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Women and men in conversation: a consideration of therapists' interruptions in therapeutic discourse

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Studies of day-to-day conversation have shown that interrupting can be used as a gendered means of determining both conversational topic and speaker. This paper explores the nature of interruptions in therapeutic conversations in this light. Drawing upon two recent studies of therapists' interruptions, the author offers some preliminary ideas for consideration by therapists, clinical supervisors and researchers.

Introduction

The postmodern developments in the field of systemic family therapy have led to an increasing focus on issues of gender, language and power in both the theory and practice of systemic therapy (Anderson and Goolishian, 1988; Burke and Daniel, 1995; Hare-Mustin, 1986; Hoffmann, 1993; McNamee and Gergan, 1992). The move to a social constructionist epistemology has encouraged therapists to attend more closely to the language which family members and therapists use in their conversations. The construction of meaning in people's lives is seen as created in their talk together and therapeutic conversations as revealing a co-constructed world in which new and more helpful meanings and ideas arise in a sort of 'social choreography' (Cecchin, 1992). The postmodern therapist increasingly asks questions about gender, race, class and age. He or she enquires how these issues and those of status and power interact recursively in the construction of the self within family, therapeutic, sociopolitical and cultural systems (Burke and Daniel, 1995; Jones, 1993, 1994). The intersubjective nature of therapeutic change from this perspective also demands a self-reflexive position for systemic therapists, as questions of gender and power become part of the shared fabric of therapy.

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While the integration of gender issues into the clinical training of family therapists is seen as a critical component of these changes in practice (Coleman *et al.*, 1990), as yet, few family therapy process researchers have directly examined the influence of therapists' gender on language and communication during therapeutic conversations. Thus, despite a current preoccupation with ideas of language, meanings, gender and power and our own subjective experience as therapists, the idea that our language and conversational behaviour in therapy is itself gendered, and therefore both reflective and sustaining of power differentials within wider society, has been largely overlooked within both clinical practice and research studies. Clearly, if the world of language is significantly different for men and women within families and between themselves and ourselves as male and female therapists, this may have important implications for both the process and outcome of therapy.

Conversational interaction, gender and power

Spender identified our language and its meanings as 'man made' in 1980, arguing that language itself reflects and perpetuates gender inequalities. Other research (De Francisco, 1991; Holmes, 1992; Leet-Pellegrini, 1980; Octigan and Niedeman, 1979; Sadker and Sadker, 1985; West, 1990) has analysed how differences in verbal and nonverbal communication express and maintain male dominance. Such studies have directly challenged the cultural stereotypes about gender differences in communication that are part of our folklore. The widely held view that women talk more than men, interrupt men more often and raise topics of less value than men has been shown to be inaccurate. Women talk less than men (Bernard, 1972; Soskin and John, 1963), actively encourage men to talk more about male topics (Fishman, 1978) and are frequently interrupted more by men than by women (West and Zimmerman, 1977; Zimmerman and West, 1975). Within the domain of day-to-day conversation, it seems that a woman's role is to sustain and support conversation, while men have more power to control and define who speaks and what gets talked about (Fishman, 1977, 1978, 1983). Given that gender itself is not a fixed variable, the role and status of conversationalists within the purpose and content of any conversation is also likely to influence what gets talked about by whom, to whom.

Thus the pattern and distribution of listening and talking, and hence the potential meanings that arise for male and female conversationalists, may relate not only to their gender, but to their relative power or status within that conversation and as defined by wider social systems. If one of the conversationalists is more powerful than another by virtue of professional expertise this would be likely to have an important bearing here. From this perspective, the emergence of power in conversations seems not to be based primarily on gender or power *per se* but on a subtle interplay between the two. The conversational power inherent in being a male has been shown to be insufficient in itself to establish dominance in mixed-sex conversations. When given information that allowed them to be expert within a conversation, males tended to dominate female conversationalists by talking more and interrupting, but did not do this with other men. In the same circumstances, women 'experts' responded with collaborative and supportive verbal behaviours (Leet-Pellegrini, 1980; West, 1990).

These patterns of male dominance in conversations have been found to hold across different purposes and types of conversation and conversationalists in both intimate and public contexts (Aries, 1976; Eatkins and Eatkins, 1976; Fisher, 1991; Fishman, 1977, 1978, 1983; Holmes, 1992; West, 1990). Such studies invite questions about whether these patterns may transfer or change within a therapeutic context. Clearly, therapeutic conversations differ significantly from day-to-day conversations in their problematic orientation, the level of distress carried by family members, and the therapist's role as a conversational 'expert' to work with 'talk' and to be helpful. Equally the institutional setting, the variable ages and genders of family members, plus the prearranged time and frequency of therapeutic sessions will all impact upon the process and content of therapeutic conversations.

Family members' history and previous experience with both a particular therapist, as well as with other experts, is also likely to be relevant here. As important will be how family therapists choose to use the status differences between themselves and family members, as this will inevitably impact upon how the functioning of their role will be demonstrated and experienced. Both this and the particular style and nature of the therapeutic discourse offered by a therapist will be influenced by their theoretical orientation and training. Professional belief systems concerning the verbal activity and conversational role of therapists vary considerably. For example, a

brief strategic therapist (Cade and O'Hanlon, 1993) may choose to pre-empt a client's talk or block unhelpful remarks in order to maintain a particular therapeutic focus. Alternatively, in using the technique of circular questioning to encourage family members to reflect upon each others' ideas and views, a post-Milan systemic therapist (Cecchin, 1987; Cecchin *et al.*, 1992) simultaneously influences both the process and pattern of the therapeutic conversation. Despite such evident complexities, the influence of therapists' language, gender and power within the domain of therapeutic conversations would seem to be a potentially rich and important area of study.

Interruptions between conversationalists in day-to-day contexts

Within the field of gender and language research, much attention has been paid by sociolinguists to analysing the functions of particular linguistic features within different social contexts. In this respect, interruptions have attracted much empirical study and provide the most useful comparative data for similar studies of language and gender within therapeutic conversations. The most widely cited studies of interruptions are those by West and Zimmerman (1977) and Zimmerman and West (1975), who examined the frequency of interruptions between familiar and unacquainted men and women in conversation. Zimmerman and West (1975) define interruptions as 'Violation of speaker's turns to talk which disrupt the speaker's turn to speak'.

Interrupted speakers by definition thus have their stream of words or thoughts literally disturbed, and frequently drop out of the conversation. Interrupting speakers thus gain a turn to speak themselves in order to pursue their own agenda. Interrupting speakers therefore control both the topic and process of the conversation by influencing not only what gets talked about by whom, but whether and under what circumstances the conversation proceeds. Obviously, various factors will influence the nature and impact of an interruption. To determine how far interrupting is a violation of a speaker's rights, one needs to closely examine the speakers and the conversational context, i.e. what is each speaker saying, how long have they been talking and what is their relationship? How do they feel about being cut off? More importantly, what is the content of the second speaker's comment in relation to the first and what is the first speaker trying to do? Here, the gender of the conversationalists is an additional factor to consider.

In West and Zimmerman's (1977; Zimmerman and West, 1975) original studies, in mixed-sex conversations men initiated 75% of all interruptions, while in same-sex conversations interruptions rarely occurred and were found to be equally balanced between conversational partners. Based on this work, these authors suggest that interruptions are a basic feature of interaction between men and women in our culture and constitute a power differential, readily found in both ordinary and extraordinary settings in which men and women come together to talk.

Interruptions in therapeutic contexts

Within the context of a therapeutic conversation, the therapist is clearly seen and sees him or herself as a conversational expert (Anderson and Goolishian, 1988) who holds some obligation to ensure that things get talked about. Thus the usual pattern of day-to-day conversations, in which selection of topic and speaker is relatively unconstrained and potentially evenly distributed, may not hold. Within such 'institutional' discourse (Fisher, 1984), reciprocal assumptions about professional power and the control of the conversational process and topic change the shape and relative balance of power of the conversation in favour of the therapist. Broadly, clients requesting help provide information about the nature or experience of a problem over time, while the therapist asks most of the questions, selects most of the topics, and is therefore largely in control of the conversational floor. Thus therapists have more power than clients to speak about a topic of their choice or to select another speaker or topic.

Within such a context, interruptions by therapists can be seen to retain the same function as in ordinary conversations, i.e. as an attempt to take over the conversational floor or to change speaker or topic. However, therapists could exercise their professional responsibility like other conversationalists by waiting for a turn to speak, in order to invite someone else to speak or to introduce a new topic or to speak themselves. Of course, different schools of therapy may also suggest that therapists consider the use of interrupting as part of their therapeutic practice; for example, O'Hanlon and Wilk (1987) describe 'therapeutic interrupting', while Hoffman (1993) and Anderson (1992) both advise avoiding this. In this sense, interruptions by therapists may serve both potentially facilitative as well as controlling functions, depending on the

perspective from which the conversation is examined. High levels of interruption by the therapist may be experienced by clients as an appropriate use of their expertise, to helpfully alter the direction or content of the therapeutic conversation, or be seen as a culturally legitimate means of responding to families, or fitting in with the families' own particular style of communication. On the other hand, irrespective of whether family members are consciously aware of being interrupted by the therapist, they may be left feeling angry, disqualified, not listened to, or believe themselves to have little to contribute to the therapeutic conversation and be disadvantaged as a result.

Evidently, as stated above, by virtue of the therapist's expert status, a differential power relationship exists between therapists and clients. Considered in this context, an examination of therapeutic conversations may reveal a gendered pattern of interruption by therapists of clients. If such a picture emerged, this would suggest that male and female therapists may deal differently with the contextual elements of therapeutic conversations. Alternatively, if different patterns of interruption were revealed, this would suggest that therapists' interruptions may serve other therapeutic or facilitative functions.

Studies of interruption by therapists in therapeutic conversations

Two separate and independent studies have examined the use of interruptions by male and female therapists as a means of considering whether therapists exercise power through language in their use of verbal behaviours. My own study (Stratford, 1996) examined, rated and compared the extent, distribution and frequency of interruptions used by two male and two female therapists across videotapes of seventeen different sets of adult male and female clients.

All four therapists in this study were experienced family therapists. One male and one female therapist were consultant child and adolescent psychiatrists, who shared a broad structural/strategic theoretical orientation. The two remaining therapists were family therapists in separate child and family psychiatry services. Both of these therapists were undertaking advanced clinical training in systemic family therapy at a national training institute. They shared a postmodern theoretical orientation and described themselves as drawing upon post-Milan systemic and narrative/social constructionist ideas respectively. Each therapist in the study contributed at

least four videotaped recordings of different families attending for family therapy. Each family included at least one adult male and female family member and could additionally include children and adolescents. The videotaped sessions ranged from the first to the sixth session and therefore varied for each therapist.

None of the families were familiar to the researcher, who used a refined version of West and Zimmerman's definition of interruption to examine, rate and compare therapists' interruptions of adult male and female clients across the first 30 minutes of each videotaped therapeutic session. The research design also included a single qualitative interview with one male and one female therapist involved in the study. Here each therapist individually considered and discussed in detail their use of interruptions together with the researcher in the context of one of their own pre-recorded sessions.

While the quantitative outcomes of this study were insufficient to justify statistical analysis, some interesting questions were raised by the patterns of therapists' interruption of clients noted, both within and between clients and therapists of the same and different genders. While both male and female therapists across the whole sample interrupted male and female clients, the two male therapists on average used interruption three times (77.2%) more frequently than did the two female therapists. In doing so, both male therapists interrupted female rather than male clients. With the exception of one instance of a very silent female client, both male therapists interrupted female clients at least three times more than they interrupted male clients. In contrast, while the female therapists used interruption in similar ways to male therapists with both male and female clients, they did not differentiate to the same extent as male therapists in the gender of the client they chose to interrupt, and therefore appeared more even handed. Across the total sample of four therapists in this study, 65% of all therapists' interruptions were of female clients.

Alongside the obvious limitations in validity and reliability of such a small-scale study, the qualitative and extra contextual data that emerged did suggest that the frequency and focus of verbal interruptions by both male and female therapists were influenced by issues of gender and power. In reviewing their own interrupting of male and female clients, both interviewed therapists referred to their use of interruption as a means of exercising conversational power and control. While not describing interruption as a therapeutic

choice, each therapist referred to personal thoughts and feelings as influencing their decision to interrupt clients. This indicated that therapists may be able to access and reflect upon the 'reasons' for their interruptions based on their own experiences within the therapeutic encounter.

Features mentioned by both interviewed therapists as influencing their interrupting included their role as agents of change, their own theoretical orientation, the therapeutic relationship, the nature of a client's problems, and historical patterns of conversational interaction in previous sessions with that client. While both therapists reflected an informed view about pursuing gender themes in their clinical practice, the therapists' ideas and views about gender and language, and gender stereotypes, were influential in both the objective and subjective factors that had led them to interrupt male and female clients. For example, the male therapist described himself as interrupting in order to control a talkative female client and the female therapist described herself as interrupting in order to protect male family members from distressing information. Both therapists also expressed surprise to see themselves interrupting clients and acknowledged the positive impact of analysing their own verbal behaviours.

In a quantitative study Werner-Wilson *et al.* (1997) evaluated the use of interruptions by five female and seven male therapists all on an accredited doctoral training programme. The clinical sample in this study involved videotapes of 41 different couples or families, each with one adult male and female client, attending for couples or family therapy.

This study examined first therapy sessions only, to control for the effects of treatment duration, and analysed the same three, five-minute segments across each session to ensure that different stages of the therapeutic process were considered. One male and one female rater, blind to the purposes of the research, used a videotape and a written transcript to rate the number of therapists' interruptions in each session. A high level of inter-rater reliability was achieved.

Results were measured against standardized ratios for therapists' interruptions in relation to both the number of words spoken, and the number of turns taken to speak, by each client. Additionally, a multivariate analysis was used to examine the number of therapists' interruptions in relation to both genders of clients and therapists, using mean and standard deviations. These results indicated that

there was no significant difference between male and female therapists in the number of times they interrupted clients, or in the gender of the client they chose to interrupt. However, there was a significant difference on all measures of therapists' interrupting in relation to different client gender, in that both male and female therapists interrupted female clients approximately three times more frequently than male clients. While this interruption of female clients comprised 75% of the total numbers of interruptions across the whole sample, this was not connected to either the amount of talk or turns at talk of female clients.

Given the findings of the studies sighted earlier (Leet-Pellegrini, 1980; Stratford, 1996; West, 1990; West and Zimmerman, 1977; Zimmerman and West, 1975), one might expect these results to have shown a gender difference in the use of interrupting between male and female therapists. Here the use of trainee therapists in the Werner-Wilson study may have been influential. Elsewhere (Auerbach and Johnson, 1978), therapists' inexperience has been identified as a factor which correlates to a more directive style of interviewing. While it is unclear how this particular factor may interact with gender, inexperienced therapists may well interrupt clients more frequently in order to control the therapeutic conversation and this may distort other therapist/gender differences.

Alternatively, the differences in outcome between these two studies could relate to the gender bias of a single female researcher, differences in clinical settings, the training and theoretical orientation of the therapists, or cultural differences in the clinical or therapist samples. While the careful design and methodology of the Werner-Wilson study and the more rigorous statistical analysis used here are likely to have produced reliable outcomes, the smaller sample size used in my own study may have captured only a small part of a wider picture.

However, despite differences in outcomes, both studies support the view that therapists are more inclined to interrupt female rather than male clients. Such interrupting seems to occur not because of the therapist's own gender, but more particularly because of their therapeutic role and status. It is this, it seems, in the context of the client's gender and the therapist's own history, subjective experience of gender socialization, and wider stereotypes about gender and language, which gets re-enacted in 'doing gender' (West and Zimmermann, 1987).

Implications

At the most simplistic level, therapists could develop their skills and awareness to wait until clients have finished speaking before taking a turn to talk themselves. Although it may prove difficult to adjust the pace and style of therapy to accommodate this, some schools of individual and family therapy already advocate this practice (Anderson, 1992; Hoffman, 1993; Rogers, 1967). Recognizing the gendered nature of the linguistic context of the therapeutic conversation will involve male and female therapists in reflexively considering their verbal behaviours as conversational 'experts' within the impact of both their own and the client's gender in co-constructing a conversation that is primarily useful to the client. As subjective impressions are clearly misleading, therapists may need to develop the practice of monitoring their use of such verbal behaviours perhaps by using videotapes.

Given the gender bias in therapists' use of interruptions, it may be equally important to consider ways to address female clients' participation in therapy as a specific issue. Research by Holmes (1992) suggests that women are more likely to contribute to discussions in the presence of another woman speaker, or when there are other women listening in, or when a topic is one in which they see themselves as having knowledge or competence. Here, the gender composition of therapeutic teams and the gender of allocated therapists involved in reflecting team processes may well be significant for female family members in encouraging a more equal gender dialogue between therapists and clients. Addressing the issue of patterns of gendered talk and verbal behaviours and their meanings as part of the process of therapy and therapist training may prove equally valuable.

Clearly, both studies reported here failed to examine the impact of therapists' interrupting from the clients' perspective, and in terms of therapeutic outcome this is inevitably the only perspective that counts. In this light, future research studies of verbal behaviours within family therapy process research might examine in more detail therapeutic conversations from the perspective of both therapists and clients. Such research might provide a better systemic understanding of the reflexive nature of therapeutic change, illuminating how issues get talked about and change across sessions, and the recursive process operating within clients' and therapists' language. In the same vein, an examination of other linguistic

features, for example, the pattern of questions and answers that underpins therapeutic conversation, may reveal this to impact upon the construction of reality which clients are offered or can choose within the therapeutic process. Clearly, issues of gender, language and power would remain central to such studies and should be incorporated more widely within other research in our field.

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