

## **CAN I TELL JUST BY MYSELF? DISCUSSING A PARENTAL MENTAL DISORDER WITH A CHILD IN A RESEARCH INTERVIEW**

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**Abstract:** In this single-case study, we focus on how to have a dialogue in a research interview with a child whose parent has been diagnosed with a mental disorder. The interactional context and the interviewer's role in co-constructing the child's accounts have been largely neglected in the qualitative psychological research on this subject. Stigma related to mental disorders is increasingly being recognized as a central issue for the entire mental health field. It is considered to have far-reaching effects on the social interaction of the stigmatized person and also to contaminate the interactions of those around that person. We examine how the stigma of a parental mental disorder arises and is negotiated in the dialogue between an 8-year-old girl and a female interviewer. The perspective of the study is micro-sociological and constructionist. Three categories of the child's talk were identified: actively describing her position and voice in the ongoing dialogue, normalization of the parental problem and herself, and talking about shame and embarrassment.

**Keywords:** children, parental mental health, dialogue, research interview, stigma

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In our previous study, we interviewed children 8 to 12 years old who had a parent with a mental health problem (Alasuutari & Järvi, 2012). As in a growing number of qualitative studies (e.g., Riebschleger, 2004; Aldridge, 2006; Mordoch & Hall, 2008; Östman, 2008; Backer, 2011; Oskouie, Zeighami, & Joolae, 2011), our focus was on children's views of their parent's problem. In the interviews, all the children, without being asked, reported feelings of shame about their parent's problem, thereby demonstrating their awareness of the stigma attached to mental health disorders. Their seemingly spontaneous talk about the shame they experienced prompted us to explore the topic of stigma in our data. However, it soon became evident that stigma could not be studied outside of the interaction taking place in the interview. Instead, it emerges in several, and often tacit ways in the talk of the interviewer and the child. In this article, we examine how the stigma of a parental mental disorder emerges and how it is negotiated in a research interview between an 8-year-old girl and a female interviewer. In our approach, we depart from the existing literature, which has mainly addressed content in interviews with children (Mordoch & Hall, 2008; Östman, 2008; Oskouie et al., 2011), and focus explicitly on the dialogue between a child and an interviewer. The perspective of our study is thus micro-sociological and constructionist.

Stigma, in the context of mental disorders, is increasingly being recognized as a central issue for the entire mental health field. It has also been argued that psychiatric diagnoses are always stigmatizing, which makes their use, especially when working with children, both challenging and ethically questionable, (Hinshaw, 2005; Corrigan, 2007). Stigma can be defined as a severely discrediting attribute that has far-reaching effects across the whole of a person's social interaction. Goffman (1963, pp.3) states that stigma is a linguistic concept referring to relationships and that the stigmatizing attribute is neither creditable nor discreditable in itself. It is contextual in its nature, although many stigmatizing attributes seem to be quite permanent and culturally undesirable. Conditions associated with stigma can be differentiated into three categories: physical anomalies, personal weaknesses, and racial attributes. Mental health problems belong to the second category, since affected persons are often seen as mentally or even morally weaker than others. In addition to a personal stigma, there is a so-called "courtesy stigma", which socially contaminates those around the stigmatized person (Goffman, 1963). Thus, children whose parents are diagnosed with a mental disorder would also be affected by the stigma attached to it.

The concept of an associative stigma corresponds to that of a courtesy stigma (e.g., Chang & Horrocks, 2006). For example, Koschade and Lynd-Stevenson (2011) propose that children with parental mental problems have to find ways to cope with their associative stigma; the old saying "like father like son" may insidiously affect the life of these children. Moreover, Gladstone, Boydell, and McKeever (2006) argue that being identified as "at risk" for a mental disorder is a powerful label for children. Furthermore, Hinshaw (2005) points out that stigma

incorporates both social and psychological processes owing to the strong likelihood of degradation being internalized by the stigmatized person.

Overall, a stigma can be considered as present when there is a negative gap between a person's actual social identity and what she or he would like to be. Since human beings prefer to present themselves as non-deviant, this gap entails that the person needs to manage the parts of his or her identity that are seen as discredited or spoiled (Goffman, 1963). This has also been confirmed in research with young people. For example, adolescents using counseling services seem to manage mental health stigma by resisting, in their argumentation, being positioned in a discourse of mental illness (Prior, 2012). Moreover, children with parents suffering from mental health problems struggle hard to present themselves as “normal” and equal in their peer group, and avoid talking about their parents in an unfavorable light (Fjone, Ytterhus, & Almvik, 2009). Additionally, it has been demonstrated that children who live in informal kinship care carefully manage to control stigmatizing information, such as serious parental problems, keeping it from their peers (Farmer, Selwyn, & Meakings, 2013).

In his classic study on stigma, Goffman (1963) examined how stigmatized people describe the management of their spoiled identity in different social situations. Lawrence (1996) points out, however, that Goffman's writings do not explicate the methods by which stigmatized activities are normalized “in the span of real interactional time”; Lawrence himself demonstrates how, through neutralism, a news interviewer collaborates to normalize the interviewee's practices in a house of prostitution. Furthermore, Osvaldsson (2004) analyses how the “normality” of young people in a custodial institution is constructed in interaction by relocating the notion of deviance from the person to the social circumstances. In line with the two latter studies, the present article examines the interactional management and negotiation of an associative stigma.

While some authors underline the stigmatizing character of psychiatric diagnoses (Hinshaw, 2005; Corrigan, 2007), having knowledge about them is also seen as important for children who have a parent with a mental disorder. Several studies argue that having an understanding of the parent's mental disorder increases a child's resilience (Beardslee, Gladstone, Wright, & Cooper, 2003; Stallard, Norman, Huline-Dickens, Salter, & Cribb, 2004; Backer, 2011). Pihkala, Sandlund, and Cederström (2012) also report that children experience a sense of relief after gaining more knowledge about a parental mental problem. Thus, it seems to be important for children to acquire information, and to be able to communicate about parental mental problems (Focht-Birkerts & Beardslee, 2000; Riebschleger, 2004; Stallard et al., 2004).

This presents a dilemma. On the one hand, topicalizing a parental mental disorder can be understood as stigmatizing the child and, on the other hand, it can be seen as a relief for her or him. This contradictory starting point leaves us with a paradox: how is it possible to have a dialogue with a child about parental problems, for example in a research interview, without the child “losing face” (Goffman, 1963)? If the interview context and the interaction are framed by

the child's potentially spoiled identity owing to parental mental problems, what kind of dialogue would best enable the interviewee to control her or his normality and deviancy? In this article we consider these questions and examine how a child's potentially spoiled identity is dealt with in a research interview related to a parental mental problem, and what contribution is made to this process by the interviewer. We also study how the interlocutors locally produce and co-construct the child's "normality".

After describing the theoretical framework of our study — the dialogical approach and the social study of childhood — we introduce the methodological approach. The results are then presented in three sections, each describing a specific interactional way of handling the associative stigma of the interviewee, Tanja. The article concludes by drawing the main findings together and discussing them more generally.

### *A Dialogical Perspective and Childhood Studies as the Theoretical Framework*

Our work draws on a theoretical view of human action as basically dialogical (Marková, Linell, Grossen, & Salazar Orvig, 2007). A dialogical approach examines human communication as sequentially organized and interdependently and jointly constructed (Linell, 1998). Very much the same assumptions are also the starting point of discursive research, which emphasizes dialogue and interviews as situated, co-constructed, and negotiated by the interlocutors (Potter & Hepburn, 2005). In accordance with dialogical principles, the interlocutors construct themselves in varying, negotiable positions in relation to each other, to the cultural context, and to their own inner dialogue. This gives rise to the notion of "the heterogeneity of the speaker", which means that when one speaks it is done from a variety of perspectives. The subject may use different voices in constructing his or her argumentation. These voices might refer to different pieces of discourse(s), but they might also indicate the heterogeneity of the subject (Grossen, 2007). Consequently, each voice contains the voices of others and, therefore, a voice never has its origin in one individual (Prior, 2005).

Dialogical analysis has mostly been used in therapy and counseling work, which share similarities with an interview, since both contexts are characterized by asymmetrical participation. It is typical of institutional interaction that professionals ask questions which clients are expected to answer (Linell, 1998). The same pattern is at the very core of interviewing. Following the dialogical approach, we can assume that in these contexts "knowledge" is co-produced by both parties. The interviewer maintains the frame and focus of the interview and, hence, she or he participates in constructing knowledge with the interviewee. Moreover, talking in an interview is never the pure reflection of thoughts on the topic under discussion. Instead, the parties continuously monitor who they are in relation to each other and to the topic of the interview, and adjust their actions and talk accordingly (Holstein & Gubrium, 1995).

In dialogical terms, adjusting one's response to the other speaker's talk exemplifies listening. In dialogical dialogue, listening to one another becomes a basic act that enables giving

and receiving a response. Receiving a responsive response may, as such, be strengthening for the interlocutor (Seikkula & Trimble, 2005; Seikkula, Laitila, & Rober, 2012). The opposite of a dialogical act is a monological one, where the speaker does not adapt his or her words to those of the other party. Because of this, the other party is left without a response and new and shared meanings are not co-constructed. On the one hand, a research interview can be understood as monological dialogue: it aims at eliciting information on the topics the interviewer is interested in. On the other hand, a qualitative interview often focuses on meanings and listening to the voices of the informants. Therefore, qualitative interviews rarely follow a monological question–answer pattern. Instead, they are more conversational and varied in their interactional patterns (see Holstein & Gubrium, 1995).

Interest in listening to children and, consequently, the use of qualitative approaches, are characteristic of the social study of childhood (e.g., James, 2007; Spyrou, 2011), and are factors which also prompted our investigation. Childhood studies have underlined the importance of the role of the cultural power relations, both institutional and generational, that exist between researcher and child (see Christensen, 2004; Alanen, 2009). However, in these contexts generation does not primarily refer to different age categories. Instead, it is associated with a relational approach to childhood and adulthood. This means that the notions of childhood and adulthood are understood as interdependent and relational, and as negotiated in social practices. The term generational order has been adopted to refer to these social negotiations that arise on the innumerable occasions when children and adults encounter each other (Alanen, 2009). Consequently, the asymmetry between an adult and a child is no longer seen as prototypical but instead as collaboratively achieved (Hepburn, 2005). In other words, power does not reside in categorical positions, such as adult or child, but rather in the social representations of the positions that we negotiate in social life (Christensen, 2004). Consequently, the child–adult relation as a generational and hierarchical relationship both offers opportunities for and imposes limitations on children’s agency (James, 2007). In this study, the research interview can be seen as a continuous negotiation of generational relations that takes place in every utterance of the dialogue and that can both support and rupture the traditional generational ordering.

### **Data and methodology**

This article draws on a single research interview from the data gathered in our previous study (Alasuutari & Järvi, 2012 ); that is, qualitative interviews with ten children, 8 to 12 years old. The children had attended a peer-group intervention for families with a parental mental disorder. The intervention was provided by a family association for mentally ill persons in Finland. The association was a non-profit, “third sector” agent that does not provide medical services but focuses on peer support. The intervention consisted of separate group meetings for children and their parents. Its aim was to support parents in their parenting and to increase children’s understanding of their parent’s mental health problem (Beardslee et al., 2003).

The family association invited one of the authors to carry out interviews with the parents and children to provide feedback on the intervention. The representatives of the association agreed to the researcher's suggestion to broaden the scope of the interviews in such a way that the data could be used for research. In the case of the children, the research interest was in their perspectives on the mental health problem of the parent. The semi-structured interviews with the children started with a conversation about the aims and the context of the interview. After this, the children were asked about their experiences of the peer-group intervention. This often led to talk about the children's views of their parent's health status. The everyday life of the children, for example, their typical day, hobbies, friends, and family were also discussed. The interviews were voice recorded and transcribed verbatim<sup>1</sup>.

We have chosen here to report a single case study, that of "Tanja", owing to the richness of this particular interview. As was mentioned in the introduction, the stigma of having a parent with a mental problem emerged not only explicitly, but also in more tacit ways. Tanja's interview is representative in this sense. She produces lengthy narratives on several topics, and the interview shows her ways of deploying all three of the discourse types (professional and empirical discourses and the discourse of concern) that we analyzed in our previous study (Alasuutari & Järvi, 2012). Moreover, the interview also aptly illuminates different aspects of adult-child interaction in a research interview, and when discussing parental problems. In its richness, it meets the criteria for an extreme case, examination of which can yield valuable general information about a particular phenomenon (Flyvbjerg, 2006; McLeod, 2010). Case studies have an important function in the field of psychotherapy, especially in consultative work, in revealing interactional processes. Such studies are not carried out for the purpose of making statistical generalizations; instead, what is potentially generalizable or transferable to other cases is the theoretical construction (McLeod, 2010, p. 22). Flyvbjerg (2006, p. 237) states that case studies often contain a substantial element of narrative and that good narratives typically illuminate the complexities and contradictions of real life. Therefore, a single-case study can also provide valuable insights for professional practice.

In the analyses, we first divided the interview talk into episodes according to the changes in the topic of the talk. Then we analysed both the changes in topic and the interaction in each episode by applying the ideas of a dialogical analysis method, developed by Seikkula et al. (2012). The method has been used, in particular, in analyses of the dialogical qualities and patterns of therapeutic conversations (Seikkula, 2002; Seikkula et al., 2012 ). In such analysis,

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<sup>1</sup> The research project, led by Alasuutari, was carried out in collaboration with the particular family association for the mentally ill. The interviews had been granted the necessary ethical approvals from the association's representatives and from the participating family members. The data gathering and the analysis followed the guidelines for ethical research (e.g., Christians, 2000, pp. 138–140). Both children and parents had the right to withdraw from the research at any time. Before they signed the informed consent it was explained to them how the interviews would be used in the research reports and how their anonymity as interviewees would be safeguarded. The children and the parents were also informed about the confidentiality aspects of the interviews; the child's talk would not be revealed to the parent(s), and vice versa.

both the questions and the responses are examined following the principles of dialogism and discursive thinking (Potter & Hepburn, 2005), in which an utterance is considered in its immediate sequential context and as an answer to something previously said. Therefore, in the present instance, our interest was in which utterance the speaker is answering, what the answer is like, and who changes the subject. We also applied the concepts of semantic, interactional, and quantitative dominance in analyzing the utterances (Linell, 1998; Seikkula, 2002; Seikkula et al., 2012). Semantic dominance refers to the introduction of new words and terms, interactional dominance to control over a communicative action, and quantitative dominance to the amount of talk produced in the interaction.

## Results

The interview consists of 32 topical episodes. In 23 of these, the interviewer initiates the topic and in 9 Tanja is the initiator. Overall, the interviewer has semantic and Tanja quantitative dominance in the interview. Tanja's initiatives concern such topics as being bullied at school, arguments at home, and pets. She also initiates talk about how other people might see her family situation and about shame. In these parts of the interview, she has semantic, interactional, and quantitative dominance in the discussion.

One-third of the episodes include talk about her parent's mental health problems. The interviewer typically initiates them by asking questions about the peer-group intervention that Tanja had attended. Tanja talks about her parent's problems both directly and indirectly. For example, she implicitly brings up the impact of these problems when talking about her hobbies. Because of her father's sometimes fluctuating ability to work, the economic situation of the family is insecure, and Tanja frequently mentions how all her hobbies are either very cheap or free. Moreover, she openly introduces into the discussion (and has all three types of dominance when talking about) her emotions and concerns related to the potential revelation to her schoolmates of her father's mental problems.

In the following sections, three categories of talk are introduced: active positioning in an ongoing dialogue; normalization of the parental problem and herself; and talking about shame and embarrassment. At the same time, interactional means of dealing with the issue of Tanja's spoiled identity are introduced. They are the interlocutors' shared ways of talking about Tanja's experiences and include, among other themes, her ways of making sense of a parental mental disorder. They can also be understood as different voices in the dialogue.

### *Active Positioning in an Ongoing Dialogue*

Each interview commenced with a few moments of "settling down" during which the confidentiality of the interview was explained to the child. The recording was only started after this. In the beginning sequence of Tanja's recording, the interviewer has interactional and semantic dominance in the discussion, but not quantitative dominance, since Tanja takes an active position in the interaction fairly early on.

First, the interviewer inquires if Tanja has any questions about the study. After a short exchange, the interviewer continues and asks how Tanja felt about coming to the interview. She gets a brief response, “All right.” The dialogue following this response is given below. Tanja has met the interviewer once during a home visit and shows that she is aware that the interviewer knows about her family situation<sup>2</sup>.

**Excerpt 1: Co-constructing alliance**

I: You knew who would be here

T: =Yeah

I: waiting (for you) so

T: Yeah

I: Well (.) would it have been different if it had been (.) an unknown person

T: Well yes it would have then some (issues) would have like been unspoken (.) like it would have been a little uhh (.) but in a way (1) well (.) \*cos\* (.) well as you're familiar you know

I: =Yes

T: =cos you have visited us

In the beginning of the extract the interviewer puts a rhetorical question to Tanja about her knowing beforehand the person she would be talking to. Following Tanja's confirmatory response, she continues with the topic and asks whether it would have made a difference if the interviewer had been someone unfamiliar to her. In putting this question, the interviewer marks the interview as potentially sensitive. Tanja acknowledges the implicit suggestion and topicalizes it as a family issue by referring to the interviewer's prior visit to her home. At the same time, she produces a specific alignment with the interviewer. On the whole, this part of the interview can be seen as co-construction of an alliance between the parties, in which Tanja is also active. The potential stigma and the potentially spoiled identity of the child are also suggested in the excerpt, when family matters are constructed as delicate. In keeping with the principles of dialogical dialogue, Tanja's identity is managed and her agency supported collaboratively as the dialogue evolves.

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<sup>2</sup> In the excerpts, I indicates the interviewer and T Tanja. The other transcription symbols are:

- = no pause between speakers' turns
- (.) a very short pause (less than one second)
- (3) length of pause in seconds
- \* the starting or ending point when speaking in a low voice
- [ start of overlapping talk
- (for you) an explanatory addition

### **Excerpt 2: Prescribing her agency**

T: [Can I just tell by myself what has happened here (refers to the intervention)]

I: =[yes (.) yes

Soon after the dialogue shown in the first excerpt, Tanja takes an initiating and active role in the discussion by topicalizing her position in it. She introduces herself as a social actor who is negotiating her position by asking for permission to talk in her own way in the ongoing discussion. She is both adapting to the institutional frame of the interview and, as a response to the interviewer's interest in her question, modifying this frame by widening the notion of an interviewee as an informant. In the interaction, Tanja's question presupposes a positive answer. The interviewer's acknowledging response is important, since it strengthens Tanja's possibilities to be heard on her own terms later in the interview.

Towards the end of the interview, Tanja takes even a stronger lead in the dialogue and changes the respective roles of the parties. This occurs after a discussion about her relationship with her brother, which Tanja ends by giving the interviewer an acknowledging response and then starting to talk about her wish to have a puppy. This leads to a long episode during which Tanja tells the interviewer about her experiences with animals and about her wishes to have a pet herself. She has semantic, quantitative, and interactional dominance, and finally starts to interview the interviewer.

### **Excerpt 3: Changing the roles of the parties**

T: Do you have a cat or some other pet

I: (.) Well we have a cat now

T: =Yes

I: A kind of [but it is]

T: [What is it called]

I: [Mushroom]

T: Mushroom

I: [laughs]

T: [What a lovely name]

I: It's a name that our son gave it (.) it's a funny little name

T: Yes it is

By adopting the position of an interviewer, Tanja changes the social distance between herself and the interviewer. The interviewer aligns herself with the change and responds to Tanja's questions by telling her how the cat got its unusual name.

The excerpt demonstrates aspects of a responsive dialogue and also those of an ideal dialogue, in which the interlocutors are under a duty to respond to each other (Linell, 1998). However, quite soon after this exchange and its untypical intrusion in an interview, Tanja reverts to the more common interviewee position by continuing to talk about the same topic, but on a more general level. In consequence, the interviewer ceases to speak from a private perspective (cf. Ruusuvuori, 2005).

The social choreography (Aronsson, 1998) and the dialogue in Tanja's interview are mainly congruent with the traditional interview process: the focus is on the interviewee's ideas and she is asked questions by the interviewer. However, the above excerpt shows how Tanja, with the alignment of the interviewer, changes the frame of the discussion by putting a question to the interviewer. In this way she also represents herself as an active social actor with views, interests, and experiences of her own despite her the problems posed by her father's illness.

### *Normalization of the Parental Problem and Herself*

Normalizing her parental and family difficulties and constructing herself as "normal" or non-deviant constitute Tanja's main discursive means for negotiating her identity in the interview. She applies normalizing talk in 10 of the 32 topical episodes, especially when talking about her father's health. She also uses normalizing utterances when speaking about arguments in the family and about expressing her concerns for her parents. Moreover, normalization is salient in Tanja's talk about the effects of her parental problems on her life and in how she finds herself positioned in relation to those problems.

The next excerpt, which exemplifies Tanja's normalization of her father's mental health, followed a part of the interview (not shown here) in which the interviewer asked Tanja whether observations of their parents' depressive behavior made by other children in the peer group were similar to the perceptions Tanja had made and now mentioned herself.

#### **Excerpt 4: Normalizing the father's mental health**

I: Was it the kind of issue that then well (1) or when you (.) think back to the group (intervention) (was it) like (.) that the children had seen at home that there was (the parent had) [or

T: [Mm (1) well (1) or I hadn't in a way seen that about dad but (.) my dad has now been okay [like

I: [Mm

T: (.) (he is) by no means (.) mm like (.) well he speaks and (.) is happy [like (he) is

I: [Mm

T: not by any means just (stare)-= of course he watches tv but when there's ski jumping or some (.) formula on of course he's interested in [those

I: [Mm

T: and (...) he does hear the talk (.) when- but he doesn't necessarily answer [but

I: [Mm

T: anyhow he comes to eat

On the one hand, the interviewer's question seems to allow Tanja to distance herself from the talk of her personal problems and to focus on other children's experiences instead. On the other hand, the question does not specifically ask about the *other* children in the intervention, but can also be understood to include Tanja as a member of the group. Tanja first seems to agree or align herself with the interviewer's latter implication ("well ... or"), but then she quickly gives a corrective and at the same time, a normalizing, account. She points out and assures her interlocutor through detailed descriptions of her father's behavior that he cannot be labeled as depressed. She refers, for example, to her father's ways of interacting ("speaks") and mood ("happy"). She also normalizes his television watching by linking it with an interest in sports, something widely shared and viewed as normal. The detailed description embraces the same topics that she has drawn on earlier in the interview when describing her father's depression, but now they are depicted from the perspective of ordinary and normal behavior and as taking place in the present. Focusing on, and underlining, the present ("now") allows Tanja to talk with the voice of a member of a non-deviant family.

The interviewer enables normalization by being a conforming listener. In this excerpt, and in several other topical episodes, the interviewer's feedback is mostly minimal, which shows that she is paying attention but also permits and gives Tanja space to continue speaking. In institutional settings, minimum feedback using *supportive continuers* (uhum, mm, yeah, etc.) are commonly experienced differently than in a vernacular setting. Sticking to giving minimum feedback may denote disagreement in everyday conversations, whereas in an institutional context it is understood as giving space (Hepburn, 2005; Ruusuvaari, 2005). Continuing to give minimum feedback seems to function as appropriate support for Tanja to continue talking. She has both quantitative and interactional dominance in the episode. Giving sufficient supportive feedback to a "non-deviant" and actively talking interviewee characterize the interviewer's role in the normalization of Tanja and her family situation.

In some episodes, Tanja's normalizing of the family does not include her father, only the other members. In these, her means of normalizing her situation is to individualize the issue of mental problems. The next extract is an example of this. In it, she also constructs a dual position for herself in relation to her father's mental health. The episode starts with the interviewer asking Tanja her reasons for attending the intervention.

#### **Excerpt 5: Positioning herself as a recipient of help and as a helper**

I: Yes (1) what about (3) how do you remember (.) how did it start that you joined the group(intervention)

T: (1) Well so that we could get the kind of help like (.) that a little bit (1) we could talk about it (her father's mental health and get a little bit (.) of information [too

I: [mm

T: (.) and then we could at least help that person like

I: mm

T: \*like\*

I: so do you mean the parent [then

T: [yes

The formulation of the interviewer's question is discreet: it does not make any reference to psychiatric discourse. The interviewer refers to the intervention by using the word "group", which Tanja has also used from the very beginning of the discussion. Tanja gives two different explanations for her family's participation in the intervention: to obtain help and to be able to help "that person". On the one hand, she defines herself as a "client" needing help along with the other members of her family; on the other hand, she positions herself as her father's helper alongside her mother and brother. Through the difference that she draws between her father and the other family members, she individualizes the mental problems in the family and constructs both herself and her mother and brother as non-deviant or normal.

In the above excerpt, Tanja conforms to the dominant discourses of familial mental ill health by positioning her family and herself as a client. This could also be interpreted as an example of "relational rationality" (see Aronsson & Hundeide, 2002): seeking help from the peer-group intervention might be an issue that Tanja thinks the interviewer would like to hear. However, in the excerpt, Tanja also challenges the dominant discourses, which usually underline the importance of separating children and parental difficulties (e.g., Focht-Birkerts & Beardslee, 2000), and regard a situation in which a child is caring for a mentally ill parent as risky or pathological. This is captured in the concept of parentification, first theorized by Minuchin, Montalvo, Guerney, Rosman, and Schumer (1967). Parentification is typically associated with dysfunctional family interaction, and therefore seen as an issue that needs to be addressed in cases of families' parental problems. However, by adopting the helper position, Tanja positions herself as an active interlocutor and a non-deviant subject and member of her family.

A reference to having too much responsibility or worry and a reference to the negotiation of normality are also present in the following excerpt. It starts with a dialogical question from the interviewer about the effects on Tanja's life of her father's problem and symptoms that she has just described.

#### **Excerpt 6: Normalizing her own concerns about her father's mental health**

I: How have they affected your [everyday life and living

T: [well

I: what do you think

T: I haven't been like monitoring them (the parents) all the time what they might do

I: Okay, yeah

T: and like what (.) not in that way like I am quite happy

The interviewer's question is semantically linked to the preceding discussion on parental symptoms, and therefore can be understood as problem-oriented. This seems to be also Tanja's interpretation. Her response, which she phrases as a denial, implies that "monitoring" her parents could have a negative impact on a child. Moreover, such a concern is associated with a mental state that would be the opposite of being happy, as she describes her state of mind at that particular moment. A little later in the dialogue, she admits that she takes "a little bit but not an awful lot of responsibility for them", but again states that she is not monitoring her parents all the time. Hence, she seems to be trying to convince the interviewer, and perhaps herself, that her behavior is normal or ordinary, and that her mood is "happy". After the dialogue shown in the excerpt, Tanja continues to talk about the impact of parental difficulties on her life. The pattern of her talk stays the same: she describes or hints at her concerns about her father's mental health, but then normalizes or dissolves them immediately after raising them. Consequently, she also normalizes her mental state and conduct in relation to parental ill-being.

Tanja's talk is contradictory in the ways she describes and solves her family situation and her parents' problems and how she defines herself. She both raises problems and actively normalizes them — and does the same with her family and herself. The interviewer supports this in various ways, partly by discreet formulating of questions and minimal feedback tokens; for example, she does not confront the girl with the fact that her father still needs open-care treatment. Normalizing problems is an act that Goffman (1959) calls face-work. By normalizing the parental condition and her own mood and conduct in relation to her parental problems, Tanja is at the same time showing her awareness of the associative stigma that can attach to her through having mental problems in the family and the professional discourses related to the children of mentally ill parents and managing it. She also has both interactional and quantitative dominance in the dialogue.

### ***Talking about Shame and Embarrassment***

Thus far, the analysis has shown examples of how the stigma related to parental mental problems is implicitly constructed in Tanja's talk. However, Tanja also speaks about it explicitly when she talks about her peer relations. There, she also mentions such feelings as embarrassment, confusion, and shame, which she does not try to normalize or dissolve in her accounts. When talking about these feelings she speaks in her own voice, the voice of a "principal" (Goffman, 1981): she commits herself to a category of children whose parents do not meet societal expectations and whose position among their peers is therefore experienced as difficult. For her, the only way to avoid the likelihood of associative stigma is to hide the family situation from her peers.

Tanja spontaneously introduces her awareness of the possibility of associative stigma by her peers when she talks about a molding task that the children had been given in the intervention, which had colored her hands green. She assumes quantitative, semantic, and interactional dominance in explaining how she had tried to rub the dye off her hands, since if her schoolmates had noticed it, they would have found out about the intervention, which would have embarrassed her. Tanja then goes on to talk about other topics related to the intervention group and the interviewer does not try to change the topic at this point. However, the interviewer returns to Tanja's reference to embarrassment in a dialogical manner five minutes later. She asks Tanja what would have happened if her schoolmates had found out about the group.

### **Excerpt 7: Talking about embarrassment**

T: Like then \*like\* (.) like some of my friends might first promise that they won't spread it and then [it spreads spreads so that the whole school knows about it

I: [Yeah (.) yeah (.) yeah (.) yeah

T: (.) and it is quite then really shameful

I: [Yeah (.) yeah

T: [naturally but (.) but [mm

I: [So you would have been ashamed but would your classmates then have said something about it or

T: Well

I: [What do you think

T: [Well I don't know (.) surely they'd ask why (.) why you [take part

I: [Yeah

T: and why you (.) [and

I: [yeah

T: and they'd ask that why (.) and would all the time start yacking about why do you have (.) so

I: Mm

T: it would then be quite embarrassing [to tell about (it)]

In Tanja's response, her shame and embarrassment are linked to two aspects of her situation. First, Tanja explains that revealing her attendance in the group intervention would be embarrassing and shameful, since word about it would spread among her peers. However, this is not the whole story, since she links the embarrassment and shame she would feel with the pressure to reveal the reasons for her attendance (parental problems) to her peers. Hence, here Tanja fairly openly introduces her fear of associative stigma. She also presents hiding the problem as her way to avoid shame and embarrassment, and consequently, to construct a non-deviant identity among her peers. This was also what the other interviewees explained as their way of dealing with their peers and managing associative stigma (Alasuutari & Järvi, 2012).

In the extract, the interviewer is active in specifying the consequences of the spread of information. Later on she demonstrates her interest and the validation of Tanja's feelings, mainly by giving minimum feedback. This process seems to be responsive and dialogical from Tanja's point of view.

In the final excerpt Tanja brings up an interesting example of stigma management, that of recognizing others with the same stigma. Tanja has talked about the molding activity in the group and the interviewer has asked if Tanja has told any of her schoolmates or another child about the group. She answered that she has not told anyone, because "all my schoolmates wouldn't necessarily understand the reason for attending a group like that". She has also explained that not everyone would necessarily understand parental mental health problems at all. By drawing this line she differentiates herself from them — she is wise enough to understand them even if they don't understand her. She continues:

### **Excerpt 8: Well-kept secret**

T: but (1) that (.) that's why I haven't [told about it]

I: [yeah]

T: but (.) er a friend of mine she's called Ada she does understand [that (.)]

I: [Hmm]

T: But I haven't talked about it in that way but her father has had (.) depression [of course (.)]

I: [Hmm]

T: But (.) well it's ok to talk to her (.) [that]

I: [Yes] (.) yes

T: [Well then]

I: [Do you] talk to Ada (.) more (.) [then]

T: [Well]

I: About these kinds of things [or what have you talked about]

T: [No we don't really not in that way] we do talk [yes]

I: [Yes]

T: But we don't (talk) terribly much (about) it (.) she knows how to handle it she doesn't [spread]

I: [Hmm]

T: it around [(.)]

In this excerpt we see precisely how Tanja determines who is to be informed about potentially stigmatizing information. It is ok to talk to Ada, because her father has had depression, too. After this excerpt, Tanja even talks about how Ada's mother also understands, because she has experienced "those kinds of things, too". At the same time, she makes it clear

that “we don’t really talk that way”, suggesting that it is something that is only mentioned and not really shared.

It is obvious that “these kinds of things” are to be concealed from others who don’t have similar problems, and consequently don’t understand. Having a parent with a mental health problem may nevertheless be something that can be shared, at least to a certain extent, with someone who is facing the same issue in his or her life, someone who understands that it is highly confidential.

### **Discussion**

The findings of our previous interview study with children were the starting point of this article (Alasuutari & Järvi, 2012). In the previous study, all the interviewees described their parental mental disorder as something that they want to conceal, and have concealed, from their peers. In the literature, this kind of stigma has been termed a courtesy stigma (Goffman, 1963) or an associative stigma (Chang & Horrocks, 2006) that produces a “spoiled identity” (Goffman, 1963) for the person. In this article, we have presented a single, but rich, case study, that of “Tanja”. We examined how Tanja constructed her normality or non-deviance in a research interview related to a parental mental problem, and how the interviewer contributed to the process. However, it should be kept in mind that as a case study, the generalizability of the findings is limited.

We differentiated three categories of constructing normality: active positioning of oneself in the dialogue, problem normalization, and negotiating shame and embarrassment. By active positioning, we referred to accounts in which Tanja intervened in the frame of the research interview, for example, by expressing her personal views and interests or by momentarily adopting the position of an interviewer. Active positioning allowed her to represent herself as an ordinary girl with ordinary interests (like wanting a pet) despite her parental mental problem.

The normalizing talk took different forms and produced partly contradictory descriptions of Tanja’s family and herself. However, its core function was to represent her father and the other family members, as well as Tanja herself and her relation to her parental difficulties, as non-deviant. The normalizing accounts also showed how challenging for a child the assumptions of psychiatric discourse may be. In several episodes, Tanja made it clear that she is not too involved in her parental problems. The topic, framed by the concern about parentification, had been discussed in the intervention she had participated in. However, she also constructed an opposite picture of herself, representing herself simultaneously as her father’s helper. By positioning herself as a helper she was able to represent herself as a responsible and healthy young person. Gladstone et al. (2006, p. 2542) states that children's desire to be recognized as “important to their parents well-being conflicts with adults’ perceptions that children should be protected from too much responsibility” (cf. Trondsen, 2012). However, previous studies show

that children can find it satisfying to be able to help their family members and that it can enhance their social skills (Backer, 2011; Fjone et al., 2009).

In the first two categories of constructing normality, the references to associative stigma were mainly implicit, but when negotiating shame and embarrassment Tanja explicitly referred to her potential stigmatization by her peers. She also voiced her feelings related to this and described hiding family matters as her way of dealing with family problems in peer relations.

Our findings corroborate those of previous studies that have demonstrated the experience of shame and associative stigma of children with parental mental problems (Cogan, Riddel, & Mayes, 2005; Östman, 2008; Fjone et al., 2009; Chan & Ying, 2010). They are also in accordance with the findings of Prior (2012), who analysed how young users of counseling services resist being positioned in a stigmatizing discourse of mental illness, and with those of Fjone et al. (2009), who argue that children with parental mental disorders wish to present themselves as normal and equal in their peer group. To achieve this end, the most obvious action is to conceal the parental situation (see also Oskouie et al., 2011). Furthermore, research shows that in seeking to guard a family secret, children often isolate themselves psychologically from others (Riebschleger, 2004; Chan & Ying, 2010; Chang & Horrocks, 2006). The present analysis also showed how the interviewer participated in the management of Tanja's associative stigma and in presenting herself as a non-deviant young person. An important aspect in the interaction was the interviewer's flexibility in relation both to the agenda of the interview and the dominant institutional and generational order prevailing between the interlocutors. She positioned herself, first, as a social person and, second, as a professional with a specific mission in the interview. For example, she was willing to reveal information about her life when Tanja started to interview her, despite the unwritten rule in Finland that a professional, at least in psychiatry, does not reveal personal information (see Ruusuvoori, 2005). In dialogical terms, we can also hear the voices of a human being, a mother, and an adult in the interviewer's comments (Seikkula & Arnkil, 2014). The flexibility of the interviewer can also be related to what Christensen (2004) refers to as presenting oneself as an atypical adult in research with children; that is, enabling children to have their say by showing serious interest in their perspectives and yet not pretending to be a child.

Moreover, the analysis demonstrated active listening on the part of the interviewer. This was evident, for example, in her way of dialogically returning to the issues raised by Tanja, sometimes in a delayed manner. In this way, it was possible to both finish the topic under discussion and explore other topics, such as shame, more thoroughly. Furthermore, the interviewer's minimal feedback was important in the dialogue both in demonstrating that she was paying attention to Tanja's talk and in supporting Tanja when she wanted to continue talking on the topic. It also conveyed the interviewer's acceptance of Tanja's experiences and emotions (cf. Graham & Fitzgerald, 2011). Finally, the interviewer also formulated her comments discreetly, especially when the talk concerned Tanja's parental problem. She did not remind Tanja about her fathers's unstable condition when Tanja spoke positively about her father's

activities. Instead of addressing Tanja's experiences and family worries directly, she chose to ask what Tanja observed and thought about the other children in the intervention. With this formulation, Tanja could choose her own level of intimacy in answering.

Tanja's description of talking to her friend who is in a similar situation (excerpt 8) was also interesting. Tanya and her friend had not shared much, despite the commonality of their experience. The difficulty of talking about sensitive family issues may be something to take into account when arranging group interventions for children.

In their study, Moore and Seu (2011) argue that in family therapy the voice and position of young children seems to be much more closely bound to the dynamics of the interview than is the case with adults. In her interview, Tanja seemed to be able to voice herself both as an ordinary young person and as a child living in a challenging and vulnerable family context. The interviewer, for her part, facilitated this by her use of dialogical flexibility and active listening, and by accepting and validating feedback, and varying the ways in which she asked questions. These interactional features might help other practitioners in developing dialogical dialogues with children whose parents have severe problems in their lives, such as a mental disorder.

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