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Respecifying uncertainty in pupil health team collaboration: The morality of interpreting pupils' school problems

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ABSTRACT

The article examines professionals' displays of uncertainty in their reports of pupils' school problems during Swedish Pupil Health Team (PHT) meetings. PHT-meetings reflect an effort to address pupils' problems through multi-professional teamwork, involving, e.g. counsellors, nurses, and special education teachers. Barriers to such collaboration have been attributed to professionals' difficulties to understand one another because they operate within differing discourses. Using discursive psychology to analyse audio-recorded meetings, we found that the PHT-professionals used vagueness as a resource. By reporting pupils' problems while displaying uncertainty about their causes, professionals could imply a morally delicate interpretation and distribute responsibility for this interpretation. Thus, the problem reports can be seen as designedly vague, working to involve recipients in a potentially problematic explanation. Based on this respecification of uncertainty as a discursive construction, we argue that at stake in PHT-meetings is not so much professionals' differing discourses as the moral accountability of interpretation.

KEYWORDS

Collaboration; complaining; discursive psychology; accountability; problem description; pupil health; uncertainty

Introduction

In Sweden and internationally, there is consensus that multi-professional collaboration is the best way to address pupils' school problems by accounting for children's situation and recognising their resources (SFS 2010:800; Weist, Mellin, and Chambers et al. 2012). Today's Swedish school policy aims at a preventive approach as opposed to retrospectively dealing with pupils' school problems as individual shortcomings (SFS 2010:800; cf. Guvå & Hylander 2012; Hjörne and Säljö 2014). To this aim, schools are required to access Pupil Health Teams (PHTs) that include professionals with knowledge in medicine, psychosocial problems, and special education. The PHT should collaboratively discuss pupils' situation, problems, and needs before

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making decisions about interventions (Skolinspektionen 2014). Researchers with an interest in social interaction have shown the benefits of investigating how different institutional agendas come to life in actual practice (e.g. Drew 1992). Following this tradition, we examine how professionals approach pupils' problems in real PHT-meetings. In particular, we focus on professionals' displays of uncertainty as they discuss pupils' behaviour.

Consider two examples from different PHT-meetings where teachers (T), after having exemplified pupils' behaviour, produce formulations of the pupils' problematic behaviour. In Excerpt 1, this formulation is the straightforward report that the pupil 'lacks motor' (line 1) and in Excerpt 2 the vaguer report that the pupil does 'really strange things' (line 1). The excerpts are presented with English translations below the original Swedish:

Excerpt 1

- | | | |
|----|----|--|
| 01 | T | Men (.) Mikael har ju ingen motor att vilja (1.0)
But Mikael lacks PRT motor to want to |
| 02 | | ta till sig hjälp[medel.
adopt aid |
| 03 | ST | [Han har väl adede: också ra kanske
He probably has ADD too then maybe |

Excerpt 2

- | | | |
|----|---|--|
| 01 | T | =A han gör jätte<konstiga> saker,
=Well he does really strange things |
| 02 | T | .h D- håller på me saxar så här=Tchutchu!
goes at it with scissors like this Tchutchu |
| 03 | C | Men gör han de för att s:ka::da sej själv
But does he do it to hurt himself |

We can describe both examples as multi-professional teamwork: professionals with different expertise jointly approach explanations for pupils' behaviour. However, while the special education teacher (ST) in Excerpt 1 quickly offers a candidate diagnosis (line 3), the counsellor's (C) response in Excerpt 2 is delayed by the teacher's further pursuit (line 2), and hands back the responsibility for explanation to the teacher. Thus, while Excerpt 1 shows professionals arriving at a point of departure for a potential action plan (e.g. psychological evaluation), the professionals in Excerpt 2 postpone

explanation. According to a view on teamwork in school as a matter of sharing information from different perspectives, the vagueness in the teacher's formulation in Excerpt 2 (line 1) may be a threat to team-members' joint understanding. However, by examining vague problem reports in detail, the current study demonstrates that professionals in the PHT use uncertainty as a communicative resource.

There are only a few studies of the work in Swedish PHTs (e.g. Hjørne and Säljö 2014; Hylander 2011). Internationally, studies have examined multi-professional collaboration concerning children's and youth's problems more broadly (e.g. school mental health programs), mostly in the UK and US. This research has identified key barriers to collaboration as lack of a shared terminology, differing perspectives, and poor understanding across different professions (e.g. Cooper et al. 2016; Weist, Mellin, and Chambers et al. 2012). Accordingly, teamwork concerning pupils may be challenging because the professionals' specialities involve fundamentally different ways of explaining pupils' problems. In line with such results, Swedish policy documents (Skolinspektionen 2014) emphasise that common ground on problem definition, pupils' needs, and interventions are prerequisites for a fruitful collaboration. Likewise, the few studies of multi-professional teamwork related to Swedish school health show that professionals tend to downplay the particularity of their own expertise to avoid conflicts (Hylander 2011). A study of discussions in a school health setting shows that professionals displayed a general agreement on pupils' problems and seldom asked one another for clarifications (Hjørne and Säljö 2004b; cf. Hously 2000). Accordingly, while professionals' diversity is the *raison d'être* for the PHT, both guidelines and practice suggest that agreement is also an important part of the work in PHT.

The view on professionals as containers of different discourses that both enable and obstruct explanation of various aspects of pupils' school problems suggests that vague reports may reflect professionals' inability (or unwillingness) to explain a pupil's problem in ways that the others can understand. Drawing on discursive psychology (DP; Edwards 2007) and conversation analysis (CA; Sidnell and Stivers 2013), our study differs from this view. Instead of seeing vague problem reports as a matter of actual lack of knowledge or a common terminology, we examine what the professionals are *doing* when they display uncertainty. We draw on the distinction between problem description and problem report from Houtkoop's, Jansen's, and Walstock's (2005) account of collaborative problem description in helpdesk calls. Whereas a problem report is a speaker's described experience of a problem, the problem description is the institutionally relevant formulation of a problem that should both correspond to the problem report and work as a ground for a plan in line with the PHT-agenda. Most often in our data, the problem reports are clear and concrete and engender

straightforward problem descriptions, like in Excerpt 1. However, professionals sometimes report vague problems as the teacher does in Excerpt 2, orienting to pupil and parent behaviour as mysterious or using stance claims such as ‘I don’t understand.’

By examining a collection of this kind of interactions, we found that rather than communicating lack of knowledge or shared discourse, the professionals are managing accountability: they pursue problem descriptions of morally delicate matters and present themselves as people ‘not disposed to get things wrong’ (Edwards 2007, 33). Thus, what is at stake is not so much professionals’ competing or insufficient knowledge of a pupil’s school problem as the morality of interpretation.

Managing accountability in problem reports

How people attend to accountability as they describe the world is a key concern in both CA and DP, often referred to as the management of mind-world relations (e.g. Edwards 2005, 2007). Because descriptions are always selective, they may be understood as reflecting the speaker’s stake or interest in specific versions of the world (Drew 1998; Edwards 2005, 2007). Thus, someone who reports a problem may be characterized as justifiably raising an important issue or as prejudiced, just moaning, or making too much of mundane events (Edwards 2005; cf. Houtkoop, Jansen, and Walstock 2005; Kevoe-Feldman 2018). Because complaining is an activity that may reflect negatively on the speaker, it often starts as implications of a negative stance and then develops into a complaint in collaboration with the recipients (Schegloff 2005; cf. Ruusuvuori et al. 2019). The possibility of complaining can, therefore, inform ordinary interaction without an actual complaint ever being articulated (Schegloff 2005).

CA distinguishes between different ways that recipients can collaborate with what the speaker is doing. The term *alignment* refers to how people show that they support each other’s conversational projects (Stivers 2008). For instance, recipients can refrain from coming in during another person’s problem report or by supporting a story with vocal continuers (Couper-Kuhlen 2012). The term *affiliation* is the display of recognition of a conveyed stance (Stivers 2008; cf. Couper-Kuhlen 2012), for example, a speaker’s treatment of a situation as wonderful or strange (Stivers 2008; Stivers, Mondada, and Steensig 2011). Such displays can consist of claims of understanding, congruent assessments, and second complaint stories (Selting 2012). By contrast, factual follow-up questions, minimal responses, and withholdings are disaffiliative responses (Couper-Kuhlen 2012). Ruusuvuori et al. (2019) describe complaint facilitation as the collaborative accomplishment of entering into complaining.

Research has shown that people may orient to uncertainty in order to downgrade a complaint in the face of disaffiliative responses (Edwards

2005; Schegloff 2005). By referring to personal difficulty to understand others' behaviour, people can describe those others as problematic while minimizing the risk of coming off as prejudiced (Speer and Potter 2000). In a study of cross-examinations in court, Drew (1992, 513) showed that attorneys set up puzzles by putting together inconsistent accounts from the witness. Such inconsistencies were mysteries only *unless* hearers interpreted them as indicating that the witness had lied. By leaving the mysteries for the hearers to solve, attorneys were protected from rebuttals. Similarly, abused children reported inconsistencies in their perpetrators' behaviour to implicitly object to the perpetrators' status as persons who could be believed according to normal standards (Iversen 2014). In addition to orientations to transgressive behaviour of a third party, people also refer to reluctance to understand extraordinary events. Thereby, people can avoid explanations that make them sound prone to draw farfetched conclusions (Childs and Murray 2010; Jefferson 2004; Wooffitt 1992). Accordingly, DP and CA studies show that display of uncertainty can be a useful resource in settings where people manage the risk of having their interpretations questioned.

In the current study, we develop the work in DP on mind-world relations in the specific setting of PHT-meetings, where the agenda is to discuss and find ways to respond to pupils' school problems. Although the professionals' vague problem reports in this setting share several of the characteristics of complaining, their orientations to delicacy seem to be a way of distributing the responsibility for explanations rather than just pursuing the activity of complaining.

Material and methods

The data consist of eight PHT-meetings (19 hours in total) audio-recorded in one school with the approval of the Regional Ethics Committee in Gothenburg (074–16). Pupil health teams can be organized in different ways; for example, the PHT may belong to one school or be centralized in a municipality. The current study examines a PHT based in one school where the team members came together for weekly meetings. The meetings lasted between two and three hours each. They were organized around discussing special education units at the school, and children reported by teachers to the PHT ahead of the meetings. The PHT-meetings included the principal, two associate principals, the special education teacher, the nurse, the counsellor, and sometimes teachers who came to provide reports on pupils. Parents and pupils did not participate in the meetings.

The article uses CA to examine a collection of 22 problem reports where professionals claim or display uncertainty in how to explain pupils' school

problems. We analysed these claims and displays in terms of sequential organization and position, how turns were designed, and recipients' affiliation and alignment with them (cf. Sidnell and Stivers 2013). The excerpts presented in the Results section concern four pupils discussed at six out of the eight PHT-meetings. The children have already been defined as problematic (failing classes, behaving unruly, being sad) and the meetings aim to specify their school problems and plan remedial actions. The professionals' discussions of the pupils' problems are elaborate and we can only show short excerpts. Therefore, we have focused our analysis on the professionals' displays of uncertainty and placed additional data in the Online Appendix. We have anonymised all names and places.

Results

The analysis shows that by displaying uncertainty about the causes of pupils' (or parents') behaviour, the professionals treat problems as extraordinary without specifying the problems. The analytic sections demonstrate two main ways in which professionals orient to uncertainty: 1) reporting transgressive behaviour that they claim to be unable to interpret; and 2) treating a problem as extraordinary when a different problem description is under way. We will show that professionals use vague problem reports to treat problems as delicate and to pursue collaborative problem descriptions, which secure affiliation and/or get someone else to formulate the problem.

Designedly vague stance to transgressive behaviour

Section 1 shows two examples in which a parent's/pupil's behaviour is reported and described as incomprehensible. In both cases, the responses are initially affiliative.

Excerpt 3 comes from a discussion about 14-year-old Dawud involving the school nurse (N), the counsellor (C), two associate principals (AP1, AP2), the special education teacher (ST), and the principal (P). The nurse has started to describe a meeting between herself, the counsellor, and the parents of a pupil in the preparatory class for newcomers to Sweden. The counsellor treats this as a key for her to discuss problems of non-attendance (Online Appendix, p. 1–2, line 1–2, 15–17). After a discussion about routines for registering attendance, the nurse brings up that many pupils in the preparatory class feel very bad (Online Appendix, p. 3 line 93). She then resumes her report by again referring to the meeting:

Excerpt 3

- 01 N Men sen lite:#::: satt också me ett möte me
But then a little (I) was also at a meeting with
- 02 vårdnadshavare,
caregivers
- 03 N Där ja inte riktigt=Där e ä (.) kulturkrockar=Ja
Where I don't really=Where there are cultural clashes I
- 04 får inte (samma) (.) me [den här senaste killen, Asså de]
don't get (the same) with this last boy, Look it's
- 05 C [Näe tch. de här e också- Precis!]
No this is also Exactly
- 06 N också [ett sätt som ja- Ja förstår inte de riktigt
also a way that I- I don't really understand it
- 07 C [Hrm
- 08 N att man [som mamma inte e .h kan ta till sitt
that one as a mom can't embrace/take to one's heart one's
- 09 C [Näe
No
- 10 N barn på ett an- på ett sätt som en annan
child in anoth- in a way that another ((person))
- 11 kanske [gör °Ja vet inte°
perhaps does I don't know
- 12 C [Nä::e .hh men där e ju också=De här känner ja
No but that is PRT also I recognize this
- 13 också igen frå::n när ja jobba i Bredskolan där e
also from when I worked at Broadschool where there are
- 14 finns bra mycke mera .h e:: in- in- invandrare, ehm
a whole lot of more im- im- immigrants

The nurse introduces the topic of the meeting using the formal term 'caregivers' rather than the more common 'parents,' which gives her report a tone of professional objectivity (line 2). She then initiates a problem report in which she displays uncertainty in terms of how to describe the problems at hand. Starting with 'I don't really,' she downplays her own knowledge claims while she simultaneously inserts the trope of 'cultural clashes' (line 3). Although it is still unclear where the nurse is heading with this, she specifies the issue as a problem of interpretation that involves parties with different cultural norms. The counsellor offers an affiliative turn in overlap (line 5) in which she agrees with the nurse ('Exactly'), thereby involving herself in the nurse's report and experience (cf. Stivers 2008).

The nurse specifies who the pupil is ('this last boy') during the counsellor's turn. She then starts to unpack 'cultural clashes,' by inserting a claim of nonunderstanding (line 6), while she then reports about the way Dawud's mom 'can't embrace' her child (line 8). Because the category pair of mom and child normatively carries a strong impetus that moms should care for their children (e.g. Sacks 1992), she hereby links 'cultural clashes' to a moral fault. The mom's conduct is treated as abnormal as it is contrasted to a general category of persons including the nurse herself (line 10; cf. Smith 1978). Thus, although the word 'cultural clashes' potentially implied the nurse's inability to interpret the situation, the mom is here portrayed as indeed having incomprehensible conduct.

The nurse's problem report has several features that can be found in complaint stories (Günthner 1997; Selting 2012). She is reporting transgressive behaviour of a non-present third party and her own stance towards this behaviour. Because people orient to understanding as a matter of being able to put oneself in another's situation empathically (Couper-Kuhlen 2012; Goffman 1978; Ruusuvuori 2005), the nurse's display of uncertainty (lines 3, 6, 11) can be heard as treating the mom's behaviour as objectionable – as outside of her own cultural frame of reference (cf. Iversen 2014). However, rather than being an explicit expression of a negative emotion (e.g. 'It was horrible really' cf. Günthner 1997), often found in complaint stories (cf. Drew and Holt 1988; Edwards 2005), display of uncertainty can also be taken as pointing to the nurse's own inability to interpret the situation (cf. Keevallik 2011). This means that the nurse gives a rather straightforward report of a behaviour, but is vague about its causes and her evaluation. Hereby, she provides an opportunity – not obligation – for the recipients to affiliate with a possible negative moral stance. Furthermore, by finishing with the tag positioned 'I don't know,' the nurse disclaims investment in this comment, thereby managing the risk of being heard as prejudiced (cf. Potter 1996, 113). Thus, the nurse's problem report can be heard as a designedly vague as to what it is doing (cf. 'designedly ambiguous'; Stokoe 2012).

The counsellor exploits this vagueness: she affiliates with the nurse's problematizing stance with a drawn out no-receipt (line 12). However, instead of joining the potentially negative assessment of this particular mom, the counsellor brings up her own experiences of 'immigrants' as a more general issue about trust in psychiatric authorities (line 12–14; Online Appendix, p. 3 line 12–19). So while the nurse's report could have engendered escalated complaining about this mom and her culture, the counsellor pursues a generic explanation that indirectly points out the

very relation between particulars and the relevance of generalities (Svahn and Evaldsson 2013, 801). Thus, the nurse's initial problem report raises concern and specifies the problem as related to Dawud's mom's cultural conduct. The counsellor deals with more general cultural differences in her response but she approaches the particular pupil's school problem as explainable without disagreeing with the nurse.

Excerpt 4 shows another case in which a professional treats a behaviour as transgressive but does not pursue complaining. The excerpt comes 15 minutes into a 20-minute-discussion about ten-year-old Hugo (from Excerpt 2), including two associate principals, the nurse, the counsellor, and three teachers (T1, T2, T3). Up until now, the associate principal has been leading the discussion by asking the teachers about Hugo. The teachers have reported that Hugo disturbs teachers and other pupils with the behaviour described as strange and extreme. As one of the teachers (T2) has answered a question about Hugo's friendship relations (Online Appendix p. 4–5, line 86–88), the other teacher (T1) asks if she can say something (p. 5 line 93). The associate principal gives her a go-ahead and the teacher starts describing Hugo's behaviour as problematic in relation to a specific school task: writing about his family in 'The Book about Me' (p. 4 line 1–3):

Excerpt 4

- | | | |
|----|----|---|
| 05 | T1 | ["Nå!" (.) (Vill) inte skriva om sin familj=
No Doesn't want to write about his family |
| 06 | | ="Ja har ingen familj". Fast han asså att tch.
I don't have a family, Though he PRT |
| 07 | | bara kläcker <u>ur</u> sej saker å han har ju skrivit
just spits out things and he has PRT written |
| 08 | | då sto::rt på hela pappret "Min pappa e
then big all over the paper My dad is |
| 09 | | alkoholis::t _ç "
an alcoholic |
| 10 | AP | M[m:: |
| 11 | T1 | ["Kommer allti å vara alkoholst," .h[h E:::=
Will always be an alcoholic |
| 12 | T2 | [**Mm** |
| 13 | T1 | ="Ja har inga föräldrar," (0.8) Å så säger han
I don't have any parents And then he says |

The recipients have aligned with the teacher's project as a story in progress, but as she claims inability to interpret Hugo's behaviour, the counsellor and associate principal affiliate by producing similar second stories (line 16–17; Couper-Kuhlen 2012; cf. Svahn and Evaldsson 2013). Their use of second stories displays recognition of the pupil's school situation as difficult to explain by providing similar experiences rather than expert opinions. In this sense, the recipients treat the teacher's claim (line 14–15) as part of the problem report, not as related to her limited professional knowledge.

The teacher comes in overlap with their telling and provides an interpretation, cautiously delivered as a hunch ('I wonder') about which she claims lower epistemic entitlement than her recipient (line 20; cf. Stivers et al. 2011). This interpretation moves from treating Hugo's behaviour as objectionable to carefully providing an explanation focusing on his wellbeing. In the Online Appendix, we can see how this problem report gets further support by others and the interpretation 'This is a defence' (p. 7 line 31).

Thus, both the teacher and nurse report behaviour in a quite detailed and straightforward way, while they display uncertainty about the reasons for the pupils' school problems. Hereby, they treat others' behaviour as transgressive without providing an explicit negative evaluation. The other professionals treat their colleagues' display of uncertainty as part of the problem report and contribute by providing their own experiences before an interpretation is offered. In both cases, however, the professionals collaboratively pursue explanations, rather than engage in escalated complaining. This indicates that professionals' reports are designed to avoid doing complaining (cf. Schegloff 2005), as well as to deal with delicate matters (such as cultural differences and parent behaviour), which are treated as problematic in the context of PHT-meetings. This line of analysis is further examined in the next section with examples of professionals orienting to delicacy as they pursue a different problem description than the one in progress.

Pursuing a different problem description

In this section, the professionals' displays of uncertainty occur as the team is seemingly moving towards a straightforward problem description. In Excerpt 5, the PHT-meeting involves two associate principals, the counsellor, the nurse, and the special education teacher. The professionals are discussing the ten-year-old siblings Ina and Petra and have agreed that they have made a mistake by placing the pupils in the same group as their fighting with each other has increased. Accordingly, the professionals can be heard as critically evaluating their own prior actions (lines 0–2) and potentially moving towards a plan of separating the pupils. In this sequential context, the nurse moves on to report the pupils' own behaviour as problematic (line 4):

Excerpt 5

- 00 AP2 Jag tror att [det var ett misstag att vi] flyttade
I think it was a mistake that we moved
- 01 AP1 [Vi hade rom på olika] från början.
We had them in different ((units)) from the start
- 02 AP2 Aa aa a;
Yes yes yes
- 03 (1.0)
- 04 N °Men° men dom e så:: (.) Asså dom e så speciella
But but they are so Look they are so special
- 05 dom här tjejerna .hhh (.) >Ja hade rom< i:: ja a
those girls I had them in well I
- 06 vet inte vare igå::r (.) måste re ha varit för de:
don't know was it yesterday it must have been 'cause it
- 07 va ju månda igår men då (0.5) tch. när Ina (.)
was PRT Monday yesterday but then when Ina
- 08 me sina armar (0.5) "Ja titta som ja ser ut"
with her arms "Yes see how I look"
- 09 "A va haru ↑gjort" sa ja."De e Petra" å Petra
"Yes what have you done" I said "It's Petra" and Petra
- 10 sitter brevid å tittar så hä(h)::r,
is sitting beside and looks like th(h)is
- 11 (0.7)
- 12 N Hon e ju a- Den reaktiönen den va liksom [inte
She is PRT a- That reaction it was like not
- 13 AP2 [°Mm°,
- 14 N (.) .hhh °Nä° ja vet då in- ingen normal reaktion.
No I don't know- no normal reaction
- 15 AP1 °°Näh°°
No
- 16 N De va: (.) ja:a (1.0) ja vet inte de va vardags[mat
It was well I don't know it was commonplace
- 17 AP1 [Mm,
- 18 N för henne,
for her
- 19 N Hon reagera inte med att .hhh <skämmas eller på nåt
She didn't react with being ashamed or in some
- 20 sätt> [eller
way or
- 21 AP1 [De e inge konstit att hon har [gjort dom (.)
There is nothing strange with her having made those

22	N		[Näe, No
23	AP1	m- märkena på syrran; m- marks on the sis	

In line 4, the nurse can be heard as pursuing a different problem description by focusing on the pupils' behaviour rather than the professionals' mistakes. She claims that the pupils are extraordinary while she refrains from specifying their problems. While the word 'special' (line 4) would not necessarily imply uncertainty in conversations among friends, its use in this institutional context displays troubles to report the pupils' problems. Instead of providing a professional expert opinion, the nurse unpacks the category 'so special' by referring to a particular situation: Petra showing no reaction after Ina has said that she is responsible for the marks on her arms. Specifically, the nurse reports the particular situation by enacting both the pupils' and her own behaviour (line 8–10). The way she quotes herself asking a 'wh-question' (line 9) guides the recipients to hear her as not having looked for an extraordinary explanation to the marks on Ina's arm (cf. Wooffitt 1992). The laughter particle as she describes Petra's reaction in the reported situation can then be heard as displaying her own disbelief (line 10).

Thus, the nurse provides evidence that there is a problem, which is related to Petra's reaction to having hurt her sister (line 12, 14). However, the nurse's displays uncertainty about how to interpret Petra's reaction ('so special,' line 4 and the laughter particle, line 10). This is followed by a slot (line 11) where the others can affiliate with the stance of disbelief or assessment of the pupils as special (cf. Stivers 2008). The nurse's display of troubles to define the problem can also be taken as a method for recruiting the others' help (cf. Kendrick and Drew 2016).

As her enactment receives no uptake, the nurse pursues a response by offering a vague negative description ('no normal reaction'), preceded by an uncertainty marker (line 14). However, the other professionals offer no or minimal responses (line 11, 13, 15), thereby treating the nurse as still progressing her report (cf. Ruusuvoori et al. 2019; Stivers 2008). The nurse goes on to unpack 'no normal reaction' in ways that further solicit the others' collaboration: first, by displaying trouble to complete her turn (line 16), she opens for the others to help (cf. Goodwin & Goodwin 1986). The insertion of 'I don't know' before 'commonplace' similarly displays uncertainty. Then she provides another negative description, indicating what would have been a normal reaction (shame), as an alternative reaction ('or in some way' line 19–20).

Although the nurse is starting to specify what ‘so special’ and ‘no normal reaction’ refers to – that Petra is not ashamed of hurting her sister – she still orients to the reported problem as a mystery that she cannot fully interpret. In overlap with ‘or,’ one of the associate principals comes in with an ironic formulation of Petra’s reaction as ‘there is nothing strange,’ thereby indirectly describing the problem as related to the pupil’s indifference (line 21–23). Like the recipients’ uptake in the previous section, this response treats the nurse’s display of uncertainty as part of her problem report by affiliating with her stance rather than providing an explanation. In the Online Appendix we can see that the second associate principal eventually offers an interpretation, ‘no empathy’ (p. 8 line 31), which the nurse strongly confirms (p. 8 line 32–33). In terms of action, the nurse’s vague problem report allows her to assert and confirm, rather than to formulate, what is treated as a morally delicate problem description.

In excerpt 6, we see another professional pursuing a description of a pupil’s behaviour as a mystery to which he eventually provides a solution. This meeting involves the two associate principals, the nurse, the counsellor, and a teacher (PT) who reports about the current situation in the preparatory class. The teacher has just said that he feels bad for Dawud (also discussed in Excerpt 3) who will fail his class (Online Appendix, p. 10 line 18–19). The associate principal (AP1) has responded with a driver’s licence analogy and says that they should ‘struggle a bit more’ (line 40). Accordingly, the response invalidates the need to further discuss Dawud’s school ability in the PHT – the plan is to keep working. Instead of accepting this plan, the teacher begins to elaborate on the pupil’s problem in line 43:

Excerpt 6

- 40 AP får köra iväg i s[ina] bilar utan då tragglar vi
gets to drive away in their cars but we struggle/work
- 41 PT [mm]
- 42 AP ju lite lite till,
PRT a bit more,
- 43 PT .hh Då vill ja berätta lite mer i förlängningen om
Then I want to tell ((you)) a bit more in extension about
- 44 den här pojken å säga att de här måste va nå fel,
this boy and say that something must be wrong here
- 45 (0.5)

- 46 PT .h Han kan inte gå två år i en skola i Sverige
He cannot go two years at a school in Sweden
- 47 å komma me rom här kunskaperna som motsvarar
and turn up with this knowledge that corresponds to
- 48 en femåring .h där man har pennan å gör nåra
a five-year-old where one has the pen and does some
- 49 (.) skriver så här .h Har man gått i skolan i två
writes like this If one has been to school in two
- 50 år å inte ha lärt sej mera De e för mej, Den- de
years and haven't learned more That's for me That- this
- 51 de här e no nånting som inte stämmer,
this is likely something that isn't right
- 52 (1.0)
- 53 PT Nån kognitiv förmåga=må[ste ja säga]
Some cognitive ability=I must say
- 54 AP [Å då e då då] behöver vi
And then is then then we need to
- 55 ju ta hjälp å titta på, (0.3) Ä::r de den som vi
PRT get help and look at Is it the one we're
- 56 pratar oms (.) tidiare (.) att (.) de ha-
talking about's earlier that what he-
- 57 traumatiska han (.) >har vari me om< Att de e de
traumatic he has been through That it is this

In a similar way, as the nurse did in Excerpt 4, the teacher introduces a problem ('something wrong'; line 44) but then refrains from specifying the problem. Hereby, he gets around mentioning potentially delicate matters. By not responding (line 45), however, the other professionals treat the teacher as responsible for elaboration. He goes on to describe Dawud's behaviour, but treats it as a mystery: to go two years in a Swedish school and have the knowledge of a five-year-old (lines 46–49). By setting up this contrast, which he repeats in lines 49–50, and presenting it as 'something that isn't right' (line 51), the teacher offers a mystery but no explanation, thereby orienting to uncertainty in how to interpret the pupil's problems (cf. Wooffitt 1992, p. 199; Drew 1992).

Like in Excerpt 5, the other professionals offer no uptake, but unlike the nurse, the teacher provides an explicit solution to the category-based mystery – the *unless clause* 'some cognitive ability' (line 53). The teacher presents this explanation as reluctantly delivered, thereby orienting to its delicacy – 'I must say' (line 53) implies a contrast to wanting to say something (Edwards 2005, footnote 9). The vague 'some' (line 53) also leaves to the others to specify or explore *what* cognitive ability. However, the first associate principal starts an expanded turn in which she rules out cognitive testing or special schooling

(completed in Online Appendix p. 12 line 12). Instead, she offers a competing explanation for Dawud's specific failure in school – traumatic experiences before he came to Sweden (line 56–57).

Accordingly, Excerpt 5 and 6 show pursuits of other problem descriptions or plans than the ones in progress, which place the problem within the pupil rather than the pupil's situation. Given the PHT-agenda, professionals offering such problem descriptions may be accused of unsubstantiated labelling. Professionals' detailed descriptions of behaviour together with their displayed uncertainty about the cause of the behaviour postpone, and distribute the responsibility for, specification of the pupils' school problems. In both cases, the recipients initially align with the conversational project as being a story under way, rather than affiliate with the displays of uncertainty or the problem report concerning the pupils. In contrast to Excerpt 5, however, Excerpt 6 shows the teacher formulating the problem and having this problem description rebutted. This shows the interactional affordances of vague problem reports over offering interpretations.

Discussion

By examining real instances where PHT-professionals displayed uncertainty when they described pupils' or parents' behaviour, we found that such problem reports treated a behaviour as transgressive without explicitly evaluating it as objectionable. By postponing their interpretations, the professionals made relevant others' contributions as affiliation or formulation, thereby downplaying their investment in a version that may be rebutted. The problem reports can, therefore, be seen as designedly vague (cf. Stokoe 2012), working to mask a problematic action such as complaining or moving to farfetched conclusions.

By drawing on the literature on complaining in relation to vague problem reports in PHT-meetings, we have specified what is at stake for the professionals. Research on complaining has shown that because people may be seen as having a stake in a particular version of the world, they are cautious as they approach complaining (Drew 1998; Edwards 2005). For complaining to take place, recipients may need to provide complaint facilitation (Ruusuvuori et al. 2019) or even be the ones to issue the complaint (Schegloff 2005). Our analysis shows several such features: professionals reported transgressions without explicitly evaluating them, which meant that recipients could withhold affiliation without explicitly disagreeing. However, rather than pursuing complaining and display personal grievance (which is a central part of complaint stories; cf. Edwards 2005) when recipients did affiliate, the PHT-professionals pursued explanations. This indicates that the delicacy professionals were orienting to in this setting also relates to the moral nature of the explanations, not only to the activity of complaining.

Thus, like other DP studies on mind-world relations (e.g. Childs and Murray 2010; Edwards 2007; Iversen 2014; Speer and Potter 2000), we found that the participants displayed uncertainty in the production of interpretations at risk of being questioned. Therefore, the professionals may be understood to manage the PHT-agenda of emphasising pupils' competence and conducting preventive work by treating explanations that focus on individual shortcomings or family problems as morally delicate. This finding highlights the importance of examining displays of psychological states in different institutional contexts. For instance, in contrast to cross-examination where professionals also treat people's behaviour as a mystery (cf. Drew 1992), the institutional agenda of the PHT-meetings is not to discredit the person who figures in the mystery, but to find a way to solve their problems. While vague and unspecific problem reports may be ineffective in the service of arriving at a straightforward problem description, they fill an important institutional and social function by protecting the team from overt disagreement around sensitive issues. In effect, such problem descriptions also give recipients a chance to steer away from farfetched or prejudiced interpretations.

In Sweden and internationally, multi-professional collaboration is seen as the best way to approach school problems (SFS 2010:800; Skolinspektionen 2014; Weist, Mellin, and Chambers et al. 2012). Research and policy agree that lack of understanding among professionals because of their different perspectives is one of the main threats (together with, e.g. insufficient funding) to such collaboration (Cooper et al. 2016; Skolinspektionen 2014; Weist, Mellin, and Chambers et al. 2012). Therefore, research and policy documents discuss measures for collaboration in terms of avoidance of stereotyping while establishing clear role responsibilities and open discussions on terminology and avoidance of acronyms (Weist, Mellin, and Chambers et al. 2012; cf. Skolinspektionen 2014). By contrast, our respecification of uncertainty as a device for managing moral accountability suggests that professionals' troubles to specify pupils' problems are not solved with a shared terminology or respect for a variety of different expert opinions.

Rather than communicating inability to understand one another, professionals used uncertainty as a resource to establish common ground before entering into delicate explanations of the behaviour of absent third parties (cf. Ruusuvoori et al. 2019). Because the professionals pursue explanations while treating those explanations as delicate (e.g. Excerpt 4), their displays of uncertainty do not indicate a need for discussions on terminology. By contrast, a straightforward problem report may not even be desirable. In a context where the goal is a holistic view on pupils' problems that departs from children's competence, what is at stake for professionals is approaching pupils' problems without ending up in complaining, personal judgments, prejudiced categorizations, or unsubstantiated labelling. This may be why the professionals report vividly and detailed on the pupils' behaviour

while they are vague about explanations or their own personal stance. Designedly vague problem reports may be a way to establish a common ground of uncertainty because this warrants need for further discussion of extraordinary problems. Our analysis is based on a small data set from one PHT and further DP research can demonstrate whether this holds across different PHTs. However, this article's respecification of uncertainty suggests the need for further DP research to identify alternative practices by which professionals can approach pupils' problems that may not easily be dealt with preventively or by focusing on pupils' competence.

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