I'm >not gon ↑na fo [rget< your name °then°
3 Jordan: [Er (.) e:r (.) 'e's (.)
4 'e's (.) 'e' [s *drivin'
5 Joe: [their [↓uncle
6 FT: [Right
7 Joe: >I'm your driver< .hh ↑yeah, that's right

This section of talk occurs early on in the session and the parties are providing introductory discourse. It is notable that the main business of therapy has not yet started to take place and the therapist is simply familiarizing himself with the large party of people who are present in the room. While reformulating Joe's introduction, Jordan interrupts the therapist mid-way through to provide an account for his uncle's presence '*Er (.) e:r (.) 'e's (.) 'e's (.) e's *drivin'*' (lines 3–4). Rather than ignoring Jordan's interruption, it is acknowledged by Joe with an

affirmation of the information Jordan provides, showing a marked difference between this talk and the previous extracts provided.

This is not to argue that children's interruptions cannot be acknowledged during sensitive conversations. There are occasions where the adult parties briefly acknowledge interruptions that are relevant to the topic of conversation. This is particularly notable if the main topic of conversation is one of the children and that child is the one who interrupts.

Extract 12

- 1 Mum: And 'e got 'is hair off with that and >chucked it< on the
2 flo:or >and I says< we [ll once ↓yo-
3 Steve: [NO I HAVEn't I dropped *it on the
4 ↑flo:or
5 Dad: <YOU [threw it> across the livin' ro:om befo:re n↑ow
6 Mum: [N- <YOU CHUCKED IT> .hh I was ↑there and seen ya
7 >and I says< once you break that <you ARE NOT 'avin'
8 another one> because they're not ↓cheap they are a lot of
9 money.

In this extract, Mrs Niles is describing to the therapist an example incident of Steve's behaviour in a way that highlights his temper and aggression. Notably, though, Steve is present in the interaction and interrupts his mother's discourse with a denial 'NO I HAVEn't I *dropped* *it on the ↑flo:or' (lines 3–4). The increased volume at the start of his turn indicates the competition for the floor but also increases the strength of the self-defending. The overlapping speech from both Mr and Mrs Niles seeks to discredit Steve's denial and works as a joint collaboration rather than a competition for the conversational floor. Both parents come in together at a TRP and both complete their turns in agreement with one another. What is notable is that although Mrs Niles suspends her turn (line 2), which allows for Steve's successful and acknowledged interruptive turn, the acknowledgement is still negative. In the earlier extracts the children's persistence was met with a negative comment from an adult, and here although the interruption is allowed, the feedback from his parents is negative.

Extract 13

- 1 FT: Lets th↑ink about y [ou then young man?
2 Nic: [Can I just say s[ome↓thin'
3 FT: [↑Oh >come on< sorry
4 yes,
5 Nic: Right >my friend Kell↓y< she's got >hh two families she's
6 got a <dad and a step mum> and <a mum and a step dad>
7 FT: ↓Yeah
8 Nic: Right.
9 Steve: Left
10 Nic: a bit. Funny. ↑but (.) and she calls (0.2) her step mum
11 Fe:e like I call Alex e:rm

12 (0.4)
 13 FT: Alex
 14 Nic: >Alex< ↑yeah(.

A noteworthy point in this extract is the location of Nicky's interruption. The therapist's formulation addressed to Steve is an indicator of a topic shift '*Lets th↑ink about you then young man?*' (line 1). The literature notes that in family therapy it is the therapist who selects the topics and takes charge of the conversational floor (Stratford, 1998). What is seen here is that Nicky's turn is topic relevant to the previous topic of step parenting and in a way that orients to this topic she moves to interrupt the topic shift '*Can I just say some ↓thing*' (line 2). Talbot (1992) argues that interruptions are a speaker laying claim to the floor, a claim at a turn at speaking and in this way Nicky moves to maintain the original topic for the duration of her turn in a way that briefly prevents the therapist pursuing his agenda. She does however orient to the turn-taking rules of conversation by requesting a turn through her interruption. Craig and Gallagher (1982) show that children orient to the turn-taking rules of conversation in both two and three party interactions and Nicky does this in a larger group and in a polite way. Sachs (1981, as cited in Hendrick and Stange, 1991) found that children rarely use politeness strategies when interrupting others and my data also show this, but in this extract Nicola is polite in her requests and is treated by the therapist as being so.

Discussion and conclusions

In this article I demonstrate that researchers have a responsibility to continue to examine the way in which children interact with others. Family therapy is an important arena wherein families can play out their roles and responsibilities and interact with one another with the guidance of an 'expert' (Broderick and Schrader, 1981). I show here in my research that families engage in therapeutic conversations and orient to the troubles telling aspect by talking about delicate and sensitive topics. The nature of this talk however has an impact on the way the children seek to engage. I demonstrate that a salient issue for the children in family therapy is interruptions and how they are treated. When children move to interrupt a delicate section of talk it is met with non-attendance and persistence simply elicits a negative receipt. There are however some instances where the child's interruption is allowed to be successful. If the topic is less sensitive the child has a better chance of taking the conversational floor and politeness strategies can also have the same effect. Many attempted interruptions are instances of the child trying to change the topic or shift the attention away from the immediate conversational topic. I show through my data that there are rare occasions where the child is given the space to make their point but these are instances where the interruption is topic focused or the main topic of conversation less sensitive and delicate.

What I demonstrate in this article is that generally, children are unsuccessful at taking the conversational floor from an adult in therapy and it is therefore quite probable that this is the case in other institutional contexts. In family therapy all members should have equal rights to the floor, but in actual therapeutic conversations it would seem that children only have half-membership as Shakespeare (1998) suggests. This has the wider implication that adults dominate the conversational floor in family therapy and it may be possible that the children are just as important. There are implications for the control of the therapist whom potentially could give more floor space to the children in a way that prevents frequent interruptions. It is notable however that there are difficulties associated with attempts to engage children in the therapy talk and problems of maintaining smooth interactions in large multi-party talk. This article does show however that there are instances where children use interruptive tactics to obtain floor space and none of the adults permit this.

Future research is obviously needed in the area of child interruptions and their natural interactions with adults. My data show that children will attempt to interrupt adult speakers and are prepared to persist if necessary. Our knowledge of the phenomenon is still fairly limited and we need to acknowledge the importance of children's turn-taking and interruptive discourse.

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