



# *Closing complaints down in family therapy*

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## *Qualitative:*

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- ★ Qualitative methodology is proposed as less scientific than quantitative.
- ★ There are varying strands of qualitative methods and some have a leaning towards quantitative principles.
- ★ Most however (but not exclusively) qualitative people operate on the principles of social constructionism.
- ★ They reject essentialism and positivism. This can lead to intense controversial and politically grounded debates.





# *Essentialism*

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- ★ Essentialism is the philosophy that as a human race we can be measured.
- ★ Basically essentialism means that human behaviour can be measured in alignment with the principles of science.
- ★ Those who operate from an essentialist philosophy argue that we can reduce human behaviour to categories and numbers and then generalise to the wider population.





# *Social constructionism*

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- ★ Social constructionists argue that ‘the truth isn’t out there’.
- ★ It is the philosophical principle that there are only participants’ versions.
- ★ They claim that people adapt and change according to who they are interacting with and present a version of events at that time.
- ★ For example they claim that people do not have a personality, just a version of themselves that is flexible and fluid and may or may not be consistently presented.





# *Complaints*

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- ★ Complaints in the data follow a common pattern of construction. They begin with a capsule; a summary of the problem and a gloss on the complainable matter. Following this gloss there is expansion. The parents then formulate detail surrounding the events and work up the complaint. The capsule gloss is worked up three ways (not exclusively in this order).
- ⑩ (A) - Something is constructed as negative.
- ⑩ (B) - Moral fault is formulated.
- ⑩ (C) - Agency is assigned and well being has been infringed.





# *Complaints continued*

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- ★ The expansion that follows contains more detail about the complaint. The parents reiterate the events in ways that show the listener the problem in more depth. They therefore present two things.
  - ⑩ (D) - They give high levels of detail about the complaint.
  - ⑩ (E) - They manage their own culpability and accountability.
- ★ In addition to this an interesting feature of complaints is the minimal receipt from the therapist. Therapists are interested in doing the business of therapy (a theme returned to in the next chapter) and therefore are expected to remain neutral. This is done in a general way.
- ★ (F) – Minimal responses



## *Analysis (see extract one)*

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- ★ Following a short pre-ambule the father encapsulates the complaint briefly to the therapist. Capsulating complaints in this data is a common way to begin constructing the grievance. Sacks (1992) showed that this is how stories are announced. Stories are prefaced with a brief capsule of information. (Sacks, 1992) He positions the event as a negative one and constructs it as a three-part list (Jefferson).
1. *'then the social services were out'* (line 7).
  2. *'the police were out'* (line 8).
  3. *'and everything'* (lines 8-9).



## *Analysis (see extract one)*

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- ★ The extremitised circumstances with the extender (Overstreet, 1999) of '*and everything*' serves to exemplify the commotion and quantity of people in authoritative positions in the family home. He shows that social services and the police visited his home together. The negativity on this occasion is strengthened with the mid list exclamation of '*God knows what*' (lines 7-8), a form of exasperation and a way of working up the unexpected nature of it.





# *Closing complaints down in family therapy (see extract two)*

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- ★ This progressive nature of therapy is received by the mother in a way that demonstrates the expectance of practical assistance.
- ★ She makes a practical request and then accounts for the request by using the idea of progression in therapy. By saying '*well to try and get the lads back for one*' (line 13) she shows the therapist that there is an expectation that he may be able to comply with the request.
- ★ The minimal response '*okay*' (line 14) however indicates that this would not be a useful use of the time.



# *Closing complaints down in family therapy (see extract three)*

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- ★ Clarification of what he can actually do is a direct uptake of parental expectation. He argues *'I certainly don't want to do is give you an impression that we can talk about this in a way that can guarantee...that social services never bring it back'* (lines 1-3 and line 5).
- ★ The therapist here is in a difficult position as he is presenting a dispreferred response (Pomerantz). The parents' implication is that as a therapist he has the capability of influencing social services intervening in their life. Here he makes it clear that he is unable to fulfill that expectations. He positions responsibility for intervention with the social services and diminishes his own.



# *Closing complaints down in family therapy (see extract three)*

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- ★ However whilst providing the dispreferred response to the initial he does attempt provide help to the family in a therapy related manner. He claims *'I I do think there are ways that we can talk about it that may be helpful for you all'* (lines 8-10). The position taken here by the therapist is twofold in the sense that he is orienting to therapy as a progressive institution whilst maintaining the sentence as hedged and non committal. He moves back to the concept of therapy and talking as a helpful phenomenon, suggesting that is they talk about their troubles there is room for progression, but he hedges it using phrases like *'I I do think'* personalizing the sentence and emphasizing *'may'* which contrasted could just as easily be may not.



# *Implications and applications to therapy*

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- ★ This shows us that the objects of the complaints are important to clients
- ★ This demonstrates the limitations of the therapist to help the client
- ★ It shows that the clients do not give up in their pursuit of a complaint
- ★ It shows that the therapist and the clients have different concerns and the client must be ‘trained’ in the therapeutic process.
- ★ This shows us that communications between services is important





# *Conclusions*

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- ★ It is not the interest of discourse and conversation analysts to make practical and applied offerings.
- ★ My fundamental interest is to give a critical and contemporary insight into the world of disability and therapy and to examine the ways in which clients and therapists interact with one another in the arena and with in the boundaries of institutional talk.
- ★ These findings can then be taken by the practitioner to have a more practical edge.