TO PURSUE THE DISCUSSION WITHOUT CONCLUDING

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Were I to apply a maxim of modesty I would no doubt begin by saying that it would be pretentious to claim that, in the few pages that follow, one could summarize a series of contributions as rich as they are varied, and even more pretentious to think that, in a single methodic chapter, one could take on all the issues raised therein. Let me add that the author of these lines is not a theorist of interactions of all types, and even less so, of the kind of interaction that goes on during a clinical interview. My field of investigation is generally limited to adult-child interlocution in the home and at school. I shall therefore settle for merely attempting -- from a viewpoint that can only be partial -- to follow up on a few of the issues we have raised in the workshop that initiated most of the papers presented here. In doing so, I shall point out a number of problems that repeatedly arise in the analysis of verbal interaction.

The reader of these different papers cannot help but be struck by their diversity. This supports my contention that if there is such a thing as a clinical interview "genre", it has to have many forms. Moreover, one cannot help but be just as struck by the diversity of viewpoints adopted in the various analyses, manifested more specifically by the variety of units analyzed. I shall begin by examining the diversity in the corpora, which differ in several respects that Hymes' (1967, 1972) famous model of "speaking" will help us review.

**Setting.** The large majority of the interviews presented here were held in places that are "loaded" with meaning. These are not places where ordinary or informal conversations take place, nor ones that are unrelated to the activity being carried out. In some cases, the place is mentioned by the authors; in others it could have been, and in still others, only a generic description is given. Such specifications might seem superfluous, serving simply to give the description an anecdotal touch. From a theoretical point of view, however, mentioning the setting is far from trivial. But our idea here is not to adopt a variationist attitude that would have us assign to each physical interaction situation a corresponding type of interlocution. Especially since the setting in question is defined not only by the ecological situation but also, and even more so, by the situation one might call psychosocial, in the sense that the different actors acknowledge their respective social roles, each of which is codified to a different extent and manifest their expectations about the roles and positions their addressee is likely to take (see remarks by Bensalah or Salazar, for instance). Above all, the setting we are dealing with here does not constrain upon all of the interlocutors in the same way. Sometimes it is thematicized as such in the discourse (Proia), but most of the time it takes shape as the interaction unfolds, often but not always via repair behaviors.

Associated with the setting is the temporal dimension of an interview. Time management is an important facet of our industrial societies, but it is also an important element in our discursive conduct. Not long ago, Georges Jean (1981) spoke of "the time to tell", noting in particular that telling is not something one does at any time or in any season. Whatever the case may be, a clinical interview is a particular moment in the life of the actors, an encounter. "For an encounter is being together in an intrinsic present, that is, in a present as it is temporalized absolutely, void of the past, and carries also, in an absolute way, and in itself, the possibilities of the future" (Binswanger 1970: 118). For one can also say that this type of interview has its own kind of time. It could (at best?) be the time left for the other person to express him/herself (which is only partially true in the setting of the
physical therapy session reported by Chalivet and de Gaulmyn), an imposed time (Because, in any case, explains the therapist quoted by Proia, you are under a Supervision Order until the baby is four months old), but also a limited time, during which relationships may or may not be established, a time that is perhaps merely allotted, as if the cards had already been played. A case in point is Minoggio's corpus, where we see how the time devoted to the investigation is infinitesimal (a minute and a half in an interview lasting twenty-five minutes in one case) and how the decision seems to be based as much on scheduling constraints as on any truly therapeutic motivation (And since the PST has a spare hour, I would agree to him having him fixed by him I honestly at the moment I have very little time to devote to him really no _).

Participants. In most cases, the clinical interview is presented as a dyadic situation that brings together a clinician and another individual, whom, for lack of a better term, I shall call the subject of the interview. In fact, the situation is far from being that simple. In addition to this "traditional" situation as it could be called, where clinician and subject are relating on a one-to-one basis (Bensalah, Trognon), there are situations involving multiple clinicians and patients. In this type of interview, we must distinguish cases where one of the roles is in some sense divided up (Proia), for example, the practitioner's role (Chalivet and de Gaulmyn, Grossen and Apothéloz, Salazar Orvig), from cases where the participants are granted distinct roles or occupy distinct places that are not necessarily interchangeable. This is no doubt the case when the interview involves a group of family members (Grossen and Apothéloz) or is extended to include the entire support services of a child and his or her parents (Minoggio). It is clear that the distinction between dialogues and polylogues is one of the things that led the various authors into highly specific analyses. Grossen and Apothéloz, for example, note that when the parents mentioned 'intelligence' it was usually via reported speech, while the therapists generally approached this topic via reformulations of what the parents had said. It would no doubt be worthwhile to compare the ways in which the participants take up the other person's speech. On the other hand, no one seems to have raised the question of the part played by the witnesses of an interview, whether it be the role of participants who may or may not speak (What, then, is their status in the interview?) or that of potential observers (not to speak of the researcher). Yet observer effects have often been emphasized in research on developmental psycholinguistics.

Ends. For the most part, the goal or goals of the interview are clearly presented in the different papers. It is generally acknowledged that the participants have good reasons for being there (although we have also seen cases where they are forced to participate). As for the clinicians, they are trained to interact as they do. This brings us to a problem I believe to be a common thread of all discourse that takes place in a clearly delineated realm of social activity. I am referring here not only to norms that take effect or infringe upon the participants, but also to the more concrete issue of the diversity of communication modalities. In general, the reason why the actors are present is stated: It is to establish an initial contact, participate in making a diagnosis, make a decision or accept a decision already made elsewhere, contribute to a therapeutic action, take part in an experiment, etc. These are obviously overall goals that have definite repercussions on the interlocution mode. One can assume that there is a kind of interview framework that gives it a recognizable form, not only through the topics addressed, but also by virtue of the sequentiality of the discursive mode. Such discursive structures undeniably enrich the repertoire of dialogue types. I found it particularly interesting that in the contexts mapped out by these dialogues, some of the most ordinary repair procedures took on highly specific meanings. Some good examples of this can be found in the article by A. Chalivet and M.-M. de Gaulmyn. In contrast, the different authors seem to be less interested in the interview consequences, often impossible to measure. But it is true, first, that this facet goes far beyond the scope of the present workshop, and secondly, that if, rather than considering an isolated session to be a representative instance of the prevailing interlocutionary mode of a given type of interview, we regard each encounter as a particular event in a series of
encounters, then our approach to this problem will be quite different.

Acts. Under this heading, we should include all speech acts, as understood by Austin or Searle, as well as all topics brought up in the interviews. In this respect, we can see that the various articles fluctuate -- at least if we look at the different units they analyze -- between these two interlocution poles. "Pole" is indeed the right term, insofar as a speech act can be defined, in Trognon's words, as "the application of a force to a propositional content." Still, the starting point for certain authors is the content end of interlocution, while for others, it is the act, even though some attempt outright to simultaneously account for both of these facets of verbal conduct.

Key. An important aspect the Hymes model prompts us to take into account is the tone, the atmosphere in which the exchange takes place. When a descriptive approach is taken, researchers who focus on child interactions insist in particular on "times when the whole group acts in full emotional fusion" (Maisonnet and Stambak 1983). No doubt the atmosphere stands out more clearly in certain corpora. I am thinking in particular of the tension that emanates at times from the dialogue presented by N. Proia or from Bensalah's excerpts. This dimension, through which the emotional climate of the encounter is manifested, contributes to constructing a meaning that is not necessarily conveyed by coded elements, and, in line with François (1993), can be said to take shape as the interlocution unfolds. Some of the authors paid particular attention to this tone or key; others did not.

Instrumentalities. In the Hymes model, the multi-channeled nature of communication and/or meaning must be considered. Accordingly, we have gotten used to dissociating the verbal, vocal, kinetic, and proxemic channels of communication, all of which contribute to giving meaning to an encounter where different protagonists interact. As they are presented here, the clinical interviews appear first and foremost as interlocutionary phenomena, as exchanges of an essentially verbal nature. However, it is clear that several authors felt the need to bring various co-verbal dimensions into play. There are few cases of this for the proxemic level, except for Trognon's article, where the fact that the hypnotizer can grasp the patient's hand is at least indicative of a kind of "personal" proximity (Hall 1971). For co-verbal gestures, we again have Trognon's article, but the gestures in question are written about in the corpus, not merely noted in the description. Bensalah's paper is an exception here, since the discourse refers to a graphic activity: This allows the author to deal with the different ways of translating ideas into words or graphic forms, and above all, with how corrections are made. As far as prosody is concerned, it is the Chalivet and de Gaulmyn article that talks about this dimension the most. These authors show how the expressive-reading intonation employed by the therapist contributes to marking a kind of polyphony thought to distinguish utterances actualized through the discourse from those fabricated for the exercise. I do not remember noting any examples of mimico-gesturality, or more generally, of meaning conveyed by facial expressions, although it is possible that this channel plays a role in the interlocutors' interpretations. This is an important point in the study of child speech, and one can even claim that taking co-verbal elements into account is what has allowed researchers to gradually break away from the adult-morphism and syntax-centered approaches that characterized the initial descriptions of child speech. Of course, behind the decision to consider such and such an aspect of the full communication loop, is a series of theoretical choices, whether explicit (as in modular approaches to acquisition) or implicit (usually rooted in the unquestioned application of some tradition). Granted, unlike very young children, adults who participate in a clinical interview are capable of evoking absent realities, whether past or future, desired or feared, and to modalize their discourse. And it is perfectly legitimate to insist in particular on the meaning conveyed by the verbalization. If, however, one accepts the idea that the verbal and co-verbal means that enable the comprehension of speech between adults and very young children do not disappear with the acquisition of more elaborate speech, then the question that arises is how these means are
incorporated into interviews of the clinical type. In the case of adult-child dialogue, for example, repetitions of the other person's words are often accompanied by prosodic markers or facial expressions that allow such resumptions to be interpreted as acknowledgement, agreement, approval, prompting, doubt, mockery, and so forth. Such repetitions provide a way of taking one's speaking turn without having any impact on the partner's next turn. Moreover, just like when young children, through their gazes, facial expressions, and vocal features, show that they are "borrowing" the voice of someone else, we as adults sometimes mark the polyphony of our discourse through the use of paraverbal devices.

Norms. A norm refers both to a set of ideal ways of using the language and to a set of prohibited behaviors. Although not actually a full-fledged theme of the discussions (in terms of the unsuitability of the clinicians' behavior or their lacking skills), reference to a norm as a manifestation of an expectation is brought up more than once. This appears to be an explicit concern in several papers. An example is when, in commenting upon the recording of a hand levitation session (Trognon), Weakland points out to Erickson, "You've already made it different from the last time." This is usually manifested in the expectations or fears expressed by the protagonists, but also in what Salazar cleverly interprets as patient anticipations (Psychiatrist: "When you were younger what was it like at home?" Charles: "Well, there were never any problems in my family.). More generally, a norm is a way of acting in a given situation. But whenever everyone applies the norm, it goes unnoticed as it were, and as such, can only be perceived in contrast to other partially or totally different situations. Nonetheless, one can easily see how non-adherence to such pressure leads to misunderstandings, especially in sessions where the norm consists of using language in a non-referential way (Chalivet and de Gaulmyn). This situation is reminiscent of the dialogue situation that reigns in schools; some comparisons would be useful.

Genres. Macro- and micro-genres should no doubt be distinguished. The macro-genre would correspond to the constituents of the clinical interview as a whole (the transaction in Trognon's model). In this respect, the macro-genre actualizes the format of the type of activity taking place and exhibits a fixed structure with variations. But another question that arises here, as Kerbrat-Orecchioni (1990) stressed, concerns larger units such as "conversational histories" which encompass the entire "ordered set of interactions between two or more speaking subjects" (Kerbrat-Orecchioni 1990, 218). This historical dimension may be neutralized in different ways, for example, if the author presents only the first session (Proia) or a single prototypic session (Trognon). Even the papers that do not situate the data in a conversational history may nonetheless refer to it. But the conversational past of the interlocutors is not just the story that unfolds during a particular interaction with a given clinician, but, as A. Bensalah points out, includes all similar practices (If I had thought that you'd do such things I wouldn't have come -- as one interviewee commented, laughing).

This diversity shows that clinical interviews do not form a true class of interactions. But they do have some characteristics in common, even if each case only shares features with its nearest neighbour, and no characteristics are present in all cases at the same time. Borrowing Wittgenstein's (1953: §§ 66-67) terminology, one could say that they display family resemblances, analogies, correspondences or affinities, not features common to all. Based on this, one can contend -- as several of the workshop participants in fact did (and, following them, probably a few readers.) -- that certain interviews are more typical of the "clinical interview" type. This does not mean that they can serve as models in the analysis of the others, especially since diversity is also a characteristic of the very dimensions of the data under analysis.

The temporal dimension, found above in the paragraph on setting, is encountered once again here in the span of the data submitted to analysis. As a general rule, the author begins with a transcription of one or more sessions. Several authors base their presentation on a single session, viewed as a "paradigmatic situation" (Proia), a "standard type of
sequence" (Trognon). Others choose a more contrastive presentation. So we find the same clinicians with two different patients participating in two sessions in Chalivet and de Gaulmyn's article, and the same interviewer with sixty or so interviewees in Bensalah's article. Finally, other authors treat the sessions as if they were all of the same type, holding other dimensions constant. We have eight such interviews between therapist(s) and a child (accompanied by one or both parents) in Grossen and Apothéloz's article, and seven referral meetings in Minoggio's article. Trognon, on the other hand, compares two teaching sequences, one presented in written format, the other in oral format that gets discussed later in a dialogue in which the clinician himself is one of the interlocutors. To me, this looks like three separate approaches. The first, illustrated by the case just mentioned, starts from the typical and looks for essential characteristics; the second would consist of searching for constants or invariants across interviews, and the third would be based on the underlying idea that each session displays characteristics that may be specific to it, but which in fact cannot be separated from the event being investigated.

Another, more technical question concerns what portions or units in the corpus are analyzed. This question can be considered in conjunction with what one might call "entry" into the corpus. To the extent that the data is quite voluminous, as we have seen, we can hardly claim that it could be analyzed in an exhaustive manner. Most of the time, the authors have described only a subset of the session or series of sessions presented to us. Reviewing the contributions, there seem to be two major ways -- with a few variants of course -- of delineating what will be studied in a corpus. The first method consists of focusing on a clearly defined sequence (Trognon, Minoggio) or on a "key moment" in the interview (Proia). Obviously, what is implicit in these two approaches is not the same, since in the former case it is up to the researcher to show that this moment in fact constitutes an important event, whereas the latter relies on tacit recognition of an episode type that any inquirer with sufficient acculturation could identify. The second method consists of confining the analysis to a given conceptual field. Perhaps we should make the distinction between the identification of a topic conveyed preferentially by the lexicon -- as do Grossen and Apothéloz, and to a lesser extent, Minoggio -- and the choice of a more discursive kind of concept like the phenomenon analyzed by Salazar (other-reformulation). Note, then, that none of the authors simply started from the presence of a given linguistic form (the words used in the discourse or the type of utterance) to delineate their working corpus. Regardless of the theories to which each one refers in describing the events, an undeniable consensus thus emerges here.

I would now like to come back to the proposal made orally to the participants in this workshop, that is, to think about a possible definition of the "clinical interview" genre. Although in my mind, this meeting did not really allow us to answer this question directly, at the very least it will have served to point out the complexity of this undertaking, attract our attention to certain difficulties, and offer a few pathways. The reasons for the complexity lie as much in the inherent variety of the contributions as in the diversity of situations classified as clinical interviews by the participants. This diversity exists at all levels, including the type of institutional premises, the status and roles granted to the interview participants, the number of participants, and above all, the interview goals, whether stated or interpreted.

Moreover, one cannot help but be impressed, over and above the diversity in the range of situations, by the wide variety of methods used. This is reflected as much by the size of the corpora analyzed as by the type and span of the units taken into account in processing the data. One can nevertheless wonder whether this diversity itself, which is definitely the undeniable value of this enterprise, will not end up providing us with the final answer to the question raised. In truth, we would like to answer both yes and no.

What is a discursive genre? The debate is in fact twofold. On the one hand, it deals with the clinical or non-clinical nature of the data collected. On the other, it pertains more specifically to the definition of what a discursive or interlocutionary genre is. On the first point, I shall say nothing, insofar as this problem falls totally outside my field of
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...competence. Not that I am unable, like any reader, to differentiate dialogues with a therapeutic, diagnostic, or deliberative aim. But I am not in a position to say whether the data presented in the different papers is representative of this type of interview, not very characteristic but frequent, or completely atypical. I shall focus more on the way in which each author explicitly or implicitly approaches the question of how to delineate the clinical interview genre. Insofar as the notion of genre can be interpreted in a variety of ways (not necessarily divergent ones), the idea was not to start from an a priori definition of this genre that would bias our efforts, in which case any analysis that did not adhere to that definition would be mercilessly challenged. All we need to do is agree upon a sufficiently consensual acceptation of the notion. We can start with Bakhtine’s proposal, for example, that "any utterance taken in isolation is, of course, individual, but every sphere in which language is used builds its own relatively stable types of utterances, and this is what we call the genres of discourse" (Bakhtine 1984: 265).

It seems to me that, no matter what approach is taken, everyone more or less agrees in seeing in the discursive genre (whether dialogical or monological) a level that falls somewhere between language, understood as a set of potential combinations, and speech, viewed as a set of individual realizations. This can be tentatively restated by saying that the genre institutes a principle of closure between the potential openness of the language as a normative code for the construction of an infinite number of sentences, and the openness, in the here and now, of speech as a set of utterances actually produced individually (to avoid saying freely) by specific speakers in specific circumstances. The genres would thus involve constraints of a compositional, organizational, or sequential order that would save the speaker from having to reinvent, on each speaking turn, the functions or usages of the language, and that would allow the listener to understand the discourse of the other person as an utterance that is part of a communication loop and not the simple expression of a disembodied relationship between lexicon and grammar.

From there, we can find several ways of accounting for genres, all the while stressing that if the set of protagonists in an encounter is indeed a co-producer of the genre, not all actors necessarily play the same part therein. We are dealing here -- there is no doubt about it -- with a kind of asymmetry that pertains as much to the statuses and roles of the interlocutors as to their respective states of knowledge (see Linell and Luckmann 1991 for a good synthesis of the different types of asymmetry). Thus, clinical interviews can no doubt be better characterized by comparing them to other dialogues of this type than by referring systematically to the "rules" of ordinary conversation among intimates.

I shall end this discussion with a few thoughts on the question of the role played by the interacting subjects in an interview. Clearly, everyone agrees that a clinical interview, like any interaction, is a collective production. As Linell stated, "Interlocutors are mutually dependent in many ways, and the various utterances are individual products only in the trivial sense that the words are said by one or the other interlocutor. The conversational contributions are both dependent on the context and renewing it; they are both responding to what came before and initiating that which will come after" (Linell et al. 1988: 438). However, this does not necessarily lead to the conclusion that the dyad and the activity being carried out are always more important than the individual actors. It seems to me that the authors of this issue have shown, on the contrary, that one can focus on such and such an actor without ignoring the production context. I might add -- and this seems crucial to me -- that the actors do not necessarily respond to the current situation in the conditional dependency mode, but also respond in part to what one might call the "imaginary component" of the interaction (François 1993: 123; Vasseur & Hudelot, forthcoming). In a certain way, it is possible to view the analyses proposed in this issue as "illustrations" of different modes of encounter between clinicians and their patients. In some sense, every one of us in fact expects a clinician to act like a clinician, a teacher like a teacher, and every encounter is expected to meet the requirements of some "normal" way of acting in that setting. In this sense, one can indeed say that the interacting subjects are partially interchangeable (once they have acquired the necessary skills, for those on the one side, and once they agree to go along with the "game", for those on the other); they behave, as it
were, like generic subjects. However, to the extent that these behaviors are incarnated, i.e. carried by bodies, which makes them into particular attitudes, gestures, voices, and discourses, they cannot avoid what one might call the difficulties of putting into words. This means that even if the occupation requires specific techniques, and even if it is necessary to partially adhere to more or less predefined macro-structures, the subject cannot avoid the fact that in putting his or her acquired knowledge to work in the practice, he or she will, as François says, have to cope with local problems of wording (François 1997: 158). The way in which these local wording problems are handled in the contexts examined by each of the authors is in my mind one of the strong points of this issue. What the reader retains, beyond the diversity in the analysis models used, is the priority granted to the verbal formulation rather than to mere content or logicist reformulation. I would like to say that I see here, over and above the individual discipline-specific frameworks, the consolidation of a research domain that is likely to enrich the language sciences.

References


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