Listening to the “Opinista”? Relational understandings of voice and silence in a multiperspective narrative study of child psychotherapy

Article  (Accepted Version)

Capella, Claudia and Boddy, Janet (2021) Listening to the “Opinista”? Relational understandings of voice and silence in a multiperspective narrative study of child psychotherapy. Children & Society. ISSN 0951-0605

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Full Title:

Listening to the “Opinista”? Relational understandings of voice and silence in a multi-perspective narrative study of child psychotherapy

Short Title:
Listening to the “Opinista”

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Acknowledgements and Funding
The authors would like to thank the project research team that made this study possible, as well to the Centers that hosted the research, and above all, the participants, especially Rocío. We also acknowledge that this study was funded by CONICYT, from Chilean Government, Project Fondecyt N°11140049 “Psychotherapeutic change in sexual abuse: Perspective of children and adolescents that have been victims, their parents and psychotherapist”, led by Claudia Capella.

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Claudia Capella is Professor of Psychology at the University of Chile, in Santiago, Chile. She is a psychologist, with a doctorate in Psychology from University of Chile and a Masters in Child and Adolescent Mental Health from King’s College London. Her research focuses on child psychotherapy, especially with children and young people that have been sexually abused.

Janet Boddy is Professor of Child, Youth and Family Studies at the University of Sussex and a Fellow of the Academy of Social Sciences. Her research is concerned with family lives and with services for children and families, in the UK and internationally. She also has a long-standing interest in methodology, particularly in relation to complex evaluation, qualitative and longitudinal approaches, cross-national research, and research ethics.
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Abstract
The concept of ‘child voice’ is examined through a longitudinal narrative case-based analysis of interviews and drawings with an eight-year-old Chilean girl, who was in psychotherapy following sexual abuse, alongside interviews with her mother and therapists. Prompted by the child’s description of herself through the neologism of the ‘opinista’ – one who has opinions – the analysis encompasses diverse narratives of a critical moment in therapy, illuminating the complexity and entangled relationality of ‘child voice’. Moving beyond an individualised conception of ‘voice’ makes it possible to account for relationality without privileging adult articulations of children’s experiences – allowing the opinista to be heard.

Keywords: Child voice, psychotherapy, sexual abuse, narrative, qualitative longitudinal research.

Introduction
‘Listening better includes hearing silence and that silence is not neutral or empty.’
Lewis (2010, p.20)

When studying children’s interactions with child welfare interventions, we must recognize that their complex lives and experiences are both relational and generational. Spyrou (2019, p319) proposes a re-conceptualization of ‘children’s voices’ ‘from within a more relational, ontological understanding and orientation’, recognizing the ways in which children negotiate power and resistance in the mutual entanglements of everyday lives and relationships. Focusing on
relationality makes it possible to ‘push past’ individualistic conceptualisations, ‘into realms where children and childhood can only fruitfully be located by way of linkages with other human and non-human aspects of the world’ (Spyrou, Rosen and Cook 2019, p6). This ontological turn raises a methodological challenge, of how we attend to relationality in considering children’s views, particularly when they concern experiences that might be difficult to express. We address that challenge by drawing on a case study of a child in psychotherapy, to demonstrate how integrating relational and child-centered methodological approaches makes it possible to ‘listen better’, as Lewis (2010, above) observes.

The paper focuses on the experience of a girl from Chile, pseudonym Rocío, who was receiving psychotherapy following intra-familial sexual abuse. In her first interview, in a drawing activity, Rocío drew herself using a neologism in Spanish, the opinista – one who has opinions. Prompted by her invention, we use the concept of the opinista to think critically about ‘child voice’ in research, in psychotherapy, and in family life. Analysing Rocío’s interviews in conjunction with those of her mother and psychotherapists illuminates the ways in which children are constructed and positioned by significant (and intimate) others, and the implications for understanding children’s narratives of their own lives.

Thinking through relationality addresses the tendency for research on child voice to seek individual opinions about adult-led agendas (Lewis 2010), neglecting the centrality of family relationships within children’s quotidian lives, and the ways in which children’s agency – and ‘voice’ – may be constrained within the social, generational, cultural and institutional power structures that shape their lives (Tisdall and Punch, 2012). A relational perspective also helps to address what Spyrou
(2016, p7) terms the ‘often uncritical assumption that voice does, indeed, reflect truth’. Lewis (2010, p17) cautions that there may be ‘problems in operationalizing ‘voice’ if this does not take into account multiple and changing notions of self’. Post-structural approaches such as longitudinal narrative methodology have particular value in this regard, because attention to the situated and co-constructed nature of talk reveals the ways in which the narrator’s positions and characterizations may shift across different interviews, or even different moments within an interview (Boddy, 2014; Phoenix, 2013). Just as narrative theorists have increasingly argued against assumptions of narrative coherence (e.g. Hyvärinen, 2010), Spyrou (2016) argues for recognition that child voice defies singularity and clarity, rather than existing as something static and true which can be ‘captured’ if only we can find the appropriate methodology. Following Lewis (2010), he calls for researchers to ‘listen better’ to children’s voices, not only attending to which is easy for adults to hear (because it accords with adult agendas or is expressed in adult terms) but also listening to silence, and that which is unspoken, and not readily ‘identifiable, tangible or observable’ (op.cit. p13).

In child psychotherapy, researchers have criticized the privileging of adult (usually parent or therapist) perspectives, and the associated neglect of children’s views (Capella et al., 2015; Carlberg, Thoren, Billström & Odhammar, 2009). In response, these scholars have incorporated methods that have commonalities with those employed in childhood studies, such as drawings and play, adaptable to children’s interests and competences, scaffolding interview narratives and facilitating better understanding of children’s experiences (Capella et al., 2015; Carlberg et al., 2009). This methodological shift coincides with a wider move within narrative research beyond

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purely talk-based approaches, to recognize the value of creative and arts-based approaches for enabling ‘alternative ways of perceiving, feeling, knowing and doing’ (Luttrell, 2020, p264).

Narratives can be understood as a way of making sense and giving an account of experiences (Bruner, 2004). Esin and Squire (2013) offer a broad definition of narrative as involving a succession of signs and symbols – visual, verbal, and performed within activities – that are given meaning in their sequencing, progressing temporally, causally, or in some other socio-culturally recognisable way. This broad definition is particularly relevant for the study of experience through methodological approaches other than (or alongside) talk (e.g. Luttrell, 2020).

Narratives are co-constructed in an interpersonal space, inseparable from the social and cultural context where they are produced for an audience (Bruner, 1991; Riessman, 2008). Being always in construction and re-construction, narratives also shift over time, including shifts linked to changes in the teller and in the audience (Boddy, 2014). Narratives are always one story, not the story: they highlight some aspects while others remain untold (Bernasconi, 2011), and also may be scaffolded, contested and negotiated in talk by different family members (Phoenix et al., 2017). Consequently, narrative researchers often analyse hesitation and silence, to reflect on what is not told, and why (Riessman, 2008).

**The study**

The case of Rocío, discussed here, formed part of a qualitative longitudinal study (see Acknowledgements) of 40 young people (6-18 years old), referred into psychotherapy in specialised public centres for children who have experienced sexual abuse. These centres are
funded by SENAME, the public institution in charge of children's services in Chile (SENAME, 2014); referrals are normally made via the judicial system. Children and parents work within an interdisciplinary team, including psychologists and social workers. All participants were living in Santiago (Chilean capital). The study as a whole, reported elsewhere (see Capella et al. 2018), was focused on change over the psychotherapeutic process (normally 12-24 months). Qualitative interviews were conducted with children, their parents/caregivers, and their psychotherapists at different points of therapy (approximately 6 and 12 months from the start of therapy; if therapy continued for longer, an additional interview was conducted at end of the process). Open-ended interviews explored perceptions of change and experiences of therapy, and children’s interviews included two activities to scaffold verbal narratives. A drawing activity was adapted from a technique known as “before and after therapy” (Capella et al., 2015); the participant is invited to draw herself using a template page in two parts: “how were you at the start of the therapy?” on the left, and “how are you now?” on the right (see Figure 1 and Capella et al., 2018). The drawing is used as a basis for open questioning, allowing the child to develop a freely structured narrative about their illustration, before more direct and focused questions are asked (Capella et al., 2015). Children were also shown a drawing of an ‘emotional thermometer’ (following Carlberg et al. 2009), which ranged from 0, ‘very sad’, to 10, ‘very happy’, and asked to report how they felt at various points in therapy (Capella et al, 2018). These methods aimed to afford possibilities for representing complex feelings that might be hard for children to express verbally. Interviews were carried out by members of the research team; it was not always possible for the same researcher to interview at each timepoint. Interviews were normally conducted at the centre the family were attending; for practical reasons, the final interview with the child in the case presented here was
conducted in the family home. All interviews were audio-recorded and transcribed, and identifying details removed before analysis to ensure anonymity.

Ethics approval was secured from Committee on Ethical Research at the Faculty of Social Sciences of the University of Chile, and subsequently, with authorization from the directors of the participating centres. Permission was then sought from the therapists, who signed an informed consent form. If the therapist changed, consent was asked for each of the therapists participating in the interviews. Children and their parents/carers were contacted at the beginning of therapy and invited to participate; if both agreed the adults were asked to sign an informed consent letter and children an assent form. Consent and assent included agreement for material to be shared within the research team, including for writing publications. For this paper, because of the potential ethical implications of discussing a single case in detail, additional verbal consent was asked after the last interview with Rocío’s mother, to ensure her permission to present the family case. Further assent was not sought from Rocío at that stage, so particular care has been taken to remove or amend potentially identifying family details. However, reporting from research – including practices to ensure confidentiality – was discussed with all children as part of the consent process, and Rocío made clear that she was happy for her story to be told.

**The case**

Single case studies allow close analysis of intersecting factors through multiple data points (e.g., McLeod & Elliot, 2011). Rocío’s case was selected for a methodological project, whereby the two authors came together to develop an analytic protocol for case-based narrative analysis that would link interview data over time from the child, parent/caregiver and therapist in the context of the
larger project. CC led the main project; JB joined the project specifically to contribute experience in family case-based narrative analysis (e.g., Boddy, 2014; Phoenix et al., 2017). Rocío’s case was chosen simply because it was recently completed, not because of the content of the interviews, and was translated into English for collaborative work; analysis was conducted with the original Spanish and English translation side-by-side, to allow cross-checking.

Questions of interpretation are especially important in research with children: there is a very obvious gap between children’s voices and how adult researchers hear them (Luttrell, 2020). We sought to work ethically and reflexively with these challenges, centring Rocío’s own account alongside those of her mother and psychotherapists, and we also laid our interpretations out for check and challenge by the wider Chilean research team as we worked through the data. The analysis of the case came to focus on a key event in therapy, described by Rocío in her first interview, and told and retold in different ways over time, across interviews and interviewees. We will argue that the significance of the critical moment for this case is highlighted by Rocío’s definition of herself as an opinista, one who has opinions (and who may choose to speak, or not) – and by integrating multiple perspectives in a case-based analysis that attends to the (dis)continuities in participants’ narratives.

Rocío’s family has three children: Rocío, 8 years old at the start of therapy, is the middle child; they live with their mother and father in Santiago. All three children were abused by their maternal grandfather and were attending the same centre for psychotherapy; subsequently, the mother disclosed that her father had also abused her, and other children, when she was a child. The family was invited to take part in the research when the children first started therapy at the centre, at which
time the mother was also allocated a social worker. Rocío was interviewed about 10 months after therapy started, after 13 months and finally at the end of therapy (after 20 months). Both her siblings went through therapy at the same time, and were also interviewed for the study, as was their mother (given length considerations and the focus of the paper, sibling data are not discussed). Rocío and her mother were interviewed at each time point, but Rocío had three therapists during her time at the centre: the first left before the first research interview was conducted, and her second therapist left the centre shortly after the second interview with Rocío. Finally, she was allocated a therapist who had previously worked with her older sibling, and this continued until she completed therapy. The first and second therapist interviews were with Rocío’s second therapist, and the third interview was conducted with her final therapist. All three therapists described themselves as working from a family systems perspective.

In analysing a case with multiple informants in which the child spoke relatively less than the adults, our analytic strategy was designed so that Rocío’s account was the focus, with the analytic interpretation of what she said enriched by considering the perspectives of key others in her life. This is not triangulation – the aim is not to establish an objective ‘truth’, nor to undermine Rocío’s account by privileging adult perspectives or adopting the adult informants’ construction of the child. Rather, the approach meant her narratives were not viewed in isolation. By gaining insight into her wider relationships at the same time as keeping her perspective at the centre of analytic attention, the analyst is better able to understand the mutual entanglements of the child’s world.

Analysis was conducted from a narrative perspective and followed four steps, all holding Rocío’s account as the starting point: (1) **Familiarization**: Interviews were read in chronological order:
first the child’s, then the parent’s, and finally the therapists’ interviews. Rocío’s transcripts were read alongside her visual data; considering images in relation to accompanying talk takes account of both the limits and possibilities of image-making (cf. Luttrell 2020). Key narratives and themes in her data formed the focus of analysis in the adults’ interviews, attending in particular to (i) narratives relevant to key features of the child’s account, and (ii) indications of absences in her account (to illuminate what she left unsaid). (2) Longitudinal mapping: A timeline of the therapeutic process was developed, noting the timing of interviews and critical events reported by each person, in order to locate key moments across the therapeutic process, and identify dis/connections between accounts over time. (3) Analytic Overview: The first two steps were used to write an analytic case summary, highlighting key themes and narratives associated with different time points and perspectives, as a foundation for further in-depth analysis in Step 4. (4) In-depth narrative analysis: First, this examined the child’s positioning within the network of relationships, and over time, including critical interrogation of commonalities and disjunctures between narrative characterizations of the child. In addition, Rocío’s narratives of a critical moment in therapy became an analytic focus: the event itself and the narrative connections made between this and other topics and events. For both elements of in-depth analysis, the process entailed moving back and forth between different interviews, examining connections and disconnections between participant perspectives on this event, and narratives over time.

**Rocío the opinista**

In Rocío’s first interview, asked to draw herself at beginning of therapy and at the time of the interview (after about 10 months of therapy), she drew eight faces representing her emotional state (Figure 1). In the course of our analytic discussion, CC noted that they were derived from
examples on a poster in the therapy centre that she attended. But Rocío’s drawing was an adaptation of the poster images, not a direct copy. The face she drew of the opinista sits calmly in the middle of another three faces that describe her emotions at the beginning of therapy (and represent feeling anguished, scared, and rage). After she finished her drawing, the interviewer asked about it – thinking she had misheard, she checked, “optimista?” (optimist?), probably because Rocío’s drawing was like an image of an optimista in the poster.

Interviewer:  (…) And what faces did you draw there?
Rocío:  Scared, op- eh, - - - opinista?
Interviewer:  Opinista? Let’s see, which one is it? What does that mean? [= What
Rocío:  ‘Opinar’ (to give an opinion) =]
Interviewer:  Oh (short pause) opinista or optimista (optimist)?
Rocío:  (short pause) Optimista

The exchange illuminates the relationality and materiality of child ‘voice’. The material context is apparent in the relationship of her drawings to the poster on the wall, which arguably gave Rocío insight into the kind of responses that adults might want. But the choices she made are her own, in deciding which faces to draw, and then apparently re-working the optimista into the opinista. As children so often do in exchanges with more powerful adults, Rocío complied with the interviewer’s correction – changing from opinista to optimista after a short pause. But her swift response of ‘opinar’ [to give an opinion] when initially questioned suggests that she knew what she intended to represent. The exchange makes visible a narrative co-construction that links the material influence of the poster (representing the kinds of emotions that may be discussed in the therapy centre) with the interviewer’s corrective intervention, and the girl’s acquiescence to the
adult’s power and expertise. The exchange illustrates the relational dependency of Rocío’s agency and ‘voice’: the interviewer does not permit her to be the opinista, when she corrects her. Rocío’s representation of the opinista is also illuminating from a child rights perspective on safeguarding. To be safe, children need to have space to speak and to be listened to by those in positions of power. In the context of her and her siblings’ experience, to be allowed to be the opinista is important.

**Opinista or atrevida? Rocío’s positioning in her family**

Rocío’s neologism of opinista sits in contrast with a more familiar word that she used to describe herself in Interview 3: atrevida. This is a more ambivalent term, almost always applied to children, which might be translated as ‘cheeky’ or ‘defiant’, connoting the idea of children who speak to adults out of turn. There are commonalities between opinista and atrevida – both speak out – but Rocío’s picture of the opinista (smiling, and apparently calm) connotes a more informed and empowered position than is invoked by concept of atrevida. This distinction is underlined when we consider how Rocío is narrated by important adults in her life. In her mother’s first interview, she firmly positioned Rocío as responsible for trouble, as in this extract:

> She’s been hard for me, she’s the hardest for me, she’s the hardest because Rocío detonates my, I’ve told Rocío, she detonates some sort of monster in me, you know?

This responsibilisation of Rocío was a recurrent theme in the mother’s narrative; elsewhere she explained that Rocío’s father was angry with the child for not having disclosed the abuse before. Rocío’s internalisation of this characterisation was indicated by a narrative slip, as she talked about her responsibility to be happy for the family, because, ‘if I’m not happy, it won’t be all the happy we can be’ (Rocío, Interview 1, our emphasis). To understand this responsibilising
characterization, it is important to recognize how the disclosure and subsequent referral into therapy acts on the narrative construction of the family. In Rocío’s mother’s interviews, we see her narrative work to defend the identity of the ‘good family’ in the face of the abuse and its disclosure. She did this by positioning the abusive grandfather as a monster, offering graphic tales of his abusive behaviour. But despite her characterization of him as a monster, her narrative also shows that the grandfather is maintained within the family; the grandmother and grandfather still lived together, even after the disclosures of abuse. In her first interview, the mother recounted the grandmother’s defence of her husband without challenge, and commented that she also loves him, and that he is an old man. This ambiguous positioning of the grandfather – simultaneously problematised and protected within the family – alongside the responsibilising of Rocío as the one who ‘detonates’, is crucial for understanding her account of a critical event in the therapeutic process.

‘I don’t feel like a nine I feel like a zero’

Data from Rocío’s first interview point to some kind of disruptive incident in the therapy. This appears in multiple forms, but is little explained. The first indication comes in Rocío’s drawing of emotional faces (Figure 1). The right-hand side of the picture shows three representations of happiness and calm (alegre, feliz and tranquile), but the fourth face – representing surprise (soprendida) – is very different. Drawn last and not discussed during the interview, it bears a striking resemblance to the ‘frightened’ (asustada) face that she drew on the left-hand side. This rupture in the visual narrative of how Rocío felt about therapy is mirrored by two other momentary fractures in her otherwise positive account. The first came when she was asked if there is anything she dislikes about her therapist. She replied:
Rocío: Once I didn’t like that she told me that she wouldn’t tell anyone what we talked that I don’t want to say it, and she told. [I: Oh] And no, oh, it was like at that time I couldn’t trust her.

Interviewer: Hmm, and who did she talk to?

Rocío: The other aunties [therapists] and I didn’t want her to discuss it with them [I: hmm] she (inaudible) it was a secret, but she told the other aunties, I didn’t like that […] now she won’t kno-, no, now I won’t have to tell her anything [I: hmm] because if I do tell her she will tell.

As the interviewer creates a space for Rocío to share negative opinions, her minimal narrative reveals her discomfort, as well as the longer term impact on the therapeutic relationship through the loss of trust. Rocío’s small story offers potential insight into the ‘surprised’ face in Figure 1 – prompting us to wonder, was the surprise that therapist could not be trusted to keep a secret? The partial reveal, in her drawing and in this small story, also indicates how difficult it is for Rocío to voice her concerns, both to talk fully about what happened, and to disrupt her otherwise positive framing of the therapy. Further evidence of this discomfort emerged during the thermometer task in the first interview, when she was asked to rate her feelings from one to ten:

Interviewer: And now, how do you feel [on the thermometer]? Now that you’ve been coming to this centre for like seven, eight months.

Rocío: Nine?

Interviewer: Nine? Why do you feel like a nine?

Rocío: Because: actually I don’t feel like a nine I feel like a zero.

Interviewer: Oh - why do you feel like a zero?

Rocío: Because the auntie (therapist) told those things.

Rocío’s representation of herself as an opinista sheds light on these disruptions in her narrative. The ruptures in her account indicate the significance of her feelings, revealing her need to speak up even as they show the difficulty for her of doing so – and her carefulness, not to reveal too much. With prompting from the interviewer, she returned to the story of this critical event in her
subsequent interviews. Although the story shifts in each telling, it was always framed as a critically important and damaging event in the therapy. In the second interview, she described her therapist as having pushed her. Again, she gave no explanation, except that it related to things she ‘couldn’t say’:

Interviewer: OK (*laughter*) hey, so tell me about that auntie you didn’t like, what was it that you didn’t like?
Rocío: She pushed me a lot, she asked me things that she didn’t have to ask.

Interviewer: OK, like she asked you too much? OK.
Rocío: And in the end, we didn’t do anything.

Interviewer: What do you mean you didn’t do anything?
Rocío: She spend all the time asking me, and we didn’t do any activities.

Interviewer: Oh OK, like drawing and that sort of thing, OK, and how, how did that make you feel?
Rocío: Bad because she started saying things that I couldn’t, couldn’t say, I didn’t, didn’t want to say. (I: OK) I felt bad.

In Interview 3, she returned to this story, but reveals more specifically that the therapist asked her to talk about the abuse:

Rocío: I wasn’t lucky ‘cause I had a bad auntie, I mean, she wasn’t bad, but I didn’t like how she was […]

Interviewer: What was it that you didn’t like?
Rocío: ‘Cause the first day we were OK, […] and she came so I got to know her, well, OK, she’d show me videos, we’d paint, everything, everything fun, and one day she started acting weird. [I: OK] Like I had never known her, she started asking what happened, how he did it, what he did to you, and it was supposed to be a time for being calm, for healing my heart, ehm, I think that’s when it got worse [I: m-hm ] She added a little pepper [*a Chilean expression akin to ‘spicing things up’ in English*]. [I: OK] So, I didn’t like that. [I: OK] That’s why right away I asked them to change her [*for another therapist*]. [I: OK] I mean, I feel sad for her ‘cause they could have fired her or transferred her to somewhere else, but I didn’t like how she would ask (*short pause*) about that kind of issues.
These three accounts appear to relate to the same event. While they differ, all reveal Rocío’s unhappiness with the ways in which the therapist controls her talk – failing to respect her secret, pushing her to talk, and asking about the abuse respectively. Interviews 2 and 3 reveal a further tension, in being prevented from doing other activities by the imperative to talk; the narrative in Interview 3 also highlights the therapist’s sudden shift, from ‘OK’ to ‘acting weird’. None of the narratives give much detail, but all reveal the ways in which the opinista’s agency over her voice is denied by the power exercised by the therapist. In the third interview, her narrative suggests that she regained control. When she said that she feels sad for the therapist but wanted her to go, she is no less critical, but speaks from an empowered rather than a vulnerable or angry position.

Rocío’s mother and her first therapist both spoke at length about a critical event in the therapeutic process. Their accounts also differed, but centred on the same incident: Rocío’s disclosure to the therapist that the children had been seeing the maternal grandmother, the abuser’s wife who still lives with him. In her first interview, the mother emphasised that this contact happened in a safe way and that she was pressured into these meetings by Rocío herself:

And well, when she [Rocío] started talking about, it turns out that my mother is not allowed to see my children [I: mhm] and I didn’t respect that, I didn’t respect that process, that part because, not because of my mom but for Rocío, because Rocío misses my mom a lot, she misses her, she misses her: ‘Mom I want to see her, hear her, let me look at her from outside’ and constantly, constantly and she ends- ends up like harassing me. So a time came when I said ‘You know what? We’re going to do something, we’re going to meet grandma but it’s going to be an open space where we’re not close to your grandpa and we were going to do this at the park, and it’s going to be, I don’t know, two or three hours and then we’ll go home and it won’t be every day’. I said ‘It’s going to be I don’t know once a week and you have to promise me that you’re not going to tell [therapist]’. I was thinking of Rocío like it was a good thing for Rocío and we were doing it that way.

Her repetitions – ‘for Rocío, because Rocío’, ‘constantly, constantly’ – construct a sympathetic and defensive portrayal of her own actions, while reinforcing her earlier depiction of Rocío as the
one responsible for detonating trouble in the family. The therapist offered a very different version of events (in a lengthy account, edited here), highlighting significant risk to the children’s safety:

Well, I discovered – it was a very weird process because when Rocío opens, opens up a new story and she tells me that she’s seeing (. her grandfather […] During one session she says, ‘There’s something I need to tell you, but what would happen, what would happen auntie?’ She talked as if everything was an assumption, and I was like oh! ‘Auntie, what would happen if me and my grandfather were sending letters to each other?’ that’s how she started, and I was like ‘Letters with your grandpa but what are you sending? Letters with grandpa?’ ‘Yes’ ‘Oh’ […] so then ‘OK, what are you sending your grandpa?’ ‘No: he says he made a mistake, that he’s not guilty, that he wants me to take care of myself, that no one touches me, that no one hurts me again’, and I was like, my face started to transform. ‘And my granny is also sending me letters’ […] The grandmother does not give the children credibility, but she insists on wanting to see them, but in the end I realized because Rocío got really nervous, so I tell her ‘but Rocío try to calm down and look, if you’re sending letters with your grandpa and your grandma tell me because I won’t get mad with you or with your mom, but it’s important for us to talk about it’. And she tells me ‘Yes auntie, in the end I’ve- I go to my grandpa’s house, my siblings do too (.) but I don’t see my grandpa’. Like scared [I: yeah] ‘I don’t see my grandpa but I do see my grandmother’ […] She [grandma] was sending the message to them that their grandpa was better, that grandpa loves them, that grandpa was getting better. And at the same time, the mom was doing the same thing.

Her use of reported speech adds to the immediacy of the narrative, highlighting the therapist’s growing concern as the disclosure unfolded. For the therapist, as for the mother, this is a narrative that defends her actions – she highlights a level of risk that obliges her to act. But reading the adults’ narratives alongside Rocío’s gives further insight. For both therapist and mother, Rocío’s disclosure is the critical event, but for Rocío, what appears critical is her loss of control over the disclosure. As she says in her first interview, ‘it was a secret but she told’. The significance of this is made clear by the mother’s account, where she constructs Rocío – not only as responsible both for making the contact happen (as above) – but as risking breaking the family by talking about it:

She says, ‘Mom there’s something I need to tell you, I messed up during therapy’ […] And I stared at her and she was like very, it seemed like she was going to have a hysterical attack and I saw her very distressed like, ‘Mom I messed up! I’m sorry!’, so I told her ‘Look Rocío calm down because I’m not mad at you’. What I feared and she feared is that they told me ‘you are not capable of taking care of your children’ you know? And Rocío told
me ‘Mom if they take us away from you it’s going to be my fault’ blah, blah, and I told her ‘no, nobody will take you away’. I still had that fear, you know? (Mother, Interview 1)

Only in the final therapist’s interview (with Rocío’s third therapist, not the one to whom she made the disclosure) is further context revealed. This therapist explained that contact with the grandmother had been restricted by the court because the grandmother and aunt were contacting the family and pressuring the children to forgive the grandfather and set aside their legal action.

Talking and not talking

Looking across different accounts and across time helps in understanding what Rocío does not say, as well as what she does. It also shows the significance of her talk for her life and relationships. Even though seeing her grandmother is very important to her, she recognizes the need to disclose to the therapist. Being the opinista becomes problematic because of the ways in which her mother frames her as responsible, both for the contact and for having ‘messed up’ – it is Rocío’s talk that could break up the family. Elsewhere in Rocío’s account, she links being opinionated with causing trouble; for example, in Interview 3, she talks about becoming less atrevida (cheeky or defiant), suggesting that this was why her mother used to beat her:

Before, she’d bea-, I mean, she wouldn’t treat me well, she would mistreat me, she never beat me, she never bea-, she beat me like this: like doing something sort of like, like for example, “hey, you didn’t do your homework, I’ll beat you”, no, eh, she had her reasons. [I: Alright] I understand her, I used to mess with her, but my mother changed mainly because I also changed, we both changed, I’m also very atrevida sometimes, before, before I was very atrevida with her, ehm, and now we’ve improved with all the therapy.

Her hesitations show how difficult it is to express criticism of her mother, and again she appears to internalise responsibility for her mother’s actions. She not only seems to justify her mother’s beatings, but takes responsibility for the improvement – ‘my mother changed mainly because I also changed’.
Being an *opinista* causes trouble for Rocío, but her account also shows that she needs to talk – and have control over her talk – in order to be safe. Given the context provided by the therapists’ interviews, Rocío’s disclosure of seeing her grandmother can be recognized as a protective act for her and her siblings. Equally apparent is her bravery in speaking out, when it makes her responsible for exposing the family dynamics. In this light, it is striking that, across all her interviews, Rocío only talks positively and protectively about her mother and grandmother. There is no place in her narratives for anger because of the mother’s failure to protect her, or for the grandmother choosing to stay with the grandfather, and even the mother’s physical violence towards her is minimized and explained. Looking across the child and adult interviews reveals the tensions that Rocío navigates between talking and not talking – in therapy, and in the research – and the ways in which these mirror the tension she faces between the positions of the good child and the problematic child. The critical event is centred on a fundamental contradiction for Rocío, between being a good child in therapy (and talking to the therapist about seeing her grandmother) and being a good child in the family (not *atrevida*, not sharing secrets that could put the family at risk). Arguably, she resolves this tension by presenting the therapist as responsible for her disclosures (for example, pushing her to speak). When Rocío discloses contact with the grandmother, she is agentic in protecting herself and her siblings, being good in therapy; when she blames the therapist for making her talk and failing to keep the secret, she protects her own position as good in the family.

‘Close your eyes and tell him everything’

Our initial reading of the *opinista* drawing prompted questions about why the eyes were closed in the drawing – was it simply because Rocío was copying the ‘optimist’ picture from the poster?
Perhaps, but in Interview 3, asked about the advice she would give other children who experience abuse, she suggests that closed eyes can help when it is necessary to talk:

Think, I don’t know, that you’re talking to you mother or your father, or if you can’t even talk with your mother, think that you’re talking alone, to the wall, alone talking to the wall and say everything to the uncle [therapist]! Everything you feel or close your eyes and tell him everything you feel, everything, everything they did to you.

Spoken as though directly to another child, her words evoke her previous drawing of the opinista, with a closed smiling mouth and closed eyes, surrounded by faces that are anguished, scared, and angry. Her advice also shows her understanding of the ways in which talking and not talking can produce risk and safety at different moments. When necessary, she talks, but the closed eyes reveal her understanding of how difficult this can be.

**Not talking? The opinista retrieves control**

Following her revelation about seeing her grandmother, there was an apparent shift in how Rocío dealt with therapy. Her therapist at that time said that, after Rocío made the disclosure, it became ‘impossible to talk’. The therapist described a retreat into play – arguably, an act of resistance, preventing the therapist taking further control of her talk, as when Rocío said in her first interview, ‘now I won’t have to tell her anything’. Having disclosed a situation that the adults must act to address, and subsequently not talking and only playing, Rocío regained control in the therapeutic space. Her narratives give insight into this apparent resistance, by revealing what she expects therapy to do for her. In Interview 2, the therapist pushing her to talk rather than engage in activities, meant that in Rocío’s view the therapist ‘didn’t do anything’. She contrasts this with her final therapist (in Interview 3), who is ‘good, she treats me really nicely, she doesn’t ask me, we play, we colour, fun.’ Her comments make clear that this is a positive shift: she feels in control of
her talk and crucially, she has fun, and gave a detailed account of her skill and enjoyment in creativity. This positive framing was echoed by her final therapist, who also reframed Rocío’s disclosure, praising her honesty:

Rocío also was always very sincere. Rocío has that skill despite the fact that sometimes she was in trouble at home due to her actions, her disruptive actions, Rocío was always honest here, so Rocío always was the one that, for example, would alert us.

Across the three interviews, there was also a shift in her mother’s account, from responsibilising to recognizing Rocío’s strength and her distinctive perspective as a child:

Rocío has a strong personality, you know? And she was on a position where she didn’t understand that her grandmother was, in that moment like an antagonistic character.

Perhaps, these apparent changes in adults’ framings could help Rocío resolve the tension between being a good child in therapy and in the family. At the end of the final interview the researcher’s fieldnote records that, as they were saying goodbye, Rocío’s last words were ‘thanks for listening to us’. To be heard, Rocío needs to be valued as an opinista, with her own expertise and priorities, without being responsibilised by the adults in her life.

**Conclusions**

Rocío’s case illuminates the relational and material complexities of child ‘voice’ (Phoenix et al. 2017; Spyrou, 2019). Through a narrative longitudinal analysis encompassing multiple perspectives, we gain insight into the implications for Rocío of her positioning in the narratives of powerful adults. This approach illuminates absences in her narratives – and shows that attending to what is unsaid also makes it possible for adults, including researchers, to listen better. The analysis shows how important (and difficult), it is for Rocío be an opinista: to keep control and
protect her safety (and that of her siblings) whilst also protecting the wider family from the consequences of her (necessary) talk.

Rocío’s case shows why researchers, professionals and others who seek to enhance child participation must attend to the relationality of child voice – recognizing and attending to their important relationships, especially family, whilst always keeping the child in the centre and avoiding privileging adult voice. For Rocío, those relationships shaped what could be said (or not), and what could be heard by the adults (including researchers) in her life. The analysis also highlights her agency in determining how and when to speak, and to whom – as well as her bravery in speaking out. Rocío may be an *opinista*, but she is dependent on adults to afford her control over her talk.

Trust is central to the formation and maintenance of a successful alliance between therapist and child (Fuller, 2019); especially for children that have been sexually abused, it is easier to talk about difficult experiences when they are confident that they can trust and will be listened to (Jensen et al., 2005). The inclusion of multiple perspectives in our case-based analysis illuminates why trust matters so much: listening to child ‘voice’ depends on accounting for the power differentials between adults and children, and between professionals and family members. Rocío’s case also shows why this is especially complex for families involved in child welfare interventions, because the risks associated with talking and not talking are heightened. Rocío recognises that she and her siblings are at risk if she does not disclose, but also understands that her disclosure jeopardises her position in the family and risks breaking up the family as a whole. The critical moment for Rocío arises when she is caught between the need to disclose and the risks of disclosure. She navigates
this tension by taking control of the therapeutic relationship, making her disclosure and then stopping talk.

Spyrou (2019) argues for attention to materiality and relationality in understanding children’s lives, and the value of this is evident in understanding Rocío’s emphasis on fun and play with her therapist. Listening to Rocío entails attention to all her different modes of expression, and she explicitly resisted the adult’s agendas for talk when she states, ‘now I won’t have to tell her anything’. When her third therapist recognised her enjoyment of arts and crafts, she facilitates multiple modes of expression, recognizing and respecting how the child chooses to express herself. Similarly, the research design enabled Rocío to speak through drawing as well as talk. The creative activities of the thermometer and drawings afforded space for her to express her unhappiness with the second therapist’s breach of trust, revealing the significance of what is otherwise unexplained. Both her play and her drawings can be recognized as material and relational communication; within the therapy, her focus on material activities can be understood as a resistance of imposed adult control, rather than an avoidance or absence of communication.

Across the research interviews, Rocío’s shifting and partial narratives reveal her, not as an unreliable narrator, but as careful in expressing her opinions. Her neologism of the opinista is especially apt because this eight-year-old girl is not atrevida, speaking out of defiance. Her narratives reveal the significance of the critical event in therapy, as well as showing – through her hesitation and omissions – just how cautious she feels she must be in her account of that experience. Considered alongside Rocío’s accounts, the explanations offered by her mother and therapists illuminate, not only what happened, but why the situation was so hard for Rocío, and so
hard for her to talk about. This analysis shows the importance of maintaining the centrality of the child’s perspective, but it is only by considering all the narratives together, that it becomes possible fully to appreciate the implications for her of what has happened, and why the therapist’s breach of her trust was so dangerous for her.

The approach presented here has implications for research and professional practice concerned with the lives of children and families in complex situations. The methodological and analytic techniques that we have used gives new insight into narratives of difficult experiences, enabling attention to relationality and materiality (Capella et al., 2015; Carlberg et al., 2009; Esin and Squire, 2013). In Rocío’s case, the approach afforded insight into the complex origins and consequences of a difficult moment in therapy, an aspect of the therapeutic process that usually attracts less attention than ‘helpful’ moments in psychotherapy research (Timulak, 2010). Case-based analysis also addresses the risk of individualising, of locating difficulties within the child rather than recognising the ways in which they are engendered by wider dynamics and positioning, within and beyond the family.

The account presented here is co-constructed, inevitably shaped by the methodological approach of the wider study and by our analytic interpretation (Riessman, 2008). Nonetheless, by centring the child’s perspective, it is possible to recognise Rocío as an opinista, expert in her own life, whilst appreciating how her ‘voice’ is positioned and constrained through her relationships. Attention to the longitudinal illuminates shifting contexts, and the complex fluidities of family lives in time (e.g., Morgan 2011). If adults are to create safe spaces for children to talk, they must
find ways to listen better, and this depends on understanding how children’s lives, and ‘voices’, are situated in the complex, dynamic, material and relational contexts in which they live.

References


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Figure 1. Rocío’s drawing at the first interview

The term auntie or uncle is often used by children in Chile to refer to significant adults in their lives, even though they do not have a familial bond. Rocío used it to refer to the professionals that work in the centre.