Who has naming rights? The framing of children's mental health issues in discursive therapy with their caregivers

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Who has naming rights? The framing of children's mental health issues in discursive therapy with their caregivers

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Abstract

Children in Western countries are being referred for therapy at increased rates. There is, however, a lack of research that explores how social workers, in the role of therapist, engage children and their caregivers to determine the 'presenting concerns' for therapy. This study uses a Critical Discourse analysis of therapy transcripts to investigate if and how children are afforded the right to name the issues they may face. The study examines the politics of knowledge production in the therapeutic triad between the therapist, child and caregiver. The messy realities of child-centred practice are shown. The findings reveal the complex operations of power in therapy interactions and the influence of behavioural discourses in framing children's mental health issues, positioning children as therapeutic subjects. Findings underscore the need for social workers to find socio-political ways to conceptualize, with children, the issues that impact on their lives, using externalizing practices and therapeutic resources.

KEYWORDS
children, critical discourse analysis, discursive therapy, mental health, social work

1 | INTRODUCTION

In the therapy encounter with children and their caregivers, children's mental health issues are framed in particular ways. Child-centred practice is a well-established concept in social work literature when working therapeutically with children and their families, including child protection contexts (Barnes, 2018; D'Cruz & Stagnitti, 2008; Diaz & Trickle, 2020). Child-centred practice positions children as agents in the therapy room. Social workers enact this practice principle by using age-appropriate communication to enable the child to define their concerns in various ways via creative, play-based or verbal means (Hung et al., 2019; Lefevre, 2015; O'Reilly & Dolan, 2016). Moving away from paternalistic approaches where adults talk on behalf of children, child-centred practice recognizes children as citizens who have the right to name their issues of concern (Barnes, 2018; Race & O'Keefe, 2017). It is defined as creating a space for 'children to express their wishes in regard to their well-being or about their experiences' (D'Cruz & Stagnitti, 2008, p. 159). It involves developing relationships, listening to children and enabling their participation in decision-making (Diaz & Trickle, 2020; Race & O'Keefe, 2017). Child-centred practice is enshrined in the Safe & Supported: National Framework for Protecting Australia's Children 2021–2031 with the principle of 'listening and responding to the voices and views of children and young people …' (Commonwealth of Australia, 2021, p. 8).

Discursive therapy is one approach that espouses collaborative and child-centred ways of working (Berg & Steiner, 2003; Gehart, 2012; Marsten et al., 2016), yet whether this is achieved, particularly in relation to the initial framing of the presenting problem, remains unclear. This study addresses this gap by analysing transcript

excerpts from several video recorded therapy sessions. The discursive counselling sessions feature two unrelated 9-year-old girls, Emily and Isla (pseudonyms), their caregiver and social worker. By employing a Critical Discourse analysis, the shifting power matrix involved in the formulation of children's issues is examined.

2 | BACKGROUND

Child-centred practice can appear to be a reasonably straight-forward endeavour for social workers to invite children to name their mental health concerns. There are, however, competing tensions and a typography of power relations at play in the therapy room (Avdi, 2015), particularly within the current socio-political context. During lengthy lockdowns in the pandemic, children were isolated from key activities and people in their lives (Westrupp et al., 2020) that support their wellbeing. Many children face uncertain futures as a result of escalating inequality in Australia, and at the same time, children are expected to regulate their emotions and behavioural responses to these challenges. Caregivers play a central role in identifying 'behavioural' and/or 'mental health' referral concerns for their children (Furedi, 2002), which can mean that the presenting issue is partially constructed even before the child has entered the therapy room. Social workers, therefore, face a complex task to find ways to acknowledge caregivers' concerns, while also engaging the child to name their mental health concerns. To assist social workers to navigate these complexities, further understanding is needed to critically examine how issues are defined in therapy with children and their caregivers.

3 | THERAPY AND THE CONSTRUCTION OF ISSUES

Power is apparent in therapy sessions with children and their caregivers by how issues are constructed and talked about (Avdi, 2005, 2015; Marsten et al., 2016). Children's mental health problems are formulated through the language choices made by adults that categorize and diagnose certain behaviours of children as 'problematic' (O'Reilly, 2007), as well as evidence of some underlying pathology (Avdi, 2005; Avdi & Georgaca, 2018). Critical forms of discourse analysis demonstrate how talk in therapy and its associated meaning is mediated through the social, cultural and political context surrounding the therapy encounter. For example, critical research illustrates the influence of dominant discourses including psychiatric (Avdi, 2005), medical (Moore & Seu, 2010) and developmental discourse (Avdi, 2015) in the formulation of the referred child's mental health issues. Such research draws our attention to the weight of words spoken by adults in the therapy room and their influence in shaping the presenting issue(s) and what solutions are legitimized.

The way the issue is framed plays a central role in how the child is represented and positioned in therapeutic interactions. For instance, Paré (2014) asserts that 'identities are not merely 'shared' in therapy but also forged there' (p. 209). The way the child is positioned in the therapeutic encounter can determine what they can do and say. In social work practice, we realize the importance of people having access to the conversation floor, being able to assert their version of the story, to give voice to the challenges they might be experiencing (Diaz & Trickle, 2020; Race & O'Keefe, 2017). In practice with children, however, these rights can be minimized (Fern, 2014).

Child-centred practice enabling children to share their experiences, identify what is important and participate in decisions related to their needs has become a taken-for-granted concept and is conveyed as ideal therapeutic social work practice (Barnes, 2018; D'Cruz & Stagnitti, 2008; Diaz & Trickle, 2020; Race & O'Keefe, 2017). Despite the increased recognition of child-centred practice, children's positioning in the therapeutic interaction is questionable. Authors such as O'Reilly (2008) point to children's 'half-membership' status in the therapy room when caregivers and family members are present. Other authors point to broader contextual challenges of child-centred practice, such as competing bureaucratic expectations, high workloads and rising social inequality, particularly in child protection settings (Bastian et al., 2022; Ferguson; 2017).

Discursive approaches to therapy including collaborative (Gehart, 2012), narrative (White et al., 2006) and solution-focused (Berg & Steiner, 2003) therapies align well to child-centre practice. Although aspects of these approaches differ, they all recognize that meaning is socially constructed, and language plays a central role in the meaning-making process. As Strong (2016) explains 'discursive therapists welcome clients' initial constructions of problems but see therapeutic dialogue as a means to join in a search for language clients deem fitting for addressing their concerns and aims' (p. 484). Although there is extensive practice-based discursive therapy literature and some social work literature investigating child-centred practice (D'Cruz & Stagnitti, 2008; Hung et al., 2019; O'Reilly & Dolan, 2016), there is limited research that examines who contributes to the naming of the presenting issue(s) in therapy with children and caregiver. To better understand what is happening in practice, there is a need to critically investigate therapy sessions to explore if and how children are involved in defining the presenting issue that brings them to therapy. As stated in the Australian Government's National Children's Mental Health and Wellbeing Strategy, 'every child has the right to be supported to grow in a safe and healthy environment' (Australian Government, 2021, p. 3). Unless children have naming rights to articulate their matters of concern, the therapeutic intervention will not provide the support needed to address the actual issue impacting the child's mental health.

This paper shares the findings of a critical discourse analysis of several excerpts from therapy sessions involving two unrelated children—Isla and Emily.

4 | METHODOLOGY

A critical discourse analysis was undertaken, drawing on a Foucauldian concept of power to focus on both the micro details, as well as the

macro context constituting talk in the therapy session. A more nuanced analysis of power becomes possible by drawing on this theoretical perspective. For instance, power relations are visible in the therapy session via what children are permitted to put words to. Foucault (1991) asserted that

> discourse is constituted by the difference between what one could say correctly at one period (under the rules of grammar and logic) and what is actually said. The discursive field is, at a specific moment, the law of this difference. (p. 63)

The discursive field surrounding the therapeutic interaction plays a central role in shaping what issues are permitted to be spoken of in therapy sessions with children and their caregivers. According to Foucault (1982), '(t)he exercise of power consists in guiding the possibility of conduct and putting in order the possible outcome' (p. 789). Power, in this sense, involves influencing and guiding children's behaviour. Foucault's concept of governmentality enables the exploration of power, and how children can be enlisted to enact legitimized technologies of the self to become their 'ideal selves', to self-govern. By employing a Foucauldian theoretical framework, the investigation of the 'micro-physics of power' (Foucault, 1977, p. 77) in the therapy room is possible.

Fairclough's theoretical method recognizes language as a powerful tool that constructs and also constrains specific versions of reality (Fairclough, 2003). Power relations can mean that certain participants' vocabularies are legitimized, influencing the framing of the issue at hand and the meaning making possibilities. This form of analysis examines what is spoken within therapy session and extends the analysis by identifying unspoken assumptions informing the therapeutic interaction. Fairclough (2003) provides analytical devices to examine the text and the linguistic features used. Fairclough's theorized method enables the investigation of how language can contest and also reproduce power relations.

5 | METHOD

A critical case study was employed as a method 'to illuminate the exercise of power in culturally specific yet socially reproductive processes' (Lather, 2001, p. 478). The research was approved by a university ethics committee. The research questions that guided the study were 'How is power evident in discursive therapeutic interactions with children and their caregivers?' and 'How are children's issues constructed in these therapy interactions?' Thus, although the study involved the analysis of textual data in the form of transcripts from therapy sessions, purposive sampling was necessary to recruit social workers whose practice was informed by discursive therapies (Liamputtong & Ezzy, 2009). The research was advertised via informal professional networks in Queensland, Australia. Two social workers consented to participate. One social worker worked in a metropolitan area and the other worked in a coastal area. One of the two social workers was an accredited mental health social worker. In Australia, social workers can be accredited by the Australian Association of Social Work (AASW) to work in private practice to offer counselling to individuals, couples and families. Both social workers worked in private practice and had extensive experience, with many years of working therapeutically with children, providing supervision and training in discursive therapy approaches.

Recruited social workers were asked to identify any child aged between 8 and 12 who were referred because of identified mental health issues, behavioural and emotional concerns using an inclusion/exclusion criterion. Information and consent procedures were used to invite the caregiver's consent to participate on behalf of the child, in the first case. It was important to ensure the child consented before any research activities began. Everyday language was used in the consent forms. The two children involved in the study were both coincidentally 9-year-old girls, who participated in the therapy sessions with their caregiver. In both cases, it was their biological mother who had referred them and attended the sessions with their child.

Three or four therapy sessions with each child were video recorded using an iPad that was set-up in the counselling room prior to the session commencing. Seven sessions across both the girls' sessions were included in the analysis. For Emily (the first 9-year-old girl in the study), the three recorded sessions were her first three sessions, whereas for Isla (the second 9-year-old girl in the study), the four recorded sessions occurred after she had already had three individual sessions without her caregiver being present. Each recorded session went for approximately an hour.

Each recorded session was transcribed. These transcripts became the corpus for this study. Transcripts removed any identifying information ensuring they were de-identified to ensure the confidentiality of everyone involved. Jeffersonian conventions were used when transcribing, employing a range of symbols to identify linguistic features of interaction, noting both speech and non-verbal forms communication (Wetherell et al., 2001). For example, Jeffersonian symbols record any pausing in the conversation, in-breath or out-breaths, rising intonation and/or when a speaker is emphasizing their words. This type of transcription allowed for a sensitive micro-analysis of the verbal, as well as non-verbal communication (e.g., body language, hand movements and facial expressions) and activity (e.g., therapeutically relevant activities and play initiatives of the child).

Excerpts from the seven therapy sessions were included in the analysis because of their relevance to the research questions. Selected excerpts were initially reviewed by the research team, ensuring initial findings paid close attention to the original sequence of the therapy session. Patterns across the transcripts were then identified.

To maintain the anonymity of the social workers, the pronoun 'they' or 'their' is used in the transcripts featured. The letter T signifies the therapist, C represents the child and P indicates the caregiver talking in the sequence of the therapy session.

6 | FINDINGS

6.1 | Behavioural discourses: an individualized and decontextualized framing of the child's 'issue'

The initial construction of the presenting issue commenced even prior to the counselling session with both caregivers contacting the counselling agency with specific behavioural concerns pertaining to their child. For Emily, her caregiver, Kate, was concerned about her whinging, crying and self-hatred. Isla was referred by her caregiver, Sally, because of concerns with her anger, screaming and negative self-talk. These referral concerns shaped the initial sessions.

Findings revealed how both children's naming rights were overlooked by the presence of behavioural discourses. Behavioural discourses framed the presenting issue(s) as an individual problem for both girls, on different occasions. This is evident in a range of rhetorical tactics used by the caregiver and therapist. For instance, Isla's caregiver often repeated particular words when re-telling key events, in the first three out of four sessions to negatively identify Isla's problematic behaviours. These problem-saturated stories that focused on the behaviours of concern at times silenced alternative meaning-making, in most sessions with Isla and some sessions with Emily. For instance, for Isla, the behaviour of concern is originally named 'getting really angry', in session one. The excerpt below illustrates how this labelling of the issue was shaped by questions asked by the social worker.

1. T: Hmm ((leaning forward, nodding)) So I am interested in whether or not
2. there has been the same amount ((both hands held out in front of their body))
3. of getting really angry or a little bit less, or a little bit more
4. C: A little bit less ((turns her head to look towards her mum))
5. T: Hmm you think a little bit less ((looks at Isla's mum))
6. P: Ye:ah (1.0) very gradually
7. T: So gradually ((writing notes, looking down)) a little bit less
8. C: Yes but sometimes when I get angry I forget about all the things I could do
9. to get me calm
10. P: Hmm
11. T: Yeah so sometimes you forget I can I have things I can do here (1.0) how
12. could you help yourself to remember? ((looking down, writing notes))
13. Because you have had lots of great ideas about this
14. C: ((looking down at her hands))(session 1, excerpt 2)

Although the question on the first line positioned Isla as an authority, in asking Isla if 'there has been the same amount of getting really angry or a little bit less, or a less bit more' (lines 2–3), the social worker reinforced the narrative that she has an 'anger' issue. Even though the question could have opened an exploration of Isla's abilities to calm herself, she remains defined by these behaviours of concern described by her caregiver in the prior session. On lines 8–9, Isla offers some explanation as to why she cannot control her angry by stating 'I forget about all the things I could do to get me calm'. This excerpt, however, features no consideration of what causes these feelings of anger in the first place.

In this interactional sequence, Isla's issue is framed by an assumption that proposes she could and should have the capabilities to manage her anger, regardless of what challenges she experiences her immediate social context. The social worker replied by asking 'how could you help yourself to remember?' (lines 11–12). This question shifted the therapeutic line of inquiry to identify individual strategies Isla could employ to remember her 'ideas' for containing such emotions. The social worker emphasized how Isla has 'had lots of great ideas about this' (line 13). This use of evaluative language, such as 'great', authorized the previous strategies discussed. Such a focus frames the issue as Isla's inability to independently regulate her anger. Isla responded by gazing into her hands (line 14). Isla is largely excluded from enacting her naming rights in this moment, to assert her own version of the story, because the 'anger' issue has already been established by both adults' lexical choices. Consequently, Isla's issue of anger is explored in the initial three sessions, without any consideration of social context.

Another example of this is illustrated at the commencement of Isla's second session. The session begins with Isla's social worker asking questions such as 'What you have been working on' to invite her to identify how she has been calming herself when she feels angry. Isla identifies some strategies such as 'breath[ing] and think[ing] of other things and play[ing] … with toys'. She also notes she plays the piano. The social worker proceeds to re-tell a story they had heard on the radio of a man who 'used to have a really bad temper when he was growing up'. They further explain that by learning to play the piano, 'he doesn't have a temper anymore'. This story of how the individual overcame anger erases any challenge he may have faced in his social context. In re-telling such a story, Isla is represented as also having a 'bad temper', as a person with an internal behavioural problem. Kogan (1998) classifies this as a 'disciplining the narrative' strategy (p. 236). Such a story again frames the issue as an individual and behavioural deficit. Behavioural discourses construct deficit-fuelled and intrinsic accounts of the issue, positioning the child as a therapeutic subject in need of therapy. Such representations overlook the socio-political structures affecting children's everyday lives. These discourses render the problematic behavioural issue as the absolute truth, thus denying the child the opportunity to present any alternative description of the issue from their point of view.

6.2 | The role of externalizing and therapeutic resources for children

Externalizing conversations positioned the child as informers, at times, enabling, to some extent, the child to exercise their naming rights to personally define what the issue might be. Externalizing ways of speaking were a language tool that both social workers repetitively

used, although the way they went about it differed. Both social workers made specific language choices to objectify relevant feeling states, actions or key events. A few instances of Emily's social worker using externalizing practices included 'those learning pit things', 'alone time thing' and 'the learning pit stuff'. Such examples illustrate how the issue is conveyed as a global phenomenon, which differs from reinforcing the 'evidence' of the child's behavioural problems.

Children's naming rights were enacted by some of the therapeutic activities offered. For example, Emily's caregiver underscored her behaviours of concern at the commencement of the first session. In this session, the social worker played a central role in arranging the conversation conditions to invite Emily to identify what the issue was from her perspective. The excerpt below shows the use of a therapeutic activity.

1. T: and um] (0.4) well Em-Emily is that, urgh, I am interested in >what
2. your mum thinks about this< and what you think about this (0.3) . hhh
3. that thing that happened that da::y, can you help me understand what this
4. was like, for you? I understand >a bit about what it was like for your
5. mu::m < I think, but, can you help me = what words would you use to
6. say = that is why I put those cards out = it might be helpful. Can we have a
7. look at them? to see if this might help↑
8. C: ((putting the whiteboard wiper and pen down on the table underneath
9. the whiteboard)) O.K.↑
10. T: Just to help me understand? (0.5) You may want to hold them(session 1, excerpt 1)

The social worker tactfully, yet briefly, acknowledged Emily's Mum's perspective on lines 1 and 2, talking with increased speed during this statement, but proceeded by emphasizing their desire to further understand Emily's view of the situation. Line 3 contains externalizing lexical choices. The social worker referred to the issue as 'that thing that happened that day'. The use of vague language enables the meaning-making opportunities to remain available for Emily to characterize what occurred for her, furnishing the description with her own phrases. Emily's authority status on this matter is recognized with the social worker asking, 'can you help me understand what this was like for you?' (lines 3–4). She is positioned as knower, to render her own experiences in contrasting ways from that of her caregiver's version of the story. The social worker directly invites Emily to enlighten their current knowledge of her immediate realities by asking 'what words would you use?' (line 5). Emily's naming rights are recognized and claimed in this moment. The social worker explained their intention of using 'those cards' (line 5). The use of tentative language again creates the options for the child to find words to describe their experiences.

Emily is positioned as an agent in the therapeutic interaction in the process of selecting and talking about the images on the cards. The social worker firstly asked Emily to 'think about that thing that happened on Sunday' and offered her a pile of image cards she could select from. They suggested she might find a 'picture that matches' her recent experiences. The excerpt below highlights Emily's knower positioning.

1. T: What is that? Can I see?
2. C: ((shows therapist card and smiles))
3. T: What does that mean to you?
4. C: Ah (0.2) I have no idea
5. T: You don't know what it means, hey hee
6. C: I just found it ((shuffling through some cards))
7. T: [um
8. C: O.k.] that is working.
9. T: Yeea:h? I wondered what it was?
10. C: Dead sea
11. T: The dead sea. Is [that what that is?
12. C: The dead sea] yea ((passes the card to the therapist, the therapist holds
13. it in their hands and looks closely at it))
14. (1.0)
15. T: Oh↑ (0.2) it says that there (0.4) The dead see::
16. C: Yeah
17. T: Has that got anything to do with Sun:day↑
18. C: Um (0.3) we::ll the dead sea is pretty sa::d [because of↓
19. T: sadness]
20. C: I was pretty sad
21. T: Sadness is that one of the strongest word for it? Or is that one of the
22. good words for it?
23. C: I don't know (1.0) um … ((looking at more cards)) O.k. (2.0) No. (2.0)
24. ((looking at another card and then moving it to the back of the pack))
25. Nope, (1.5)
26. ((looking at another card and moving it to the back of the pack)) no, no.(session 1, excerpt 1)

Once Emily has selected some cards, her social worker invited her to explain the image on the card by asking 'What does that mean to you?' (line 3). This type of question appeared too conceptual. Emily replied unapologetically, 'I have no idea' (line 4). Emily flicked through further cards and then selected 'the dead sea' card (line 10). This action of choosing this particular card played a significant role in granting the child access to the conversational floor, by providing her a means to give voice to her own interpretation of the recent events in her life. The social worker repeated Emily's words (line 11). Instead of imposing the social worker's own interpretation of the meaning of this card for Emily, they invited her to explain if and how this image connects to events on Sunday (line 17). Emily's understanding of these events is centred in this interaction. She proceeded to clarify

'well the dead sea is pretty sad' (line 18) explaining 'I was pretty sad'. By being afforded access to her naming rights in this way via the use of therapeutic cards and questioning, Emily rendered her own experiences as real.

The issue is constructed in this interaction as separate from Emily and her identity. This separation of the issue appears to be achieved partly by the social worker performing a linguistic transition, modifying the adjective 'sad' to a noun—'sadness' (line 21). This lexical choice is a demonstration of nominalization. Fairclough (2003) classifies nominalization as a type of grammatical metaphor that, in this instance, represents the child's experience 'as [an] entit[y] by transforming clauses (including verbs) into a type of noun' (p. 220). Although Emily did not add extra words to further characterize the image of the dead sea nor agree if 'sadness is … the strongest word for it' (line 21), she is centred on this conversational stage, being an agent in making sense of her own experiences. Metaphor was a discursive resource used by the social worker that enabled Emily to discern what was occurring for her. The social worker responded to Emily's characterizing of her experiences by repeating her exact words, exploring them further in the interaction and physically writing her descriptions on their note pad. These verbal and non-verbal gestures recognize Emily's understandings as valid and true. Consequently, the caregiver was positioned as an observer to this interaction and did not contest Emily's own truth.

The use of externalizing practice by the social worker appeared to be resisting taken-for-granted behavioural discourses to avoid the child being held solely responsible to modify the problematic behaviours identified by her caregiver. Drawing on externalizing language appears to be a significant act taken by the social worker, which could allow the socio-cultural and political backstory to be seen and opens an alternative conversation that casts the role of other significant people in the child's life. Externalizing practice in this way could be understood as 'ideological practice' (Fairclough, 2013, p. 36), which stands against decontextualizing, individualizing and, at times, pathologizing children's distress.

6.3 | The complexity of externalising in discursive therapy

Externalizing, however, is not a simple skill. Using externalizing does not guarantee the child is afforded naming rights, particularly when caregivers have told a problem-saturated account of the defined behaviour(s) of concern. This complexity is demonstrated in Isla's therapeutic interactions when her 'problems' have been largely defined by the caregiver as 'the anger', 'the procrastination', 'the forgetting' and 'the screaming'. Despite an attempt at separating the child from the problem by putting the word 'the' in front of the behaviour, Isla has not been given naming rights, particularly in the first three therapy sessions. Positioning the child as the therapeutic subject from the outset of the therapy sessions creates challenging conditions for the child to exercise any legitimate authority to name the issues they face.

If the presenting issue is labelled as the exact words the caregiver has used to define the problematic behaviours, it is very challenging to separate the problem from the child's identity. This tension in defining the issue as 'anger' (the caregiver's words) is highlighted in the following excerpt from Isla's first session.

1. P: I just, it makes me feel scream and I feel angry at you and it makes
2. me scream at you and I can't help but to scream at you ((caregiver
3. recounts that Isla has told her))
4. C: ((lies right back on the couch))
5. T: O.K. sometimes the anger gets you screaming↑
6. P: That were your words wasn't it last week?
7. T: Ah so I can't help it ((taking notes while continuing to look at
8. Isla)) and the anger makes me scream at you is that what you say?
9. C: Yeah ((continues to lie right back on the couch))
10. P: She tells me that you make me you do this you tell me this stuff or
11. she tells me I go on and I so and I agree yes I might have said
12. something ((gesturing with her left hand)) like three or four different
13. times=
14. C: ((leaning forward)) Its annoying
15. P: The same thing and I will say it again ((gesturing with her left
16. hand)) and again and again
17. C: It's annoying ((grabbing the pillow to her side and lying back on
18. the couch))
19. T: ((looks at Isla's caregiver))(session 1, excerpt 2)

The caregiver reported to the social worker Isla's previous explanation (lines 1–2). The caregiver is positioned as the authority on this situation and this recount implied that Isla makes excuses for her outbursts of anger. Again, Isla's identity is represented as a child with a problematic anger issue. At this point, Isla reclined on the couch in a rag doll stance (see lines 3–12). The social worker replied with editorializing by noting 'sometimes the anger gets you screaming' (line 5). Although 'the' is an example of nominalization serving to create a linguistic separation from identified behaviour of concern, the parameters of exploring this issue are limited by the dominance of the problem-saturated narrative that continues to be given airplay in the therapeutic encounter. Isla's naming rights are therefore questionable, because of the absence of Isla being afforded access to the conversational floor in the first few sessions, to enable her to assert a counter point of view.

The politics of authority and knowledge production are made visible in what conversational topics get prioritized and explored, but also the matters that remain left off the conversational agenda. According to the caregiver's version of the story, Isla's anger and screaming occur only in Isla's family home environment. According to Paré (2014) 'action is rendered sensible when understood in terms of the contexts within which it is nested' (p. 211). The wider context, however, in which the 'the anger' operates remained invisible and unexplored. Isla identified how 'annoying' it is to be spoken to in a

particular way by her caregiver, yet the excerpt above demonstrates a lack of inquiry of the specifics of Isla's home context that opens the door to 'the anger'. In the fourth session, it is revealed that her step-caregiver talks to her in ways that implies that she is 'stupid'. Overlooking the potentially oppressive social realities that the child endures could reinforce the child's problematic subject position.

6.4 | The reformulation of the child's issue in relational terms

Whether the issue is defined as an individual issue of the child or in relational terms influences how much space the child has, to define the issue and heavily impacts on what solutions are legitimized in therapy. By Isla's fourth session, the issue is, to some extent, reformulated. The following excerpt shows how Isla's therapist attempted to re-frame the issue.

1. T: What do you think um (1.0) needs to be different? What do you think
2. (1.0) needs to be different between you and John for it to go a little bit
3. better?
4. (4.0)
5. C: Oh ma:ybe (2.0) he ◦not be so strict with me that much and stuff (1.0) and
6. me not arguing that much◦
7. T: Ah so you think if he was not quite so strict and you didn't argue quite so
8. much that you think that might make a bit of a difference↑ (1.0) . hh argh do
9. you think you ever get into a bit of a vicious cycle that the more you argue
10. the stricter he gets and the stricter he gets the more you argue↑
11. C: Yeah↓
12. P: Hmm↓
13. T: Arg::h O.K. so it is kinda like a little bit like (2.0) ((gesturing the shape
14. of a small circle)) into a tight little circle
15. C: Ye:ah ↓(session 3, excerpt 2)

The social worker's questions on lines 1 to 3 regarding what 'needs to be different' initially positioned Isla as an authority on this situation. Isla assumes an informer and knower position by voicing how she would like to be treated. For example, she stated 'Oh ma:ybe (2.0) he 'not be so strict with me that much and stuff' (line 5). Enduring power relations in her family environment are apparent in Isla's tentative ways of speaking, using words such as 'maybe' and 'stuff'. By selecting such vague and tentative language, Isla appeared to not fully committed to her suggestion. This makes sense, given her suggestions ultimately evaluate the ways her male step-caregiver is treating her. The social worker offered a summary of what Isla has explained in her previous turn, by using some key words Isla has spoken (lines 7–8).

The use of metaphor and discursive questions played a significant part in reformulating the presenting concern. The social worker asks Isla, 'Do you think you ever get into a bit of a vicious cycle' (lines 8–9). In doing this, the issue is re-framed as a 'vicious cycle'. The presenting issue is then understood as an interpersonal pattern between Isla and her male step-caregiver. Oxford English Dictionary (2023) describes a vicious cycle as 'a sequence of reciprocal cause and effect in which two or more elements intensify and aggravate each other, leading inexorably to a worsening of the situation'. Even though the social worker employs externalizing language that represented this relational problem as an independent occurrence, Isla is still represented as a major contributor to this problematic relational sequence.

Even though this 'vicious cycle' metaphor re-frames the presenting problem in relational terms, going beyond an internalized and individualized definition, it does not consider the power relations operating in Isla's life. In this process of reformulating the issue, Isla's initial matter of concern pertaining to the male step-caregiver's practices of 'strictness' is left unexplored. Line 8, instead, points to how John becomes stricter because of Isla's arguing. A relational cycle is informed by an assumption that adults and children are afforded the same resources. This metaphor implies that all participants equally add to the escalation of the issue and therefore have the same responsibility and capacity to intervene.

7 | DISCUSSION

This study demonstrates the complexity facilitating the conversational conditions in which children voice matters that personally concern them. These findings confirm the results from other studies that investigated children's participation in family therapy sessions (Avdi, 2015; O'Reilly, 2007, 2008) and child-centred practice (Fern, 2014). Although social work literature continues to promote child-centred practice and represents therapy as a means to engage and listen to the child's experiences (via play and or verbal interactions), children (Hung et al., 2019), their behaviour and identities continue to be evaluated (Avdi, 2015). Successful outcomes from therapy sessions are recognized by caregivers, the paying customers, as the reduction or cessation of such problematic behaviours. The goal of therapy becomes children learning to regulate their own emotions and behaviours (Hook, 2003).

Ultimately, this study demonstrates the messy realities of therapy and shows the interconnection between macro discourses shaping the micro details of the therapeutic interactions with children and their caregivers. The caregivers' perspectives were informed by taken-for-granted behavioural and deficit focused assumptions about children. Decontextualized, individualized and depoliticised constructions of the presenting issue(s) subjugate children's naming rights and can induct children to assume full responsibility for regulating their responses to challenging events in their lives. Well-intentioned therapeutic questions and statements can enlist children into 'neoliberal forms of governmentality' in which they are expected to

be 'active subjects responsible for their own well-being' (Bondi, 2005, p. 106). Therapeutic inquiry can constitute child-centred practice, positioning the child as an agent. This analysis, however, demonstrates that if the issue remains defined in behavioural terms, the child's understanding is overlooked, erasing the complex power matrices impacting their everyday realities. Therapy can become an institutional site where the child is required to individually nominate technologies of the self, to self-manage (Bondi, 2005; Hook, 2003). In such a context, it is certainly challenging for children to confront the status quo and present competing understandings of the issues at hand (Avdi, 2015).

8 | PRACTICE IMPLICATIONS

With rising numbers of social workers working therapeutically with children and their caregivers in tertiary, non-government and private practice contexts in Australia (Martin, 2013), further understanding is needed as to how to position the child. Social workers need to recognize the power relations operating in the room, to see how easy it can be for the caregiver's version of the story to become fact and set the agenda for therapy. Consequently, further consideration is needed to meaningfully include the child in setting the agenda for the therapy, in order to ensure child-centred practice from the initial stages of therapy. Social workers can play an essential role in ensuring children's voices shape the agenda to enable their participation (Diaz & Trickle, 2020; Race & O'Keefe, 2017; Young, 2018). To avoid making assumptions, the social worker needs to regularly check-in with children to ensure the interaction is child-centred (Young, 2008).

Access to the conversational floor, however, can be challenging for children (Avdi, 2015). Consequently, there is a need for children to be offered a range of verbal and non-verbal activities to give voice to their own concerns. Unless social workers build relationships with children (Diaz et al., 2019) and are assisted to make sense of their own experiences, the caregivers' version of the issues at hand will continue to be represented as the truth. Emily was given the choice of a range of activities, positioning her as an agent, whereas Isla's participation was enclosed by the adults' lexical choices, consequently confining her ability to articulate her own version of the challenges she faced. By offering activities, the meaning-making possibilities for the child can be widened to enable them express, with or without words, via the use of images and metaphor, to identify what is occurring in their relational worlds.

Despite the many contextual challenges (Bastian et al., 2022; Diaz et al., 2019), social workers need to find collaborative ways to work with children in the presence of the caregiver to explore a relational definition of the issue(s) impacting on their mental health. A relational focus could broaden the scope of the therapeutic conversation to avoid the child being held solely responsible for self-regulating their emotions (Reid, 2022; Reid & Brough, 2022). Social workers need to find a safe way to co-create a relational definition of the issue impacting on the child's mental health, which considers the child's immediate and wider family context to ensure that enduring oppressive power relationships are not overlooked.

Child-centred practice needs to go beyond age-appropriate and playful and at times superficial ways of communicating (Lefevre, 2015). Socio-political ways of understanding and speaking about the mental health issues that children endure must be realized in practice, otherwise therapy continues to be an institutional site whereby the child is recruited into governance of the self (Reid & Brough, 2022). Externalizing practices were initially developed to identify and deconstruct potentially oppressive discourses impacting on peoples' lives (White & Epston, 1990). If children and their identities are to be separated from that of the problem, further inquiry into the social context is required. Social workers need to ask therapeutic questions that expose, deconstruct and destabilize taken-for-granted paradigms of thought that perpetuate children's mental health issues, such as racism, adultism and/or trans/homophobia are needed. As Fern (2014) argues, the 'main contention is that child-centred approaches have not respected children's active role in defining their circumstances and making decisions, because they are not based on a body of theory that takes the power differences between practitioners and children fully into account' (p. 1111). Consequently, it is crucial for child-centred practice to involve children being invited to characterize their matters of concern in order to understand the operations of power in their lives. Further research is needed to develop a more nuanced power analysis as to how this occurs in this complex space of social work practice.

9 | CONCLUSION

This study highlights the importance of how children's issues are defined, explored and reformulated in therapy interactions with their caregivers. The analysis reveals the influence of behavioural discourses, positioning children as the therapeutic subjects in need of technologies of the self. Findings reveal how difficult it is to enable children to be an agent in the therapy room, defining their own matters of concern. The study provides a timely reminder to find socio-political ways of conceptualizing the issues with children. Children need to be offered the conversational means to enact their naming rights, to ensure social workers are not reinforcing unequal power relations, accommodating the child to potentially oppressive relationships in the family and broader socio-political context. Playful and creative ways of working therapeutically with children does not ensure child-centred practice. A robust review of the complicated matrix of power relations is essential to prevent the makings of neo-liberal subjects, further privatizing and individualizing children's distress. Unless we can critically investigate the operations of power and examine who is being afforded naming rights in the therapeutic encounter with children and their caregivers, child-centred practice will remain a hollow social work practice principle.

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CONFLICT OF INTEREST STATEMENT

The author has no conflict of interest to declare for this publication.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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