

## **TAKING A PRAGMATIC APPROACH TO DIALOGICAL SCIENCE (COMMENTARY)**

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**ABSTRACT.** In this commentary in this special issue on psychotherapy as a dialogical enterprise, I consider the current debates in dialogical science represented in these contributions, and the issues arising from these debates for the ongoing project of applying dialogical methods of analysis to clinical interaction. I then propose a perspective from the discipline of pragmatics which, I suggest, offers a grounded empirical method, with a wide range of findings to draw upon, which could resolve some of the theoretical and practical issues in the contemporary practice of dialogical science. A practical application is offered by way of demonstration.

Keywords: dialogical science; pragmatics; narrative; interaction

Dialogical science is a growing and lively domain of psychotherapy research. Many years of findings have demonstrated that the therapeutic relationship, with its ‘alliance’ properties, is central to good outcomes no matter what the form of psychotherapy practiced. Dialogic science builds on these findings, offering a strategy for the study of psychotherapy process which is relatively independent of therapeutic schools .

In responding to these articles on the theory and practice of the dialogical analysis of psychotherapeutic process, this review article will take a step back, placing dialogism in its philosophical and historical context. Then, pursuing the theme of meaning-as-action, it will propose a further integration of research methods from the discipline of pragmatics in the search for a deepened analysis of psychotherapy process with immediate relevance to clinical practice.

### **Dialogism: Its origins and application to psychotherapy**

Dialogism is grounded in generic concepts derived from the ‘dialogic’ model of meaning developed by Bakhtin. Leiman provides a succinct summary of this development (2012). He describes the conceptual origins of dialogism in the work of Vygotsky and Bakhtin, and demonstrates how a semiotic understanding of the construction of meaning making entails the dynamic process of ‘positioning’ at its centre: ‘the subject’s positioning to the referential content of speech is, simultaneously

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determined by the anticipated response of the addressee. This dual positioning is the basic structure in semiotic positions' (Leiman, 2012, p. 135).

In common with other constructionist theories of the 20<sup>th</sup> century, dialogism understands meaning not as inherent in language itself, but as created by subjects –in-relation. On a dialogical model, psychotherapy is seen primarily as a semiotic process, by means of which the 'self' is constructed through a dynamic process of dialogic engagement with the other. Various the focus is on the socio-cultural aspects of this engagement (this perspective is presented by Avdi in this special issue) and the more intrapsychic model which DSA (Dialogic Sequence Analysis, Leiman, 2012) represents--positioning as a dynamic process of engagement between 'author', the referential object and the addressee. A lively tension between socio-cultural and intrapsychic models of a dialogical self is a feature of the present state of development of dialogism in psychotherapy research.

Based on the concept of 'positioning', a model of psychotherapeutic process follows, in which several key concepts have been developed to describe the self-processes and their evolution in the psychotherapeutic arena: positioning; reconceptualization and innovative moments; and meaning bridges between past and present (Goncalves & Ribeiro, 2012). A more empirical stance is taken by Martinez, Tomicic, and Medina (2012) with their development of Dialogic Discourse Analysis.

An important aspect of dialogic science is its focus on models of change in psychotherapeutic process. Where alliance research has focused on measures of subjective experience, and linked these to outcomes, dialogic science offers detailed methods by which clinical change can be observed and studied. Its data is the therapeutic interaction itself. Each of these authors takes a different perspective on the application of the principles of dialogic science to the therapeutic dialogue. The following section offers a brief overview which compares and contrasts the different approaches to these core concepts expressed in these four articles.

### **Dialogical science applied**

Leiman sets the scene by locating the 'dialogical' construct in its theoretical and historical origins in the work of Bakhtin and Vygotsky. With clinical colleagues, . Leiman has developed a model of analysis which they have called 'Dialogic Sequence Analysis' (DSA). It draws upon object relations theory, and its particular application in Cognitive Analytic Therapy (CAT), in order to ground dialogism in a substantive clinical theory.

DSA starts from the general proposition that "reciprocal positioning between the author, the referential object, and the addressee can be used as clues of related positioning in other spheres of activity, including intra psychic processes" (Leiman, 2012, p. 134). Using this as the basis of analysis, the 'voices' in a dialogic sequence can

be identified and any changes in the relationship between author, referential object and the addressee can be tracked. In this way, DSA traces links between the intra psychic process of the subject and his communications with another.

Goncalves and Ribeiro (2012) use the concept of dialogism to explore the self as a process expressed through the narratives of self and experience. Using a dialogical model, they account for therapeutic change in terms of ‘innovative moments’ – 5 types of events which can be identified and coded in the analysis of transcripts of therapeutic interaction. Applying this model, Goncalves and Ribeiro seek to identify significant clinical events, related to dialogic processes, and link them to outcomes. Further, they describe a dynamic by means of which this process of change is achieved in the therapeutic dialogue: ‘meaning bridges’, through which reconceptualizations as performances of self, constitute a process of transition, or bridge, between old conceptions of the self, and a new emergent self, which can be observed in the clinical dialogue. This model lends itself to some quantitative analysis, while it also resolves issues of sampling through its coding strategy, enabling the researcher to look in detail at sequences identified as clinically relevant.

Avdi (2012) takes a more meta-reflective position on the concept of ‘positioning,’ placing the notion in the contemporary debates about the self-in-society, suggesting that “the various dialogical and narrative perspectives on therapy constitute a diverse field that includes notions developed in different traditions, with differing applications, and often relying on different epistemologies” (p. 61). Here ‘positioning’ is placed in the socio-cultural domain: the self ‘chooses its presentation from a range of potential positions provided by the socio-cultural environment’. The discursive positioning of the participants in a family therapy session are demonstrated by way of illustration. Avri notes that with the exception of Leiman’s DSA and its practitioners, much of the development of dialogic studies has been heavily theoretical, though Leiman himself (2012) describes DSA as theoretically driven.

With their presentation of Dialogic Discourse Analysis, Martinez and colleagues (2012) take a further step in making the underpinning characteristics of dialogism more precise. Taking a more empirical stance, they distinguish between ‘dialogal exchange’ -- the dialogue established between the multiple voices or positions that the I adopts; and ‘dialogic exchange’ -- the *real* dialog between the participants, involving the rules pertaining to conversation. This step enables a more detailed analysis of the therapeutic interaction which distinguishes between the intrapsychic, positioned dialogue, and the ‘real’ conversation taking place in the session

Dialogism presents a triangular conception of the intersubjective process between speakers: on one face is the intrapsychic dialogue between ‘voices’ of the self – voices which have been internalized through interactions with others, but which have come to take up a life of their own in the inner experience of the subject. On another

face is the self with its voice, mediated through the culture in which it develops and takes its shape. On the third axis is the real dialogue between speakers -- each with their 'position' in the current context, and their self-positioning strategies which are enacted in the real interaction between the speakers. Each of these presentations of dialogism demonstrates an aspect of these positioning relations. However, while all these authors contribute examples from practice, with the exception of Martinez and colleagues (2012), there is little analysis of the actual interaction between the speakers: the focus of attention is primarily on what latter authors call the 'dialogal' – the dynamics of self positioning.

The strength of dialogic science is that it incorporates both intrapsychic and external dialogic factors, through the central concept of 'positioning', providing a rich conceptual framework for exploring the human experience of meaning-making in the specific site of the psychotherapy process, with its specific focus on self- reflection. However, as Leiman notes, the rise of dialogic science in the 1990's has produced many versions of itself, and is in danger of becoming conceptually and methodologically unclear. In the following section, I offer some thoughts on how the basic principles of dialogism – with its focus on meaning as an active achievement of persons-in-relation – might be enriched by drawing on a parallel tradition in the study of meaning-making: the tradition of pragmatics, with its focus on conversational interaction. In the next section, I turn to a discussion of the parallel development of dialogism and pragmatics, their similarities and differences, and offer some thoughts about how they might inform and enrich each other through the detailed study of the unique self-reflective practices which are found in the specific site of psychotherapy interaction.

### **Pragmatics**

The notion of 'pragmatism' was first developed in the United States, by the philosopher and logician Charles Peirce (Buchler, 2010). He proposed the following 'pragmatic maxim': *the conception of the object is grounded in the practical implications of its use*. The foundational concept of pragmatics entered into American social theory through the work of Thomas Dewey and George Herbert Mead, still in very theoretical form, while William James' psychology was heavily influenced by Peirce (they belonged to the same discussion group). The development of empirical approaches began with the Chicago School, in sociology, in which the focus of attention was the observational study of everyday social life known as 'symbolic interactionism'. Later investigators, armed with the newly invented portable tape recorder, emerged from the academy and engaged with naturally occurring language in the streets. Basil Bernstein developed his model of the development of social codes and identity through the medium of everyday talk (see Bernstein 1964 for an application to psychotherapy). William Labov and Joshua Waletzky (1967/1997) interviewed young people in the streets of Philadelphia, and built a model of narrative processes in everyday talk.

Harvey Sacks (Sacks, Schegloff, & Jefferson, 1974) turned his attention to the phenomenon of turn-taking in naturally occurring talk, developing the discipline of Conversation Analysis, which is widely practised today. His foundational insight – what he called ‘recognizability’ – is that the shared social world of meaning is generated through the actions of speakers on a turn-by-turn basis, while *at the same time* that shared world of meaning provides a resource by means of which speakers construct meaningful utterances in the immediate context of the talk. This dynamic process accounts for both the stability of a meaningful shared social world, and for its plasticity, and potential for change. The process, CA demonstrates, is observable at the level of the turn-by-turn interaction.

Other researchers have focused on lexical and structural properties of spoken interaction, investigating, for example, the use of ‘discourse markers’ (Schiffrin, 1987) which provide the intersubjective scaffolding on which hearer interpretations are built – phrases such as ‘now,’ ‘you know,’ ‘of course’. The discipline of cognitive linguistics explores how syntactical resources are used to generate shared ‘mental spaces’ in which meaning gets shaped (Verhagen, 2005). More recently, the principle of pragmatics – that events are construed in context on a moment to moment basis – has entered into theorizing in cognitive science in order to account for the plasticity of cognitive processes (see, for example, Hendricks Jensen, 1996, & Freeman, 2001).

Pragmatics is fundamentally observational. Without theorizing about what the inner experience of speakers might be, ‘pragmatics’ focuses instead on the utterance, and how it functions in the on-going flow of talk. Because its focus has traditionally been on the observable turn-in-interaction, pragmatics does something very different from dialogism: it generates ‘rules of use’ by which speakers make use of turn-taking, lexical resources and other, non verbal, signals of communication which make up the communicative act. Its focus is on *how* meaning is generated rather than on what meaning a speaker is trying to communicate at any particular time. The various disciplines within the broad field of pragmatics offer a substantial body of findings of talk-in-interaction, which are available to the dialogic investigator to deepen the analysis of the real dialogue between therapist and patient. In what follows, a brief review of some findings from the field which are relevant to dialogism is offered, with some illustrations of their application to a fragment of text from the DDA analysis by Martinez and colleagues (2012).

### **Turn taking**

There is a very substantial literature on the dynamics of turn taking in interaction, grounded in Sacks’ seminal insight that meaning making is organized on a turn by turn basis, and is deeply orderly, despite the surface appearance of disorder. The ‘adjacency pair’ is the basic unit of analysis: how is each turn designed in relation to the previous turn? The focus of attention is on the hearer’s interpretation of the previous

utterance, as evidenced in the next communicative action taken. What happens when things go wrong – there is a mis-hearing, or there potential for disagreement for example? How do the speakers restore the conversational order -- in effect, repair the potential rupture? Martinez and colleagues (2012) provide an extended example of some turn by turn interaction in a ‘rupture episode’, and examine the way the therapist ‘involves a third party’ which they locate in relation to the challenge of the patient to leave the therapy. This interaction can also be examined in relation to the patient’s challenge to this very turn:

- T1: "...I would have to be honest to tell you that, **in this jo::b(.) we sometimes see** (2,4a) with a certain frequency that, **when somebody** (2) feels better, just **like in medicine when one** (2) feels better one says it's ENOUGH, so to speak, right?..." bu::t but to me this not me::e:: I believe tha::t you are reproducing a mechanism of yours ok?(.) to be actually working and suddenly ok? You say (finger snap) I quit!!
- P1 (10,0) Do you believe that I'm manipulating this situation?
- T2 Manipulating?
- P2 Mmm (3,0) or that I'm preparing it to be able to dismiss it later
- T3 (.) Ok:: you understood me in that way, do you?
- P3 Could be or not?
- T4 hhh. I don't know how you think about it, I had never thought about manipulation
- P4 I had the feeling tha::t you tried to say to me something like you want << to control the strings>> (.) of something:: (.) that actually is not so::=
- T: (3,0) ok::
- P: = (3,0) I'm not able to control the puppets yet
- T5: able to what?
- P5: to move the puppets
- T6 : ok:: (3,0) hhh. well [when ]
- (Episode of rupture, session 9, Martinez et al, 2012, p. 111)

Manipulating is a value-laden category: to manipulate someone is to act deviously. ‘Manipulation’ is an action which is morally implicative (Lepper, 2000). Observably, on the patient’s interpretation of the previous turn (P1), she responds as if she is being accused of something. By putting this in the form of a question, the patient is likewise placing the therapist on the spot: it is a fundamental rule of turn-taking that a

question sets the topical content for the next turn, and requires an answer. Not to answer would cause a breakdown in the talk. The therapist acts to postpone a response by responding with a question (a frequent solution to this problem) evidently asking for clarification. P's response (Mmm) in turn P2, followed by a notable pause (10 seconds), suggests that P is handing the turn back. In the absence of a reply, however, she continues with a further, if non-committal, utterance (P3). The delay gives the therapist the opportunity to see the position taken by the patient in the action of the talk. The therapist in her turn now clarifies that she 'never had thought about manipulation' (T4). In these few turns, there is a repositioning taking place. In response to the therapist's intervention, invoking a 'third' person, the patient asks what 'you believe...' (P1): she positions the interaction firmly back in the interpersonal dynamic between them. The therapist's response (T4) now follows that move and relocates the talk in the immediate dialogical engagement between them (you understood that...). The subsequent talk becomes a mutual exploration of 'what you believe/think/understand...'

This small analysis relies on the well-studied rules of turn taking. Questions are powerful interactional devices which set the agenda and create interactional constraints: they must be answered. They are a pragmatic means of positioning.

### **Lexical resources and perspective taking**

A second dimension of positioning is observable here: the pragmatics of perspective taking. These two concepts are similar – but have different connotations in use. Where 'positioning' refers to the conceptual process of the subject-other relations, 'perspective taking' refers very specifically to grammatical and lexical strategies used by speakers in the turn-by-turn interaction to locate their utterance, to create positions from which meanings can be construed. Taking the third person perspective, as the authors note, sets a distance from the speaker to the content of the utterance. She concludes that utterance with an inference about the patient's state of mind/action: to quit. In the next turn, the patient speaks directly to the 'other', addressing 'what you think' through the use of a mental state verb followed by a complementary clause. 'Do you believe [that] I am manipulating this situation?' (P1). In doing so, the patient creates the occasion for an investigation of the other's point of view and intentions. The patient, in this short exchange, repositions the speaking pair in the space of a 'you' and a 'me', each with our own thoughts. And in doing this, her turn does further work: it creates a 'mental space' (Verhagen, 2005) which then becomes the arena for the inferential work of the therapy. The focus of analytic attention then becomes not the inferences made by the investigator about the positioning of 'self' and 'other', but the inferences being made by two persons negotiating meaning on a turn by turn basis. In this fragment of interaction, the work of inference becomes very clear – and it is a pragmatic matter.

Positioning is not only a dialogic matter, in its sense of “the reciprocal positioning between the author, the referential object and the addressee” (Leiman, 2012, p. 134); it is also a pragmatic matter. Within the pragmatics literature there is a growing body of evidence on the means of ‘perspective taking’ from both a syntactical and a narrative point of view. (For a detailed analysis see Habermas, 2006).

### **Narratives as communicative actions**

The pragmatic study of narrative looks at stories told in everyday communication, at how narratives are structured in a way which makes them hearable -- how does the speaker make her narrative relevant to the hearer? How does the hearer know that the narrative is finished? What perspective does the teller place himself in relation to the story-as-told? How does the speaker let the hearer know what the point of the story is? All of these aspects of narrative-telling as communicative acts are an added dimension to the element of content. What is the storyteller *doing* with her telling? Gonçalves and Ribeiro (2012) focus almost entirely on the internal self-other relationship of self-narratives. However, naturally occurring talk is full of narratives: telling stories is a fundamental communicative device. The narratives offered in the fragments of clinical talk in the commented works do not show their interactional context, so let’s look at the fragment above to see what interactional work a micro-narrative does in this exchange.

In Turn T1, the therapist produces a micro-narrative. Here, it is recognizable in its form – preface/first/then/evaluation – a structure first identified by Labov and Waletzky in their study of oral story telling (1967/1997). A temporal conjunction, followed by a reflection on the meaning of the story is the fundamental form of a hearable oral narrative. This one is shaped like this:

*Preface in this job::b(.) we sometimes see* with a certain frequency that

*First when somebody* feels better, just **like in medicine when one** feels better

*Then* one says it's ENOUGH, so to speak, right?

*Evaluation ?...”* bu::t but to me this not me::e:: I believe tha::t you are reproducing a mechanism of you ok?(.) to be actually working and suddenly ok? You say (finger snap) I quit!

Narratives are used for many pragmatic purposes. What work is the therapist doing with this little ‘narrative’ (which as the authors note is a response to the threat that the patient is intending to leave the therapy)? In prefacing her upcoming story, she ‘positions’ herself in the third person as an expert (in this job, which, like medicine....) who knows, invoking the category collection ‘medical professional’ (see Lepper, 2000). The temporal conjunction is built around the sequence, first you feel better, then you say ENOUGH. The evaluation sequence – what was the purpose of this telling –



revolves around the ‘knowing’ therapist-as-expert, who now proposes that she ‘believes that you are producing a mechanism of you’ . Through the dialogic strategy of a micro-narrative, the therapist positions herself as the expert knower of the patient’s state of belief (mind).

This utterance causes a substantial delay (10 seconds is a long time in a sequence of this type) before the patient responds. A co-produced evaluation then begins, in which the patient responds quite directly to the therapist’s inference (‘belief’) about her intentions, with a question about what might be in the mind (the intention) of the therapist: is she being accused? A lively interaction follows, which can be seen as an extended co-construction of the meaning of the therapist’s inference, and a re-positioning of the therapist as a fallible knower and listener (T4). With this move, a repair is underway.

Avdi (2012) notes that “the notion of subject positioning provides a useful analytic tool to conceptualize the therapeutic interaction in terms of power and resistance” (p. 68). Positioning is a two way dynamic. Close analysis of this sequence at the level of the turn reveals how power and resistance are achieved through the management of categories (Lepper, 2000).

### **Discussion**

Using this small fragment of therapeutic talk has enabled some detailed observations of the pragmatic processes at work in the ‘real’ dimension of the dialogic process. These brief observations have some validity because they could be set against the wide body of work already available to us in 40 years of pragmatics research.

So I am proposing a methodological challenge to dialogical science. DS offers an exciting opportunity for the study of psychotherapy process. It is grounded in a broad field of enquiry, with the potential to bring in new dimensions with direct relevance to clinical practice and theory. It is, however, sometimes hampered by its theory-dependence, just in the way that psychotherapy ‘schools’ have been hampered in their development by their over dependence on foundational theory. As noted by Leiman (2012), Salvatore, Gelo, Gennaro, Manzo & Al Radaideh (2010) critique dialogic analysis for its over reliance on inference. The discipline of pragmatics provides a supplementary, empirically grounded methodological approach. With its underpinning conception, that speakers-in-interaction generate the social order at the same time as they are shaped by it through their communicative actions, it provides a unifying account of change which links all the discursive elements – narrative, positioning, voices, the social dimensions of power and resistance – offered in this special review of dialogic science. It offers a broad range of observational findings which can be applied to the close study of how therapist and patient orient to each other’s communicative actions. Drawing on that secure foundation of observations, a more unified and empirically grounded science of dialogism can be developed.

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