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Polyphony in the pediatric clinic: Parents reporting teachers' talk as a resource for building deontic and epistemic (dis)alliances among caregivers

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Abstract

Alliances between families and children's institutional caregivers are considered crucial in granting children a healthy upbringing. This article reports the preliminary findings of a study on the interactional construction of epistemic and deontic alliances among present and evoked children's caregivers. Adopting a discourse analysis approach to a corpus of 54 video-recorded pediatric visits, we analyze examples of complaint sequences where parents "ventriloquize" the teachers' voices and pursue an alliance with the pediatrician against the school's practices or stance. We illustrate the local ratification of the pediatrician's deontic authority over the teacher's and the interactional accomplishment of (dis)alliances among the institutionally sanctioned caregivers. In the conclusion, we argue that this local system of deontic and epistemic (dis)alliances indexes the contemporary shift toward an individualized (or individualistic?) model of care and education, deaf to the collective demands and the need for relatively routinized practices that are at stake in any community.

Keywords: Pediatric visits; Epistemic and deontic authority; Reported speech; Family-centered care; Children's caregivers; Medical talk-in-interaction; Community-oriented care; Helping professions

1. Introduction

In the last few decades, the normative orientation toward fostering alliances between families and “care institutions” (i.e., early childhood services, preprimary, primary and secondary school, healthcare system) has increasingly become an unquestionable principle regulating educational and healthcare policies and practices in many countries. The therapeutic alliance between parents and healthcare providers (see among others Conway et al., 2006; Johnson, 2000) as well as the educational alliance (or ‘partnership’) between parents and teachers (Cino et al., 2021; Epstein, 2001; Gigli, 2019; Hornby, 2011; Jones, 2013) have been progressively conceived of as crucial in granting children’s secure and healthy upbringing through the spheres constituting the ecology of their development (Bronfenbrenner, 1979). While some studies have pointed to the possible backdrops of such alliances (e.g., De Haes, 2006; Lareau, 1987; Weininger and Lareau, 2003), mainstream research mainly suggests the benefits of an osmotic exchange of information and experiences between parents and the so-called “helping professionals”, i.e., professionals addressing the problems of “a person’s physical, psychological, intellectual or emotional constitution, including medicine, nursing, psychotherapy, counseling, social work, education or coaching” (Graf et al., 2014: 1; see also Miller and Considine, 2009). However, the commonsensical as well as research-based claim that these alliances constitute ‘good practices’ risks overlooking the inherent epistemic challenges and the interaction-based accomplishment of these alliance-building processes. In the contemporary “knowledge society” (Knorr Cetina, 2007), the alliance between helping professionals and laypersons can no longer be based on blind trust. These professionals’ expertise concerns territories of knowledge to which service users can have primary access (Heritage and Raymond, 2005, 2006). Indeed, when it comes to children’s typical development, well-being, or learning outcomes, laypersons do have previous experience, old or newly acquired information as well as folk theories or even ‘wisdom’ (see contemporary web-based knowledge sharing, Demozzi et al., 2020a,b). As a matter of fact, the epistemic landscape (Heritage and Raymond, 2012) of children’s caregiving is even more complex: their healthy development is concurrently monitored and managed not only by parents but also by different institutionally sanctioned caregivers (i.e., nursery staff, preschool and schoolteachers, healthcare professionals) that very often have to cope with another expert’s “professional vision” (Goodwin, 1994). Typically, the different experts’ voices are “talked into being” (Heritage, 1984a: 290) and made relevant by parents: working as ‘trans-contextual epistemic agents’, parents report or refer to the stances, advice, or courses of action suggested by ‘other

experts' in the unfolding of institutional encounters concerning the child's physical, social, and cognitive development (e.g., pediatric visits, Caronia and Ranzani, 2023, parent-teacher conferences, Caronia, 2022, 2023; Caronia and Dalledonne Vandini, 2019). The merging of such different expert voices can produce epistemic struggles and consequent positioning toward the stances voiced by participants. Affiliation or disaffiliation with a non-present yet reported expert's stance, alignment or disalignment with a suggested course of action as well as the management of possibly conflictual visions are, therefore, phenomena pervasively at stake during institutional encounters concerning the child's well-being. This locally-managed epistemic positioning has consequences on the infant's or child's care as it impacts parents' decision-making and institutional caregivers' trajectories (Caronia, 2022; Caronia and Dalledonne Vandini, 2019).

Despite the relevance of these issues, little attention has been devoted to such polyphony and, consequently, little is known about the interactional management of (expert) knowledge, the local constitution of epistemic and deontic authorities, and the situated construction of (dis)alliances taking place within such institutional encounters. Opening a new line of inquiry, this article reports some preliminary findings of a study on the interactional construction of epistemic and deontic alliances among caregivers during pediatric visits. We focus on how the different "expertises" (Collins and Evans, 2007: 4) at stake in children's growth and well-being are "talked into being" and made relevant by participants, and the consequences reporting the experts' voices has on the local management of (dis)alliances among the co-present and evoked caregivers.

Considering 'alliance' and 'dis-alliance' as situated interactional accomplishments, i.e., something that participants *do* in and through the unfolding of the interaction, we adopt a discourse analysis approach to analyze a corpus of 54 video-recorded pediatric visits. Particularly, we analyze examples of narrative reported speech (Clift, 2007; Wiczorek, 2020) in complaint sequences where parents "make actionable through talk" (Heritage, 2004: 222) the nursery and schoolteachers' voices to pursue an alliance with the pediatrician against teachers' reported stance or courses of action.

Beyond the frequency of the phenomenon, the single case-like analysis sheds light on how contemporary parents and the experts in charge of children's development manage their own and others' epistemic and deontic authorities in interaction, and the interactional construction of institutional (dis)alliances.

2. Reported speech in interaction

As studies on reported speech (RS) in interaction have established (see Clift, 2007; Holt, 1996, 2000, 2007; Holt and Clift, 2007; Lucy, 1993; Tannen, 1989), by indirectly or directly reporting the words of a non-present *persona* (even oneself but in another circumstance), tellers carry out significant epistemic and moral work. They exhibit first-hand knowledge of the RS, whose form and content cannot be contested by the recipients unless they engage in threatening the tellers' face by undermining their credibility. While indexing their relative epistemic authority (Heritage and Raymond, 2005) with respect to the current audience, by resorting to different forms of RS (mainly indirect reported speech, IRS, and direct reported speech, DRS), current speakers distribute the responsibility for the reported words (and relative embedded stances) between themselves and the original speakers. The enunciative responsibility is distributed along a continuum that ranges from assuming the enunciation by blending the voices (see "enacting", Good, 2015; Holt, 2007; and "allowing the two worlds to merge imperceptibly", Couper-Kuhlen, 2007: 111), to distance-taking by markedly differentiating them. Furthermore, through RS, tellers make another's claim and its embedded epistemic or moral stances inspectable, assessable, and agreeable (or not) for the recipients. Making previous or hypothetical speech independently inspectable, although not easily contestable, allows the tellers to seek advice or assessment of the reported claims while – at the same time – pursuing affiliation with their own (explicitly or implicitly) displayed stance toward the reported events (Couper-Kuhlen, 2012; Holt, 2000). Indeed, RS makes an uptake by the recipient sequentially relevant: when it does not occur or it is not affiliative, the speaker typically employs other resources (e.g., repetition) to further pursue an appropriate response by the recipient (Holt, 2000). 'Making an alliance' and seeking affiliative (Couper-Kuhlen, 2012) or empathic responses (Heritage, 2011) with the recipient is the most common activity accomplished through RS, although by no means the only one.

Even though these functions are common to both IRS and DRS, some relevant differences occur. The first difference is DRS's greater commitment to originality, as if the speaker provided an uncontaminated reproduction of the original speech, a *simulacrum* of neutrality. Of course, this commitment to originality is a rhetorical effect as DRS is highly reconstructed to fit the form and functions of the actual discursive environment (see Holt, 1996; Tannen, 1989). Conversely, in IRS the 'here-and-now' manipulation of original speech is official as it is markedly reproduced from the actual speakers' point of view (e.g., the deictic pronouns are relative to the actual speaker's position). Secondly, through DRS the teller makes

clearly accessible not only the words uttered but also the action accomplished through those words by the original utterer in the original circumstances. In contrast, in the case of IRS the action originally accomplished is not shown; it is merely reported (Clark and Gerrig, 1990). Thirdly, there are differences as to the sequential placement of DRS and IRS. DRS is mostly used to convey the climax of a story while IRS is used more often to provide background information and establish the setting of an incoming story.

As mentioned above, by resorting to RS, the speaker performs a range of activities: while informing is the basic one, there are other strictly intertwined, and sometimes overlapping functions. When it comes to DRS, research converges in recognizing the following:

- *Enhancing the vividness* of the reported event by making it “tangible” (Couper-Kuhlen, 2007: 87).
- *Providing evidence*. By ‘demonstrating’ rather than describing past events (Clark and Gerrig, 1990), the current speakers support the truthfulness, or at least the reasonability of what they are saying or claiming. In doing so, they participate in building their own credibility as reliable witnesses (Galatolo, 2015).
- *Making the facts speak for themselves*, i.e., opening the current speakers’ territory of knowledge to investigation by the recipients who are given the possibility to assess the state of the (reported) affairs themselves (Holt, 1996: 229).
- *Orienting the recipients*. When DRS occurs in narratives, it often indicates the climax of the story (Mayes, 1990), therefore channeling the recipients toward (what the current speaker selects as) relevant information.
- *Evaluating*. Rather than being a neutral report, DRS is a vehicle for the current speakers to display their stances toward the reported events and characters (Labov, 1972) and “make implications about aspects of the reported speakers’ cognitive state and/or their stance” (Rae and Kerby, 2007: 184).
- *Generating affiliation*. By resorting to RS in general, and particularly to DRS, the speakers pursue the recipients’ affiliation with their own stances toward the reported events, characters, or actions the state of affairs the RS is mobilized to prove, or the speakers’ stances the RS is used to sustain (Holt, 1999).

After a brief description of the corpus and analytical procedures, in the following sections we analyze the case of parents reporting teachers’ talk during pediatric visits. By behaving as the “animator” (Goffman, 1981) of the teachers’ voice, parents create a participation structure

where the voices and stances of the three major institutions in charge of childhood caregiving and well-being are (made) co-present and confronted: the school, the family, and the healthcare system.

3. Data, methodology, and analytical procedures

The article reports data from a broader research project on the interactional management of epistemic and deontic authority in parent-helping professional interaction. The corpus is constituted of 54 audio and video-recorded pediatric visits involving 7 pediatricians and 51 families with children between 0 and 12 years of age. The study was conducted in 7 public pediatric clinics in the north-central Italian region of Emilia-Romagna. Participants' written consent was obtained according to Italian law n. 196/2003 and EU Regulation n. 2016/679 (GDPR), which regulates personal and sensitive data handling. Approval from the Bioethics Committee of the University of Bologna was obtained (protocol n. 0087746). Data were transcribed and analyzed using conversation analysis theoretical and analytical constructs (Jefferson, 2004; Sacks et al., 1974; Sidnell and Stivers, 2013), which proved to be well-suited for studying healthcare interactions as a local, collaborative achievement (e.g., Barnes, 2019; Robinson and Heritage, 2014).

The phenomenon analyzed in this article, i.e., parents reporting the teachers' speech, emerged after rigorous scrutiny of the videorecordings. We identified 78 occurrences of parents quoting different sources of information (e.g., books, friends, relatives, other healthcare professionals, or indefinite sources such as "someone told me").¹ In one occurrence out of three (N=27), parents reported *teachers'* talk. We identified four main interactional activities accomplished by parents through this last discursive practice:

- 1) claiming "doctorability" (see Heritage and Robinson, 2006) (N=2)
- 2) resisting the pediatrician's advice (N=4)
- 3) providing an account for their own opinion or conduct, or for the child's conduct (N=13)
- 4) pursuing an alliance with the pediatrician against the teachers' practices, stance, or advice (N=8)

¹ We counted as an occurrence any instance of DRS, IRS, and the corresponding free forms. In cases of long narratives, more than one occurrence could be found in a single turn, and many could occur within the same visit. In a few cases, quoting an 'external' source of information was accomplished by the child (as in ex. 1 below) or by companions, such as grandparents.

As for cluster n. 4, we found that parents pursue an alliance with the pediatrician ‘against’ the nursery and schoolteachers’ practices, stances, or advice in two discursive environments: when complaining about teachers’ practices, stances, or conduct (N=2) or when undermining teachers’ reliability (N=6). In this article, we focus on the first subcategory and show how parents pursue the pediatrician’s affiliation through the ways they design an “indirect complaint” (see Drew, 1998; Edwards, 2005) about nursery and schoolteachers’ opinions, stances, and conduct. Concurrently, we show how the pediatricians affiliate with the parents ‘against’ the school, therefore contributing to locally building a system of (dis)alliances among the child’s institutional caregivers.

To provide an operational definition of ‘alliance’ and ‘dis-alliance’, we rely on the extensively used, conversation analytic categories of “affiliation” and “dis-affiliation” (see among others Muntigl and Horvath, 2014; Stivers, 2008; for a review see Lindström and Sorjonen, 2013). Indeed, we consider ‘alliance’ as accomplished through those affiliative actions whereby “the hearer displays support of and endorses the teller’s conveyed stance” (Stivers, 2008: 35). Conversely, we consider ‘dis-alliance’ as accomplished through those disaffiliative actions whereby a participant ‘breaks’ the social solidarity and cooperation normatively expected in conversation, and rather does *not* support the co-participant’s stance.

4. Analysis

Apart from its frequency, “quoting the teacher” during the pediatric visit is an interesting activity to analyze. As the examples below illustrate, it sheds light on a) the communicative resources through which parents channel the pediatrician’s positioning vis-à-vis other helping professionals’ (reported) stances, b) the epistemic territories over which parents and pediatricians claim the doctor’s (vs. the teachers’) ultimate deontic authority, and c) the interactive practices (and possible reasons why) parents succeed in building local alliances with the pediatrician against the teachers. The first example illustrates how the mother uses RS to complain about the feeding practices adopted by nursery teachers. Through both direct and indirect RS, the mother makes the teacher’s conduct available to the pediatrician while subtly conveying her own negative stance toward such conduct and making the pediatrician’s affiliation relevant.

Ex. 1 – “And even a croissant, they told me”

PE2F1(13.55-14.28)

P= Pediatrician, M= Mother, B= Baby (10 months old)

We join the conversation right after the physical examination, when P is asking M information about B's attendance at the nursery. P and M are sitting in front of each other at the pediatrician's desk. When we join the interaction, M is holding the baby while P is turned toward the printer located behind her, probably waiting for a document.

- 1 M mangia tutto >anche quello degli altri< [bi]m:bi,
 he eats everything >even that of the other< [bab]ie:s,
- 2 P [ah],
 [oh],
- 3 M [gli danno-]
 [they give him-]
- 4 P [(da^vvero,)] hahah
 [(re^ally,)] hahah
 ^((P turns from the printer toward M))
- 5 M gli danno da mangiare la sua pappina,=
 they give him his own din-din to eat,=
- 6 M =>più la pappa dei bimbi grandi,<=
 =>plus the older babies' food,<=
- 7 M =>al che gli ho detto< magari (.) ↑anche no::?
 =>so I told them< maybe (.) ↑it's better no::t to?
- 8 M >sce[glietene u^na:<]?
 >cho[ose one: of t^hem<]?
 ^((looks at P raising her eyebrows))
- 9 P ^[EH SÌ (.) NO (.)]^appunto (.) ^^eh.
 ^[WELL YES (.) NO (.)]^exactly (.) ^^yeah.
 ^((turns from the printer toward M))
 ^^((nods looking at M))
 ^^^((looks at the computer))
- 10 P [per me (qui)]-
 [in my opinion]-
- 11 M [>e poi ho visto] che gli han dato< ↑le pizzette,=
 [>and then I saw] that they gave him< ↑ small pizzas,=
- 12 M **>e anche una brioche mi han detto<=
 >and even a croissant they told me<=**
- 13 M =>e io ho det-< magari la brioche e gli zuccheri=
 =>and I sai-< maybe the croissant and the sugar =

- 14 M =noi non gliel'abbiamo mai date,
=we've never given them to him,
- 15 M ↓se non gliela date anche vo:i.
↓if you: don't give them to him either.
- 16 P eh eh eh no no ^tutte e due=
well well well no no ^both of them=
- 17 B ^((B pulls the keyboard wire))
- 18 P =mi sembra veramente ^un p[o':::]
=it really seems to me ^a b[i::t]
^((P takes back the keyboard just pulled by B))
- 19 M ^[CIOÈ(H)],
^[I MEAN(H)],
^((raises her eyebrows))
- 20 P es(h)agera- ^.HHH >aiuto Franci<,
ex(h)aggera- ^.HHH >watch out Franci<,
^((P stretches her arm to take the keyboard wire pulled by B))
- 21 (5.0) ((M holds B away from the keyboard while P sets it on the desk))
- 22 P e:::: no ^allora (.) >o uno o l'altro<=
well:::: no ^so (.) >either one or the other<=
^((starts looking at M))
- 23 P volendo se lui già mangia quella dei bimbi:[grandi,
maybe if he is already eating that of older[babie:s,
- 24 M [eh gli posso dire
[yes can I tell ther
- 25 P [una: (tortina:) così,]
[a: (small ca:ke) something like that,]
- 26 M [di mangiar quella e basta e::]=
[to give him just that one and that's it a::nd-]=
- 27 P =si.
=yes. ((turning toward the computer))

At the beginning of the excerpt, M topicalizes food as the relevant matter in response to P's general question about the baby's experience at the nursery school (not transcribed). In line 1, M first informs P that B eats "everything". Then, even though the transition relevant place is potentially reached, she 'rushes through' and keeps the turn (see the quick pace, line 1; see Schegloff, 1998) adding another piece of information: B even eats the other babies' food. Even though the turn is designed as a factual report and therefore could be heard as merely 'doing

informing' (on the "objectification" of a complaint as a way to reduce the impression of it being derived from the complainer's subjective disposition, see Pomerantz, 1986), the fact that M provides this information and the way she stresses the amount of food eaten by the baby (see the use of the lexeme "even" and the emphasis on the word "babie:s", line 1) might be hearable as "complaint-implicative" (Drew and Walker, 2009: 2411). In overlapping with M's turn completion, P provides a marked change of state token ("oh", line 2; see Heritage, 1984b) and a multimodally emphasized expression of surprise ("really,"; note that P suddenly turns toward M, line 4). P's turn treats the information provided by M as locally relevant as it gives her the go-ahead to continue her telling.

In her turn, M formulates the information delivered in line 1 by specifying that the nursery teachers ("they") give B not only his own food (line 5) but also the older children's food (line 6). With this formulation, M transforms the baby from an active subject ("he eats", line 1) into a passive receiver ("they give him", line 5), thereby shifting the problematic dimension from the baby's conduct (line 1) to the nursery teachers' feeding practice. M's negative assessment trajectory of the teacher's conduct (giving the baby also older babies' food) is conveyed on the turn design level through the prosodic emphasis on the term "older" (see line 6) as well as the choice of lexical items such as "plus" (marked with respect to the more commonly used "and") and "pappa" (i.e., baby food) as opposed to the diminutive "pappina", i.e., smashed food for very young babies. By attributing agency to the teachers and subtly conveying her negative assessment, M constructs the teacher's reported conduct as the complaint target.

M then continues her narrative by resorting to self-DRS ("so I told them", line 7; on interactional uses of "self-quotations", see Lamerichs and Te Molder, 2009) through which she makes her negative assessment of the teachers' behavior ("maybe (.) ↑it's better no::t to?", line 7) and her (quoted) directive indicating the more appropriate course of action ("choose one: of them", line 8) explicit and moreover inspectable by the pediatrician. Through this instance of self-DRS, M does different things. First, she indexes the "climax" of her complaint narrative (Christodoulidou, 2010; Drew, 1998), thereby framing the teachers' conduct as the complaint target. Second, by depicting the reported talk as an 'objective' and 'trustworthy' reproduction of the original talk (see Holt, 1996), she makes available to P not only the original words she supposedly used, but also the actions accomplished through these words, i.e., a negative evaluation of the teachers' conduct (line 7), and her deontic directive indicating the "correct" feeding practice (line 8). In so doing, M invites P to assess not only the teachers' but also her

own behavior. Third, she seeks P's affiliation (Drew and Walker, 2009; Holt, 1996, 2000), which works. Indeed, in partial overlapping with M's turn in line 8, P affiliates with M's complaint of the teachers' conduct by producing an extended, prosodically marked agreement ("WELL YES (.) NO (.) exactly (.) yeah.", line 9), which ratifies M's reported assessment and directive as appropriate. Although the sequence can be considered closed with P's affiliation, M continues her narrative, thus treating P's affiliative turn as 'not enough'. Starting simultaneously with P, M provides further details of the teachers' conduct that experts allegedly consider problematic: giving young babies pizza and croissants (see the notion of "overdetailed reporting of the other's misbehaviour", Christodoulidou, 2010: 299). By introducing her claim with a visual evidential ("I saw", line 11) that reinforces its validity and credibility, M continues her work of depicting the teachers as responsible for the (mis)conduct ("and then I saw that *they* gave him the ↑small pizzas", line 11). The reliability of M's claim is further enhanced through an instance of IRS, whereby M makes available to P another piece of information, which aggravates the teachers' (mis)conduct (">and even a croissant *they told me*<", line 12). Through two resources on the turn design level, (i.e., the left-dislocation of the direct object that works as a topic-promoter and the prosodic emphasis on the word "even", line 12), M stresses the relevance of the information (i.e., the amount and kind of food inappropriately given to her baby) and orients P to treat it as an "assessable".

M continues her complaint narrative (see the latching) by further emphasizing the problematic nature of the reported conduct (line 13). Resorting again to a self-direct quote (">and I sai-<", line 13), M indexes the climax of the story: she recycles the already assessed as inappropriate "croissant" and adds another kind of food pediatricians allegedly consider inappropriate for children: sugars ("maybe the croissant and the sugars", line 13). Note a further occurrence of left-dislocation of the direct object ("the croissant and the sugars"), and the use of a semi-expert term (i.e., she does not use the everyday lexical item "sweets") that makes the pediatrician's territory of expert knowledge relevant. In doing so, M continues the work – started in line 5 – of constructing the assessable through merely informing and retrospectively frames her narrative as fishing not only for the pediatrician's affiliation, but moreover for her expert opinion on the matter.

M then completes the sentence ("we've never given them to him", line 14) and adds further information ("if you: don't give them to him either", line 15). Both components have ambiguous deictic ground: they can be heard either as part of the quoted talk (i.e., an account in line 14 and a directive in line 15 addressed to the teachers in the there-and-then of the original

event) or as part of M's *current* characterization of the reported conduct as problematic, addressed to the doctor in the here-and-now. This "merging" of voices (see Caronia, 2022; Couper-Kuhlen, 2007) allows M to assume responsibility for the negative assessment of the nursery teachers' conduct while at the same time submitting it to scrutiny (and possibly confirmation) by the actual addressee. This rhetoric strategy allows M to strengthen the responsibility and the seriousness of the teachers' (characterized as) morally reprehensible behavior while constructing herself as a "good mother" (see Drew, 1998: 302; Christodoulidou, 2010) who complies with the socially sanctioned appropriate conduct (no sugars to 10-month-old babies). By structuring the narrative as a conflict of different feeding practices (the school's vs. the parents' practices), M makes it sequentially relevant for P to assess not only what the teachers do and her own evaluation of it, but also and by consequence, what the parents do in a very different – quite opposite - way.

At this point, from line 16 to line 20, P clearly aligns with M's complaint and affiliates with her embedded stance (see Couper-Kuhlen, 2012; Drew, 1998; Holt, 1999; Stivers, 2008). Indeed, she agrees with M's negative stance (line 16) and provides a negative evaluation of the teacher's practice ("both of them it really seems to me a bi::t ex(h)aggera-", lines 18-20). Although in a mitigated fashion (see the use of the evidential marker "seem" and the stretched particle "a bi::t", which downgrade her mother-affiliated assessment), P still relies on her epistemic right to assess the teachers' feeding conduct that the mother has made relevant through her uses of narrative RS.

Even though the complaint sequence can be considered interactionally closed when P displays her affiliation with the complainer (lines 16-20), she takes the turn and expands the sequence by proffering a 'prescription': B should eat either his own baby food *or* the older babies' food (line 22), thus staging her deontic authority. Before P concludes her turn, M intervenes seeking P's permission to tell the nursery teachers what to do with a declaratively-formatted question ("I can tell them to give him just that one and that's it", lines 24 and 26), which P confirms in line 27 ("yes"). P's confirming turn works to definitely establish P as the already staged epistemic and deontic authority (lines 16, 18, 20, 22) who has the right to assess and decide which diet is the good one for the baby.

To sum up, in this excerpt the mother carries out an extremely competent interactional work by informing the pediatrician about the (treated-as-problematic) nursery teachers' feeding practice. Through the design of her narrative (e.g., lexical choices, prosody, the use of different

types of RS), she clearly embeds the moral reprehensibility of the teachers' practice and her own negative assessment of it. However, she skillfully deploys her negative assessment as the voice of a narrative character (herself) and therefore presents it as assessable *per se*. In doing so, the mother a) leaves the final assessing word to the pediatrician, b) performs her own institutionally relevant identity (Drew and Heritage, 1992) as a mother seeking the doctor's advice, and c) makes it relevant and paves the way for the pediatrician's mother-affiliated negative assessment of the teachers' complained conduct. The whole long sequence ends with the mother asking for permission to tell the teachers what to do (they have to give the baby only one kind of food), i.e., to engage in a dis-allied course of action ratified by the pediatrician who is interactionally built as the ultimate epistemic and deontic authority. Retrospectively, from the very beginning the whole sequence sounds like the mother's attempt to fish for the pediatrician's institutional support and alliance 'against' the nursery feeding practices.

The next excerpt further illustrates how parents pursue affiliation with the pediatrician against the schoolteacher through a skillful use of narrative RS.

Ex. 2 – “Going to school with cough”

PE4F3 cam1(2.45-3.14)

M=mother; P=pediatrician; C=child (approximately 8 years old)

The conversation starts in the opening phase of the visit. As soon as mother and child enter the pediatrician's exam room, the mother announces that they have been scolded by the teacher for bringing the child to school². A phone call to the pediatrician interrupts the just-inaugurated conversation (not transcribed). The interaction below begins when the pediatrician hangs up.

² In order to better understand the relevance of the incident discussed in this exchange, it is worth clarifying that this visit took place during the Covid19 pandemic. In that period, ministerial decrees forbade children who had symptoms potentially relatable to Covid19 (first and foremost cough) to go to school.

- 1 C >oggi mi ha sgridato la maestra perché sono andato a scuola=
 >today the teacher scolded me because I went to school=
- 2 C =con la tosse.<
 =with cough.<
- 3 (1.0) ((C goes toward the couch, P looks at the computer, M looks at P))
- 4 P di alla maestra >che vada a farsi friggere<
 tell the teacher >to go to hell<
- 5 P che gliel'ho [detto io].
 that I [told him so].
- 6 M ^[è quello] che gli ho detto io=
 ^[that's what] I told him=
 ^((opening her right arm with the index finger pointed toward C))
- 7 M =e POI NON GLI HA CREDUTO.
 =and THEN SHE DIDN'T BELIEVE HIM.
 ((with her right arm still open and pointed toward C))
- 8 (0.5) ((M looks at P, P looks at the computer, B stands close to the couch looking at the camera))
- 9 C (-)
- 10 M ha detto (.) la pediatra ha detto che potevo venire=
 he said (.) the pediatrician said that I could come=
- 11 M =>perché dopo gliel'ho portato alle nove<,
 =>because afterwards I brought him to school at nine¹<,
- 12 (0.3) ((M looks at P, P looks at the computer, C stands looking at the camera))
- 13 C e [la]-
 and [the]-
- 14 M [e] ha detto non fare ↑neanche il nome=
 [and] she said don't ↑even mention the name=
- 15 M =della pediatra, (.) perché:::
 =of the p pediatrician, (.) becau:::se
- 16 C >fai più bella figura<
 >you'd look better< ((smiling))
- 17 M fai più ^bella figura.
 you'd ^look better.
- 18 P ^((turns from the computer toward M))

¹ Since the present visit took place in the afternoon after school, the mother and the pediatrician might have phoned each other in the morning to discuss whether to bring the child to school despite his cough.

- 19 (0.3) ((*M and C are looking at P, P shakes her head*))
- 20 P NO (.) Dì (.) <LA ROSSI>,
NO (.) TELL HER (.) <DOCTOR ROSSI>,
((*looking at M and markedly nodding*))
- 21 M <LA ROSSI:,>
<DOCTOR ROSSI:,> ((*nodding and looking at C*))
- 22 P HA DETTO COSÌ ^CHE SE NON VOLETE BAMBINI CON LA TOSSE=
SAID ^THAT IF YOU DON'T WANT CHILDREN WITH COUGH=
((*looking at C and moving her arms so as to emphasize the relevance of her claim*))
- 23 M ^((*stands up and gets close to C*))
- 24 P =CHIUDETE LA ^SCUOLA ^^FINO A ^^GIUGNO.
=CLOSE THE ^SCHOOL ^^UNTIL ^^JUNE.
- 25 C ^((*laughs*))
- 26 M ^^((*laughs*))
- 27 P ^^^((*turns toward the computer*))
- 28 P DIGLIELO DIGLIELO.
TELL HER THAT TELL HER THAT. ((*looking at the computer*))

In lines 1 and 2, C takes the turn and resumes the previously interrupted conversation by adding the reason for the teacher's reproach: he went to school with cough. Being a report of a first-hand negative experience (i.e., being scolded by the teacher), C's telling makes P's affiliation relevant, which is provided in the immediately following turn (lines 4 and 5). In her response, P strongly affiliates with C: through an instance of IRS, she invites him to tell the teacher to "go to hell" (line 4). By framing the child's attendance at school as based on her own decision ("that I told him so", line 5), P attributes the responsibility for the child's conduct to herself, presenting her own prescription as a valid and unquestionable account for it. P's affiliative and even 'heated' response signals the relevance of the incident mentioned first by M (not transcribed) and then by C. While closing the sequence initiated by C's narrative, P's affiliative reply in line 5 engages M as a ratified addressee of the actual talk (see the use of the deictic "him" in P's IRS, line 5) and as a possible character of the projected future event where M would tell the teacher that it is P who said C can go to school.

Recycling two words from P's closing turn (line 5) and therefore introducing her incoming contribution as smoothly aligned with P's just-provided talk, in line 6 M takes the

turn and begins the narrative projected by her son's opening turn (line 1). M depicts herself as having told her son to do the same thing P has just told him to do, i.e., telling the teacher that it is the pediatrician who told him to go to school despite his cough. In so doing, M strongly affiliates with P's previously displayed stance and enhances the confrontational dimension of her son's report. Two sides are collaboratively made actionable through talk by C and M: the conduct of the teacher (i.e., reproaching the child for attending the school with cough) strongly disapproved by P (line 4), and C's conduct (i.e., going to school despite the cough) ratified by P. With an interesting left-dislocation, M anticipates the teacher's fact-formatted reaction to her son's (directly quoted) words: the teacher did not believe him when he said, "the pediatrician said that I could come" (line 10). The use of DRS here indexes the narrative climax. It enhances the vividness of the event, supports the truthfulness or at least the reasonability for what M is claiming, and makes the facts speak for themselves. It is not a matter of her inference or opinion, but rather a fact: the teacher deliberately disbelieved the pupil and ignored or even contested the pediatrician's advice. Two behaviors hearable as strongly complainable.

The complainable nature of the teacher's conduct is further enhanced through another instance of DRS (lines 14-17) where the teacher is reported to tell the child "don't even mention the pediatrician's name" (lines 14-15), as if the decision to let the child attend school was so inappropriate and awkward that he should not have associated it with the doctors' name. The use of DRS allows M to distance herself from the quoted words that she does not endorse. In line 16, C, whose turn worked as a narrative preface (lines 1-2), cooperates with M in its closing: he completes M's turn by providing the last component of the teacher's DRS ("you'd look better"), which the mother confirms by repeating it (line 17).

As in example 1, resorting to narrative (D)RS is particularly functional to the parent's trajectory: fishing for the pediatrician's alliance against the school's stance. By depicting the teacher talking to them in a specific space (the school) and time (at 9 a.m., line 11) and by reporting her words as a verbatim quote, M (and C as well) provides concreteness to the event (Clark and Gerrig, 1990; Couper-Kuhlen, 2007), transforms the teacher's conduct in an inspectable and therefore assessable object by the addressee (Holt, 1996), and stages herself as a reliable witness of what happened at school. What the teacher said and did is not assessed as negative from their own subjective point of view; it is demonstrably negative or better *constructed as such* to orient the audience's evaluation (Mayes, 1990). Not surprisingly, M's repetition of the teacher's words quoted by the child (line 17) makes it relevant for P to claim the legitimacy of her own decision, which the teacher has been reported to contest. By urging

C to tell the teacher her name (“NO (.) TELL HER (.) DOCTOR ROSSI”, line 20), P reaffirms her own deontic authority on the issue and the non-problematic nature of the decision to send the child to school with cough. Aligning with the narrative format, P adds a future event (on “stories that step into the future”, see Ochs, 1994) where she depicts the child arguing with the teacher. Adopting an “offered claim” (*enunciato offerto*, see Fasulo and Pontecorvo, 1999), P resorts to a forward-looking self-DRS and tells the child to tell the teacher that she [the pediatrician] told him: “IF YOU [the teachers] DON’T WANT CHILDREN WITH COUGH CLOSE THE SCHOOL UNTIL JUNE” (lines 22 and 24).

During this long narrative sequence, participants do a certain number of things with words: while M and C pursue and succeed in obtaining P’s affiliation with their complaint about the teacher’s stance and conduct, P reaffirms her own epistemic and deontic authority vis-à-vis the teacher’s (reported) voice, at least concerning what a child can and cannot do with cough. Both trajectories are intertwined: it is precisely the ways M and C narratively construct what happened at school (i.e., as a conflict between the two caregivers’ voices they only witnessed and reported³) that made it sequentially relevant for P to affirm who has the right to decide about such a domain, align with M’s assessment trajectory, and affiliate with her when complaining about the teacher’s conduct. A hierarchy of ‘expertises’ and a specific system of alliances has been locally defined: at least when the dilemma ‘at school with cough or not’ is at stake, the voice of medicine prevails over the school voice, and parents ally with the pediatrician in the management of the child’s infectious disease in his everyday life. Their shared stance does not (always) align with the schoolteachers’ ‘stay at home’ approach.

5. Concluding remarks

In contemporary knowledge society, the boundaries between expert’s and layperson’s knowledge are increasingly fuzzy and the consequent distribution of epistemic and deontic rights appear to be more and more a locally negotiated affair. Professionals, therefore, need to take into account “the many different ways of being an expert, the distribution of differing

³ While the child clearly stages himself as the addressee of the teacher’s talk (lines 1-2), the mother’s stance vis-à-vis her epistemic status toward the narrated event is more ambiguous: while she appears to be talking as the child’s animator (line 6) or spokesperson (line 7) as if she was reporting a story her son had told her, her massive use of DRS (directly quoting her son’s and the teacher’s words, lines 10, 14, 15) makes her hearable as if she was a participant in the reported event. The ambiguous epistemic stance concerning ‘who (directly) witnessed and therefore has the right to report what’ is functional to M for enhancing her credibility and therefore orient the pediatrician’s assessment of the teacher’s reported conduct and implied stance.

expertises among different groups, and the relations between these groups” (Collins and Evans, 2007: 4). When it comes to children’s healthy development, the need to take into account the different ‘expertises’ at stake is even more relevant as children’s ecology of development is made up of spheres inhabited by different experts who are held institutionally accountable for the children’s well-being. It is within this ‘ecology of development’ framework that educational and healthcare policies foster ‘alliances’ between families and helping professionals. Focusing on everyday communicative practices, our study illustrates how normative and macro-structural factors such as ‘therapeutic and educational alliances’ are implemented in and through the micro-details of everyday institutional interactions, where parents work as ‘trans-contextual epistemic agents’. They make it relevant for the expert they are interacting with to take into account and position herself toward what has been (reported to be) told or done by another expert of children’s development.

In this study, we focused on parents reporting teachers’ talk to the pediatrician in sequences where parents complain about the nursery (ex. 1) or school (ex. 2) teachers. We showed how parents manage to locally build an alliance with the pediatrician against the school’s conduct (ex. 1) or stance (ex. 2). Through the skillful use of narrative RS, parents animate the scene of dialogue (Cooren, 2010) with characters and actions as if the teller was nothing but the “animator” of the reported talk and a reliable witness of the events that occurred at school. Avoiding any direct assessment of the teachers’ stance or conduct in the actual interaction, the parents continue to orient to their assessability either by implying that the matter at hand falls within the doctor’s epistemic territory (ex. 1) or by “demonstrating” (rather than describing, Clark and Gerrig, 1990) that the teachers do not align with the pediatrician’s advice (ex. 2). In both cases, parents a) orient to the pediatrician’s higher epistemic and deontic status, b) give her the possibility to assess the state of the (reported) affairs by herself (Holt, 1996: 229), c) channel the pediatrician toward (what the current speaker selects as) the complainable and, d) make it sequentially relevant for the pediatrician to assess or position herself toward the “reported speakers’ cognitive state and/or their stance” (Rae and Kerby, 2007: 184). As we illustrated, the narrative RS format used by the parents to construct the complainable is followed by the pediatricians’ affiliation with the parent’s stance and by performing their (projected-by-the parent) deontic authority (see the use of a directive, ex. 2, lines 20-22, and confirming tokens of the parents’ school-disaligned course of action, ex. 1, line 27). In brief, during the unfolding of the interaction, a system of epistemic and deontic (dis)alliances has been locally managed by participants. This system has consequences on the child’s care as it impacts parents’

decision-making (see ex. 1) and other institutional caregivers' practices (see ex. 2; see also Caronia, 2023; Caronia and Dalledonne Vandini, 2019).

Although previous studies suggest that professionals typically avoid affiliating with a client's complaint about another (absent) third-party (Feo and LeCouteur, 2017; Pino, 2015; Pino and Mortari, 2013; Ruusuvuori and Lindfors, 2009), in our corpus we found a kind of deviant case: in certain circumstances at least, pediatricians do take a non-neutral stance and ally with the parents when complaining about the teachers⁴. We advance that this deviant positioning by the pediatrician can be related to both what parents are complaining about, i.e., "territories of knowledge" that lend themselves to being treated as doctorable, and the discursive resources adopted to stage the complainable, i.e., a skillful use of (D)RS. We further contend that this local system of (dis)alliances also relies on the different institutional goals and "professional visions" of the present and evoked practitioners. Although more and more often nursery and schoolteachers are requested to take into account, promote and adjust to the specific needs of each and any individual pupil, they are still institutionally oriented toward adopting a "school ecology" stance and a "community-based" gaze. From this standpoint, letting a pupil attend school while still coughing (ex. 2) can be problematic, just as it can be problematic to hyper-differentiate children's diets when it is simply a matter of parents' idiosyncratic preferences (ex. 1). On the contrary, the pediatrician is institutionally oriented toward adopting a "patient and family-centered approach" (Conway et al., 2006), whose premises and implications are far more aligned with parents' idiosyncratic, "unique child" perspective, and understandably deaf to the class-group perspective that characterizes the teachers' professional stance. From the pediatrician's client-centered standpoint, 'stay at home with cough' is not the most suitable course of action nor is letting a 10-month child taste a croissant. However, and as our study suggests, the therapeutic alliance between parents and pediatricians on some topics can impact another crucial sphere of the child's development, namely the school. Authorized by the pediatrician's aligned advice, the mother in ex. 1 will probably lobby the nursery teacher to change their feeding practices by evoking the pediatrician's voice (for an analysis of such a practice, see Caronia, 2023). As Weininger and Lareau had it (2003), the framework of family-school 'partnership' "provides a basis not only for an exchange of information between parents and teachers; it also leaves a great deal of room for maneuver" (p. 392). It is precisely within

⁴ Interestingly enough, in our corpus, when the teacher's voice is mobilized to accomplish a different activity, i.e., undermining the teachers' credibility as a reliable reporter of the child's school routine, the pediatrician takes a neutral stance and even affiliates with the teacher's quoted voice.

this space that parents can - and actually do (see Caronia, 2023) - skillfully make use of the authoritative voice of the expert to lobby the teachers for individualized treatments. The local ratification of the pediatrician's deontic authority over the teacher's, and the interactional accomplishment of (dis)alliances among the present and evoked institutionally sanctioned caregivers, can indirectly contribute to the contemporary shift from the so-called "child and family-centered" approach to a "client-centered" approach: an individualized (or individualistic?) model of care and education deaf to the collective demands and the need for relatively routinized practices that are at stake in any community. These considerations resonate with another issue at stake anytime the service users' cultures and the services' institutional cultures risk colliding: the dogma of client-care service alliance⁵. As this paper illustrates, alliance(s) are locally built (or not) in interaction depending on what the pursuit of alliance is about, who pursues alliance with whom, and when in the interaction alliance and disalliance are pursued. Far from being a present or absent static overarching feature of the interaction, alliance appears to be locally accomplished, achieved, and revoked in the unfolding of interaction. This finding challenges the assumption that the so-called alliance between families and children's institutional caregivers can function as a top-down mandate, resembling a protocol that risks disregarding the cultural backgrounds and areas of expertise of the diverse actors involved. When conceived of as a normative orientation, the institutions-family alliance fails to embrace the complex polyphony at stake in parents-institutional caregivers interactions and moreover the polymorphic ways in and through which this alliance is locally built (or not). By studying the local construction of (dis)alliances among natural and institutional caregivers in the pediatric clinic, this paper suggests the need for rethinking the construct on both an epistemological and practical level. Further research is needed to investigate to what extent the alliance normative framework can maintain its normativity while avoiding prescribing means and goals, and how a normative framework can allow for practices flexible enough to adapt to various contexts and situations. Even more radically, further research is needed to unmask what the very concept of alliance between children's ordinary and institutional caregivers assumes and implies, take into account the multiplicity of voices at stake, and show the inevitable and ongoingly epistemic and moral tensions occurring among them.

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⁵ We wish to thank the anonymous reviewer who raised this point underlining the relevance our study has on rethinking the dogma of client-care services alliance.

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