CLINICAL INTERVIEWS AS VERBAL INTERACTIONS: A MULTIDISCIPLINARY OUTLOOK

INTRODUCTION

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Interviewing is a widespread social practice which many practitioners or institutional representatives (therapists, social workers, researchers, etc.) carry out in their daily professional routines. In various institutional settings, clinical interviews are the most common devices institutional representatives use to establish a relationship with their clients and perform their roles. At a practical and descriptive level, clinical interviews can be defined as verbal interactions which aim at making a diagnosis (or more generally an assessment), a therapy, or at eliciting information from a subject in a research setting (inquiries, Piagetian tests, etc.). One common characteristic in this type of interviews is that they do not rely on a fixed and predetermined set of questions, even though they might be based upon some routines (or hidden agenda). Another common characteristic is that they aim at eliciting the interviewee's discourse and most of the time involve his/her emotional commitment or at least a reference to his/her personal experience, to such an extent that sometimes the interviewee him- or herself is the main topic of the conversation. The construction of a relationship between institutional representatives and their clients, the way they make sense of the situation and construe the meaning of their discourse are thus essential features of clinical interviews.

As social and institutional practices, clinical interviews have been studied in different disciplines: In linguistics and pragmatics, as well as in sociology (more specifically in ethnomethodology) and in psychology. This convergence may be explained by a common assumption, namely that language is a form of action which creates meanings and regulates people's everyday interactions. This assumption may explain why from the outset, research into verbal interactions included clinical interviews (whether they were

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1 The origin of this publication is a workshop Michèle Grossen and Anne Salazar Orvig organised at the University of Lausanne (Switzerland), in November 1996 on “Analyse des interactions verbales dans les entretiens cliniques: Questions et méthodes” (“Analysis of verbal interactions in clinical interviews: Questions and methods”) which gathered French-speaking researchers from France and Switzerland. We would like to thank the Foundation of the 450th Birthday of the University of Lausanne and the Faculty of Social Sciences of the University of Lausanne for having supported the organisation of this workshop and thus contributed to this publication.

We would also like to thank the research teams and institutions which made the preparation of this issue possible, and the translators, Bridget Francillard, Louise Niclot, Anne-Marie Rifai, Anouk Spicher-Thommen, Elisabetta Terrasi and Vivian Waltz who translated or checked the texts.
conducted in psychiatric, psychotherapeutic or medical settings) using them as a favourite source for the analysis of the relationship between discursive activities and speakers’ strategies.

However, having pointed out this broad common assumption, one can but state that the way language and language activities are implicitly and explicitly defined and studied varies enormously across and within disciplines. Consequently, studies on clinical interviews constitute a heterogeneous body of research: Some studies aim at documenting the field of conversation analysis and examine, for example, the sequential organisation of discourse and the dialogical dynamics of talk-in-interaction without paying too much attention to verbal contents; other studies focus rather upon verbal content and relational dynamics, leaving aside the linguistic features and pragmatic devices speakers use to construct meanings and the context in which they interact.

The multidisciplinary dimension of research into the clinical interview and the variety (if not heterogeneity) of the studies carried out in this field are clearly reflected in this issue which gathers a group of researchers who are linguists, social psychologists, psychotherapists, speech therapists or educational psychologists. Some of them are or have also been practitioners in different therapeutic or educational settings. In other words, the authors' interests in clinical interviews have various origins: a desire to reflect upon present or past professional practice, a willingness to examine whether given theoretical and methodological models can be applied to clinical interviews, a strong interest in multidisciplinary collaboration, etc.

On the basis of these common interests in clinical interviews as special types of social practices, the aim of this issue is to draw together a selection of articles written by researchers who bear witness to the various theoretical and methodological perspectives in which clinical interviews may be studied. The collected articles concern various clinical interviews: initial therapy sessions (Michèle Grossen and Denis Apothéloz; Nadine Proia; Anne Salazar Orvig), hypnotic therapy (Alain Trognon), speech therapy (Annie Chalivet and Marie-Madeleine de Gaulmyn), school referral meetings (Wilma Minoggio) and research interviews (Amina Bensalah). As regards the contribution by Lorenza Mondada, it offers a theoretical overview of research into therapy interviews, while Christian Hudelot has the difficult task of discussing the articles presented in this issue.

In bringing together these various contributions, our aim is twofold: Firstly, to examine whether, beyond this thematic unity, there are common features, in other words to see whether clinical interviews may be considered as a genre in the Bakhtinian sense of the word; secondly, to focus upon methodological aspects. In fact, the multidisciplinary dimension of this research field and the methodological complexity of verbal analysis for which there are no "ready-made" methods, go hand in hand with the wide diversity of methods that may be encountered in this area.

Clinical interviews: A genre?

The question can be asked at two different levels: at a somewhat opportunistic level, does research into the clinical interview present any unity and hence are the articles collected in this issue representative of the interactional and discursive genre "clinical interview"? Or, at a theoretical level, does the practice of the clinical interview correspond to something
which would constitute a discursive genre? Without anticipating Christian Hudelot's final discussion, it seems quite evident that these questions elicit other questions which are no less polemic: Is the notion of genre relevant when we try to define a complex entity which encompasses both verbal and non-verbal activities? If so, what are the criteria which allow us to speak of a "genre"? Are they institutional, interactional, interlocutory, discursive, linguistic?

According to Bakhtin and Wittgenstein, it is impossible to disentangle discursive productions from the activities in which they are woven. The former take on their meanings in the framework provided by the latter which, in turn, are constituted by the successive discursive contributions. This leads us to consider this dialectical process as temporally orientated: Within a singular encounter in the interaction between situational and discursive meanings and cross encounters in the perspective of the dialogical history of any discursive production.

When attempting to answer whether clinical interviews constitute a genre, it soon becomes evident that there are some regularities which, beyond the specificity of the institutional context in which discourse is produced and the clinical procedure involved, can be seen in the recurrence of certain discursive devices. It is of course clear that the institutional asymmetry between participants, the aim of the encounter and the way each participant relates to the verbal contents strongly shape their verbal productions. However, a genre is necessarily a fuzzy category. Consequently, as soon as it is approached with a question as broad as ours, it is blown apart. In this perspective, clinical interviews inevitably include various types of discourse. Hence, one might take the liberty of transposing onto them the Bakhtinian notion of secondary genres and consider them, by definition, as heterogenous at both discursive and interactional levels. Thus, there is no unity of category, there are only entities which present themselves as variable sets of common characteristics. Even though the grouping may have a certain coherence, it is more a family resemblance and does not constitute a logical class. Hence, these characteristics may also be present in other types of interactions similar to and yet different from dialogues conducted in psychological settings or more prototypical clinical interviews. The articles of Amina Bensalah (on research interviews), Annie Chalivet and Marie-Madeleine de Gaulmyn (on speech therapy) and Alain Trognon (on hypnotic therapy) will stimulate reflection upon the possibility and relevance of defining the clinical interview as a genre.

The definition of language as a form of action is one of the elements which brings about this family resemblance. In fact, from the practitioner's point of view, the interviewer (therapist, consultant, researcher, etc.) mainly aims at eliciting the interviewee's (patient's, client's, research subject's, etc.) discourse about him- or herself. However, in a therapeutic setting, talking about oneself also corresponds to a move which provokes certain effects and changes. Furthermore, when the interviewer has a gatekeeping role, or in follow-up interviews, the interviewee's talk about him- or herself is necessarily linked to his or her direct or indirect participation (induction, acceptance, refusal, objections, etc.) in a subsequent decision or action. So, as we stated at the beginning, discourse is woven in an (inter)actional framework and is not simply aimed at eliciting information. Or, to put it differently, eliciting information is an activity which is entangled in actions and interactions.

Consequently, it is this link with action, and more specifically with the patient's intentionality, which brings psychotherapy sessions closer to hypnotic ones. Moreover, for
the interviewer, inducing changes in the interviewee is the core of therapy (or other types of remedial sessions). Speech therapy sessions provide an example of this, since the therapist's aim is to lead the patient to accomplish a linguistic task. Research interviews provide another example since the interviewer, by using conversation, aims at making easier the production of a drawing (and what's more a self-portrait). The latter example also raises the issue of either the continuity, similitude or divergence of the various semiotics media (e.g. talking about oneself, drawing a self-portrait).

However, face-work and impression management strategies can be considered the reverse of the actional dimension of the encounter, as the articles of Annie Chalivet and Marie-Madeleine de Gaulmyn, Michèle Grossen and Denis Apothéloz, and Wilma Minoggio show. In fact, the actional dimension crosses a further one, which either remains implicit, or is explicitly topicalised in the contributions in this issue, and which corresponds to an important shift in this field research: What is at stake in these interviews also and mainly refers to the way the participants take up and share the meaning of their dialogue, namely the global or generic sense of the communication situation, the discourse of each participant and the jointly constructed meanings. As they focus upon how meanings are constructed in talk-in-interaction (for example meanings concerning the participants' reciprocal expectations, or their face-work or discourse strategies), the authors more or less directly raise the issue of intersubjectivity and its definition.

In this light, it becomes possible to link up situations such as initial therapy sessions (in which the aim is to understand the reasons leading to the consultation, and/or the patient's personality, to construct a joint definition of the problem, and to establish a therapeutic alliance), long-term sessions (which focus upon a shared work on the meanings), and other dialogical settings, such as speech therapy in which part of the task lies in the definition of the field in which discourse unfolds. In this perspective, it becomes possible to say that clinical interviews do constitute a genre.

Yet, if we keep in mind that meanings are not predetermined by words or context, but are constructed during the interaction, another issue emerges: Is the genre we thought to identify a construct of the researcher or is it actually perceived as a genre by the participants themselves? In order to answer this question, it is possible to appeal to the participants' differing levels of consciousness of the situation, or to the explicitness of their perception of the norms. And if we also take into account the fact that therapeutic practices are put into words and are elaborated in theories, it should then be possible to lean upon practices defined by institutional norms and/or upon theoretical criteria. In this perspective, a genre could be defined as an a priori type of activity which is more or less delimited by the practitioners (or more generally by the experts).

Now, independently of the question of whether a pragmatic study (discursive or dialogic) should or should not match the categorisations made in other fields of research or experience, two issues prevent us from accepting the latter definition: In fact, on the one hand, such a definition presupposes an isomorphism between a theoretical construct (be it inductive or deductive) and actual practices. This raises certain problems. In fact: a) even though these theoretical constructs have the status of objects to be taught, they are nevertheless transformed by the actors' practices and personal commitment, and thus encompass a non-negligible part of unexpected elements which, by definition, escape from any theorisation; b) in the same line of reasoning, theorisations do not cover the whole set of dimensions involved in a dialogue and consequently some aspects of talk-in-interaction
may escape them. On the other hand, an a priori definition of genre implicitly presupposes that participants are interchangeable and that their respective representations (or definitions) of the situation are similar. But of course observations do not support this assumption and it seems quite evident that the representations interviewees have of a clinical interview are not simply symmetrical to those of the interviewers.

Consequently the issue of genre inevitably leads to the issue concerning the representations which mobilise the actors when they try to make sense of discourse in situ. Thus, it indirectly leads to the issue of the modalities in which researchers (or analysts) interpret their data.

Some methodological issues

On a methodological level, research into clinical interviews raises a series of issues which in part are common to the analysis of verbal interactions. One of the most important common issues concerns the transcription of the corpus to be analysed. In fact, the confrontation between various methods of analysis makes it evident that it would be fallacious to consider that an analysis starts from "rough" material. Making a transcription implies the use of artefacts which necessarily orientate the researcher's perspective and are orientated by him or her. Moreover, given the length of most of the corpora, researchers are compelled to operate a segmentation or to select some excerpts for analysis. Thus, they may be led to ignore the sequential characteristics of conversation, even though they might be fully aware of the fundamental importance of this property. Being inevitable, segmentation and more generally the definition of a unit of analysis, can be achieved in very different ways which partly reflect the researchers' theoretical assumptions (or even their basic discipline).

As regards the different contributions presented in this issue, three different approaches to a corpus and its segmentation can be put in evidence:

- a first approach consists of isolating certain notions which are put into words and discussed by the participants. This is the case in Michèle Grossen and Denis Apothéloz's article in which the notion of "intelligence" is taken as a starting point for determining episodes in which the child's "intelligence" is discussed by parents and therapists;

- a second approach, used by Wilma Minoggio, consists of segmenting the interview into episodes which have a thematic unity in order to examine what thematic categories are discussed throughout the interview and how they dynamically unfold;

- a third approach consists of looking for linguistic activities, such as markers or discursive moves, as do Annie Chalivet and Marie-Madeleine de Gaulmyn, Nadine Proia, Anne Salazar Orvig, and Alain Trognon.

Things are of course somewhat more complex since many contributions are actually at the crossroads of two approaches, such as Amina Bensalah's study which takes elements from the second and the third approaches. Moreover, this categorisation shows that, depending for example upon their conceptions about the link between context and language, the authors do not treat language similarly. Some of them are interested in describing discursive moves or exploring how a given social situation relates to specific linguistic
features. Others aim at describing a given social practice and use verbal interactions as a means of achieving this goal. Still others seem to use linguistics, pragmatics or conversation analysis as "ancillary" disciplines for aims pertaining to other disciplines. Depending upon these different positions, language may to varying extents be considered an issue in itself. In other words, its degree of opacity vs. transparency may vary from one author to another.

On a methodological level, each of the approaches adopted by the authors raises particular issues. Let us cite only a few of them: According to which criteria (emic vs. etic) should a researcher decide what particular contents or notions are actually discussed by the participants? (This question may be linked to the issue of genre discussed before and it also comes under discussion in Lorenza Mondada’s article). Are linguistic markers or discursive moves sufficient to grasp how participants construe the meanings of their discourse? What does each type of segmentation neglect? Is it sufficient to stick to the speakers' oral productions, with the risk of treating them as written texts (or in other words to analyse transcriptions as texts)? What role do contextual dimensions (or ethnographic data) play in the researcher's interpretative work?

The latter question leads us to a more general issue which is related to the researchers' position and echoes the issue of genre: In fact, as we mentioned before, some authors of the articles collected here are not only researchers (or to be more precise discourse analysts) but are, or have been, practitioners in charge of conducting clinical interviews in situations similar or close to those they analyse. This dual position meets the recurrent, insidious and haunting problem of the relation between the researcher's (observer's) knowledge and interpretation, and those of the participants. To what extent can the representations and knowledge of the participants be compared with those of the analysts? Is it necessary to make a distinction between two categories of participants: professional vs. layman, or experts vs. novices with regard to the various themes discussed or to the different aims at stake? As a matter of fact, there is no dichotomy between these two points of view and more often than not, the analysts are not outside the situation (or at least not completely). Whether they were themselves the interviewer (as therapist or researcher for example), or had the same professional experience as interviewers, or have only a theoretical knowledge of the situation they analyse, analysts share with the interviewers some assumptions and knowledge which guide their interpretation and which of course they cannot get rid of. But of course, researchers also share some common ground with the interviewees (patient, client, research subject, etc.), at basic levels, such as language or everyday common knowledge or beliefs. Which of the two types of commonalities dominates? Which one guides the interpretation? Which one on the contrary prevents the researcher from understanding what is going on? These are all questions which are doomed to be open, even more so if we keep in mind that interviewees (whether they are patients or research subjects for example) are never totally naive, since, as some of the collected articles show, they have expectations which are not totally unrelated to the theoretical knowledge of the presumed experts.