

Striving for Perspicuity: Talking our way Forward

Tom Strong and David Paré

David: Tom, it makes sense to me that a conversation with you is an apt starting point to this book, but conversations aren't the typical point of departure for edited collections. Maybe it would be helpful if you could start by saying something about what the word "discursive" means for you?

Tom: David, this word keeps evolving for me. In this book it takes on different forms, as our authors regard the 'discursiveness' of their practices in some distinctive ways. Nowadays, I see it referring to how particular conversations give form to particular meanings and practices. It partly relates to a question of Tullio Maranhao's (1986): "is the representation of reality in language reconcilable with the intervention over reality by means of language?" (p. xii). Said another way, can we use talk (our primary way of understanding experience) to change our experience? But discursive also relates to how we use language to re-present experience to each other and ourselves. We aren't all tethered to the same meaning system, so we need to hear how the specific meanings people live by work/don't work for them, to talk beyond those working.

David: That fits for me, and it goes both ways, too: in addition to conversations giving form to meanings and practices, cultural meanings and practices give form to the kinds of conversations we have. I think that distinction illuminates one area of diversity as it pertains to talking about discourse in this book. Some contributors hold a magnifying glass up to conversational exchanges, while others are more oriented to the broad social contexts within which those exchanges occur. These are variations on "discursive" and Jerry Gale and John Lawless (Chapter X) are a rich source of vocabulary for describing them.

Tom: Yeah, in our lifetimes we could point to the cultural meanings of gender or even (DSM) psychiatric labels (homosexuality in, then out), to see discursive influences at work. We could see these in monolithic terms ('culture' prescribes this), or we could see particular conversations that produce such cultural monoliths (see Paula Caplan's 1991 report on articulating personality disorders for the DSM-IV). This isn't just about words, of course. People think and act differently as such discursive changes take place, or are pursued. We can't simply coast on pre-established meanings, however. We seek perspicuous meanings, those optimally fitting our shared circumstances and purposes, but usually settle for adequate ones that take us forward.

David: I'm increasingly astonished by the way the meanings we attribute to words can diverge significantly. This goes for the various sites of conversations, too, from public debates to intimate two-way talk. You and I and the contributors to this book explore conversation in a variety of ways, from the macro (cultural discourse) level down to the micro (two way talk) level. The emphasis varies, but what is shared is that attention to the ways that meaning is constructed in dialogue. It's one of the distinguishing features of any discursive orientation to therapeutic practice.

Tom: Yeah, subtitling this book, "Advances in the discursive therapies" gave all of us a challenge to rise to. One unifying theme of the book – played out in our discussions – is that talk is inescapably consequential. That is, we talk some understandings into being, while contesting or passing over others – and we do this in consequential ways for how our discussion and relationship proceed. So we hope to promote a richer sensitivity to these constructive and deconstructive aspects of talk in and out of therapy.

David: That too: this textual conversation of ours is much more than a mere "reporting" of alternate points of view—it's been a construction site for new understandings. We've reserved

space to review the twists and turns of that process at the end of this exchange. Despite our shared interest in discourse, we've also encountered points of divergence made palpable by our efforts to hear and be heard. For me, a central point of tension has hinged around the distinction between the ways we are all constrained *by* discourse, and the ways we are shapers *of* discourse. While we agree both views are important, my talk drifts to the constraints of broader cultural discourses, and yours to the possibilities for new construction that emerge from a specific conversation.

Tom: Yes, and it is in how we talk through these differences that interests me. Perhaps, you meant something like this when you mentioned conversation giving “rise to” meaning. For me, such language insufficiently reflects the people's efforts when constructing meanings. For example, we both like Bakhtin's (1984) notion about words in any dialogue being “half mine”. One could see the ‘other half’ as taken up by prior speakers (in our cultural discourses), but here is another way of seeing this: what I am about to say will influence what you say next. While I see historical inertias and constraints of culture in our discourses (the macro-view), I also see a performative (micro) dimension in talk – like improvisational theatre – where my talk plays some role in how you perform yours. Both ‘halves’ seem important, to me. When clients present understandings and actions at least half-determined by their cultural experiences, therapy needs to think about the unspoken other ‘half’.

David: While we're being busy teasing out some of these intriguing distinctions among approaches which also share a significant number of features, here's another one: discourse as noun and discourse as verb. That macro view you referred to often depicts discourse as socially and historically entrenched structures of thought and practice: hence “noun”. A leaning towards

the micro brings out another dimension of the word so that “engaging in discourse” is something we *do* when we talk to each other: hence “verb”.

Tom: David, this noun / verb distinction of discourse is important. Seeing discourse as a noun can lead to essentializing and generalizing about “it”, as if we could say what a discourse really is or does in some objective sense. But, it can also present static ways to understand and relate to our experience. In hearing, *‘this is how things are’*, we are hearing about a particular way to understand, talk about and relate to some experience that has held up under repeated use -- with other possible versions of ‘how things *are*’ passed over. A noun view of discourse and words highlights how conversations give form to and privilege some ways of understanding over others. Discourse, as a verb, looks at the activity of communicating and making sense; where understanding and relating is seldom static or fixed. It refers to how seemingly finalized meanings are often in conversational play or negotiation, for their adequacy or alternatives. I like Ian Hacking’s (1999) view on this noun/verb distinction, that in postmodern times we need a tension between our best representations of experience, and how we continually modify them.

David: I like all of what you’re saying about extending apparently finalized meanings and I’m *also* comfortable speaking about people as “inhabiting” established cultural discourses.

Discourses are pervasive in our lives—we’re the fish, discourses the water. I see discourses (as noun) contributing to how we make meaning, and sometimes in ways we only notice with the help of someone else. Sometimes one discourse blinds us to another—Salman Rushdie said that every story is form of censorship. To me, generative dialogue is not only about re fashioning existing discourses. It may involve sharing and exploiting previously unconsidered ones, opening up new universes of understanding. Or it might involve “unmasking” an unhelpful discourse, challenging assumptions previously taken to be “truths”.

Tom: David, your word “inhabit” implies a determinism I only partly accept (e.g., “the discourse *made* me think/act this way”). I still see value in probing discourses for limiting cultural prescriptions clients may adhere to unaware, especially in the narrative mediation work of Monk and Sinclair (Chapter x). And, conversation analysts and ethnomethodologists (e.g. Heritage, 1984; Sacks, 1995) give what we are discussing a slightly different, less determined, emphasis: we are *shaped by and shapers of* the conversations in which we participate.

David: I think we’re tracing our way here across the map of the territories traveled by contributors to this book. Moving away from a preoccupation with a purportedly objective world, discursive therapists place talk itself at the centre of the process. As Berger and Luckmann have said, “language marks the co-ordinates of my life in society and fills that life with meaningful objects” (1967, p. 22.). Those are the “nouns” that surround us. But it doesn’t end there: talk also furnishes us with tools for the coordinated action of “worldmaking” (Goodman, 1978).

Tom: Staying with Berger and Luckmann (1967), I like their phrase: “the most important vehicle of reality-maintenance is conversation.” (p. 152). I think our authors highlight how we construct and *sustain* our understandings and ways of relating via our ways of talking. A simple view of discursive therapy involves changing how talk occurs (discourse as verb part) so that other understandings and actions are made possible (discourse as noun). To me, it is important to see what we ‘talk into being’ and how we keep talking our familiarities ‘into being’.

David: Yes... changing the talk can alter a dominant cultural meaning. Meanings are “pre-made” to an extent, and we *also* make them in conversation, through the performance that is speech. I prefer to keep visible both the fine-grain view of conversational utterances *and* the cultural context in which those exchanges take place.

Tom: I'm with you here. We join a world in conversation, and take up particular ways of talking and relating within it. Our common sense, in this way, arises from our common use of particular ways of talk. And, until such ways of talk are seen as inadequate we generally continue using them, common-sensically. I still wrestle, however, with how laden my talk, and that of clients is with psychological discourse (see Danziger, 1997) that essentializes such phenomena as emotions as properties of (or inside) the individual, as if "my sadness" was 'mine' alone. By seeing psychotherapy's back and forth as a performance clients and therapists are afforded opportunities to reflect and try on other compelling forms of talk and common sense.

David: That notion of talk as performance is something I hope readers will hold as they engage with the writings here. You and I aren't just talking *about* conversation, we're *performing* it right now in the exchange between us, working out meanings as we go. Talk is action, and conversation is coordinated action.

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Tom: Coordinated action captures that sense of telling and doing for me, David: *what* people talk about, and *how* they do that talking. I'm doing that now as I respond to you, and I could throw off our 'coordinated action' if I threw in a non sequitur. This coordination between us (a choreography we work out in what we say, and how) is what John Shotter (1984) has referred to as "joint action" (see his chapter with Arlene Katz).

David: For me, it makes sense to view our contributions as invitations to further dialogue, including contradictory or complementary views. You and I don't share identical views, and yet our conversations have given birth to distinctions never before uttered by us—novel ways of talking, new possibilities for going forward. That's what good therapy does.

Tom: Yes, it seems odd that therapy is generally not seen as conversation. From Fred Newman and Lois Holzman (1997, & chapter Z) I've come to see words as 'tools' possibly customized by

the people using them—and indexed to how they make sense of each other. Indexicality is an ethnomethodology term referring to how understandings are contextualized in this manner. So, when I say, David, “remember what finishing grad school was like?” – we index somewhat different experiences, though social convention treats them as if they are the same.

David: “9/11” comes to mind.

Tom: There’s another. And we can *use* words in novel ways. Think of all the ways “9/11” was construed. Those who see language as an unambiguous “tool” for accurately and correctly transmitting understandings – their understandings – will be at odds with those who see things “correctly”. It is a recipe for conflict over “how things are”. Still, people tend to use language in resourceful and poetic ways particular to their cultural histories and relational circumstances.

D12: Your description of words as tools helps illustrate how we may actively construct meaning together in the moment *despite* the surrounding context of cultural understandings that give certain resonances to the words we use. Poetic talk involves “*linguaging*” in novel ways. Within a psychiatric language, “*fidgeting*” may be understood as a “*symptom*” of “*attention deficit disorder*”. But choosing a competence-oriented language makes room for speaking of the habit as an indication of “*abundant energy*”. Some discourses constrain meaning making, others expand it; which shall we choose? In Chapter X, Peter Rober (Chapter X) talks of paying attention to our inner conversations in selecting which words to bring to the therapeutic dialogue. The poet’s creation is an ethical act.

Tom: I like that, and it’s flipside occurs when someone names our experience ‘for us’, and that naming (or discourse from which it was derived) doesn’t fit. Critical discourse analysts and narrative therapists (example, Johnella Bird in chapter Z) suggest we cultivate this kind of ethical sensitivity to meaning, especially since discourses offer incomplete and value-based ways to

understand and relate our experiences to each other. Therapy, seen this way, focuses on the “conceptual resources” (e.g., words, metaphors) afforded or constrained by different discourses. For example, if I conceptualize bereavement in a technical or psychological discourse, neither may afford the conceptual resources available in poetic or spiritual discourse.

David: I think Nick Todd and Alan Wade richly portray this (Chapter X) by showing how persons who’ve been abused may conceptualize their actions as “evidence of victimhood”, while by drawing on an alternate discourse they may ponder their active and courageous resistance to the abuse. I think sometimes the therapist’s role is to offer up a discourse as a resource in the service of constructing more helpful meanings.

Tom: I’m fine with that, David and hope therapists invite clients into a practical-critical stance where meaning-making is a rigorous activity of scrutinizing any language for its fit or adequacy. No question, some discourses can be more helpful than others in this regard, and I like the notion that therapy can help clients become more discerning about the words and languages they use in and beyond therapy.

David: That process of settling on which languages to use in the therapeutic conversation-at-hand intrigues me. There is much to be said about making room for the client’s language and this may get more attention in what you called the “micro” realm of discursive work (as in the chapter by Katz & Shotter). On the other hand, practitioners like Monk and Sinclair (Chapter X) have their eyes trained on the macro level, the broader social setting for those micro-exchanges. They’re more inclined to invite clients to reflect on the negative fallout of dominant language they use for representing their experiences, and introduce them to new ways of speaking about their lives. The measure of truly collaborative practice is in how we settle in on these various ways of talking together.

Tom: Yes, and about your (“settle”) comment: there is usually some negotiability in what we say and how we say it. This fits my view of collaborative practice, whether in language we propose for understanding client problems or solutions, or in the kinds of conversations we invite clients to join. Most people (helping professionals included) use language unaware of its constraining and value-based influences on helping conversation. So, settling how we talk with clients -- in our shared descriptions or ways of talking – can be key to a collaborative partnership.

David: In a sense, when we “plug in” to particular discourses, they light up different territories. But who gets to hold the plug; who chooses the socket? This is an ethical question: an orientation to discourse unveils the moral dimensions of the conversational craft. Glenn Lerner (Chapter X) elaborates on this in developing Levinas’ (1969) notion that we are fundamentally ethical beings. The word “collaborative” takes on much significance in this context, when talk is seen as action that inescapably enacts values and impacts on others.

Tom: Collaboration asks us to revisit what it means to coordinate our interactions with clients, to fit their preferences and circumstances while not abandoning our morals and ethics. Many hit a conceptual and ethical wall here. Once we acknowledge that our talking plays a role in constructing understandings (example: how different is the church official’s “I christen you...” from the therapist’s “you have disorder X”? – both are examples of J. L. Austin’s, 1962, ‘performatives’) and actions we face ethical questions like how ‘monological’ we will be with clients. How much do our pre-understandings and accustomed professional ways of talking shunt our conversations with clients into *our* familiarities?

David: I wonder if you could say more about how this pertains to monologue versus dialogue, Tom, and how these relate to ethical concerns.

Tom: Here things can get complicated, depending on how one defines dialogue. Most definitions of dialogue identify a conversation of reciprocal influence. So much of mental health practice can feel pre-scripted, because aside from an initial discussion of clients' concerns or goals in seeing the practitioner, things can get quite monological from that point onward. For theorists like Foucault (1973), or Deleuze and Guattari (1987), here is where therapeutic conversation becomes *institutionalized* – as we fit client meanings into our (not their) interpretive frameworks. Improvised dialogues based on collaborations particular to the emergent preferences and resourcefulness of clients and therapists sound dangerous by contrast (Strong, 2002). Like any dialogue, they might take clients and therapists to unexpected places.

David: The word “improvisation” itself suggests the end point's up in the air, and implies a faith in the client's resourcefulness and good intention because it involves letting go of the institutional roadmap. Bill Hanec (Chapter X) co-creates improvised scenarios in his mens' groups. By his account, it's difficult to predict how the ideas he brings will get played out, although they typically open up on what for some men are unfamiliar territories of respect and mutuality in relationships. The improvisation loosens the grip of certain discourses the men typically play out in violence and abuse, opening the door to very different conversations about their experience.

Tom: I appreciate this and remember Harlene Anderson (1997, see her chapter with Paul Burney) writing about conversations in therapy needing to be different from those that clients have been having with themselves and others. Paraphrasing Bateson (1980), needed are conversational differences that make a difference. The impatience some have with talk therapies is that people can stay conceptual, and not practically engage with change. Often needed are extra-ordinary

conversations that are intentionally creative that break from stale, resource-impooverished, or fetishized discourses in which stuck actions and understandings can be embedded.

David: I think this is particularly important with discourses that pathologize or marginalize in some manner. Many entrenched ways of describing and acting that may ill-serve the persons they're intended to help formed around institutional considerations (budget restraints, scheduling logistics, waiting lists, drives for standardized service delivery, and so on). Sometimes that breaking free you speak of is the rejection of stereotyping, categorizing, and other practices that dishonor people and render their uniqueness invisible. In some cases, discursive practice takes on libratory dimensions.

Tom: Yeah, discourse analysts and narrative therapists are great for taking us to taken for granted "sites of contestable meaning". For example, an expert's language like that in the DSM-IVTR can offer a symptom-based way of conceptualizing and responding to clients' concerns. In contesting this discourse as the *only* way of understanding, we negotiate space for other discourses offering different solution pathways. I'm not suggesting that all understandings require such reflection or deconstruction, to see or question what supports them. And, I see our conversation (like others) as one we sometimes sustain or extend, and sometimes *negotiate* as we propose and work out new content or directions.

David: Your comments highlight, for me, differences in the way discursive practitioners engage with that negotiation. Macro-oriented practitioners are more inclined to import some unusual ideas and practices into conversations. This may include deliberately inviting clients to critique apparently unhelpful ideas, or speaking about problems as external to persons, even though this way of speaking defies linguistic convention. I think discourses (as noun) are not only constraining, as we've mainly emphasized here—they're also potentially useful resources that

emerge from cultural traditions. We can learn and benefit from bodies of thought and practice that precede us. But they must be held lightly, to avoid adopting a dogmatic stance that may sideline the client in the negotiation of meaning.

Tom: David, this relates to the meaning units central to how we practice. There is a tradition in therapy to go after what Lynn Hoffman (2001) has referred to as “the thing in the bushes”, what we see as the ‘culprit’ causing problems or constraining solutions. A “thing in the bushes” attitude can concern me here should therapists indict particular words or discourses as those “things”. You’ve spoken about this in how therapists can ‘colonize clients with their passions’, hi-jacking therapeutic conversation for particular ideological purposes (Paré, 2003). And, therapists can get disrespectful should they see clients as dupes needing their knowing deconstructive and reconstructive guidance.

David: Point taken: the notion of some thing or other “in the bushes” might be useful to a client to makes sense of events, and it might not. We need to check, and in doing so we adopt . a not-knowing stance, while simultaneously bringing ideas to the dialogic table, as it were. Despite the risks of what our contributors Todd and Wade have called “psycolonization” (Todd and Wade, 1994), I do believe it’s precisely because our ideas *are* different from our clients that creative and constructive dialogue ensues. I think we discursive practitioners sometimes get overly preoccupied with the purported ills of ideas and practices associated with modernist traditions when we could be learning more about how to join with clients in evaluating the pragmatic worth of *any* ideas and practices (modern *or* postmodern) we bring into therapeutic dialogues. Again, this brings us to ethics and an issue that Glenn Larner (Chapter X) has articulated for some time now.

Tom: This common presumption that we speak the same language can create “differends” (Lyotard, 1988), impasses where my discourse and yours can be conceptually and evaluatively different, the stuff of parallel discursive worlds. Whose discourse therapy will be conducted in? Whose evaluations should count? Therapeutic conversation is not unlike many conversations between strangers in everyday life. They work out a shared discourse, to bridge differences and similarities in their ways of understanding and talking. They can’t commandeer the conversation to the familiarities of their own conversational turf; they make room for and work out their differences, using whatever words and ways of talking are helpful to moving forward.

David: “Helpful” is a word that resonates strongly for me; I appreciate its pragmatic ring. We arrive at what is helpful through our dialogue and may discover to our surprise that there’s a piece of an institutional narrative that a person finds very useful to them. This calls on us to loosen our grips on pre-set givens, whether “dominant” discourses or well-intentioned libratory ones (Paré, 2003). A discursive orientation frees me from the futile quest to get “to the bottom of things”. It’s what is helpful in moving us forward that counts—and evaluating that is all part of the dialogue.

Tom: “Moving forward” was a phrase Wittgenstein (1958) repeatedly used to describe how we might overcome our problems with language, David. We’ve been word-smithing our way forward here, and therapy strikes me similarly. Crafting shared intentions, shared understandings, shared ways of going forward are linguistic activities where we work out a language that can take us forward. These conversations reflect the moral, aesthetic and other considerations that conversations, cultural and face-to-face, work out (Taylor, 1989). People can be pretty generous in how they understand and develop shared intentions and actions together.

They might disagree over perspicuous understandings, but in shifting from “correct meanings” to adequate or effective meanings, going forward becomes more attainable.

David: And that looks different every time; therapeutic conversations have an exquisitely idiographic quality. By idiographic, I mean specific and particular: instead of viewing clients as one of a ‘class’ of persons identified by a particular population marker or presenting problem (e.g., “anorectics”), we cherish their uniqueness. We orient to the surprises they bring, rather than turning to our bookshelves, to learn what their “type” thinks, feels, and needs in order to change. When we experience a person as a “type” we are blinded to their resourcefulness, dulled to the aliveness of our encounters with them. Of course now I’m clearly falling out of line with one contemporary thrust towards one-size-fits-all, manualized treatment targeted at specific population subgroups.

Tom: Yeah, that one-size-fits-all approach seems *monocultural*, a particular descriptive/prescriptive worldview. This is my nightmare for therapy, (a dream for some?): mental health maps out all problems using professional language like the DSM, to which we hitch authorized prescriptions for intervening, addressing each possible diagnosis thusly. In short, therapy would be pre-scripted, with client responses slotted into pre-established categories. This, ostensibly, is what some see as required, to put therapy on the same footing as medicine (Rose, 1990). From there questions of competent and ethical practice can be answered by turning to what is pre-set, by how closely practitioners adhere to these conversational protocols. In this book we have authors critiquing variations on this way of institutionalizing practice (see Chris Kinman & Peter Finck chapter X, and Hans Skott-Myhre chapter Z). But, let me reverse this, and ask you if some might read anarchy into discursively practiced therapy that doesn’t operate from a unified body of knowledge and practices.

David: My concern is that in the quest for uniformity, that flight from so-called anarchy, we banish that specificity which may be our most precious resource. It's the texture and tone of the particular that opens unforeseen possibilities. There is no manual for such things. In the precisely non-universal dimensions of these encounters, we find new ways forward. If this is anarchy, there's gold in them there hills.

Tom: David, Ken Gergen (2002) recently described this as the "suppression of cultural hybridity", ways our professions limit dialogue by sanctioning a narrow range of professional conversation. Therapy has many 'aporetic' moments where the possibilities for new ('golden') meanings abound. "Aporia" refers to indeterminate meaning, and that opens up the concept of how meanings are 'determined'. "Nailing things down", determining them with authoritative meaning seems imperialistic, especially when it crowds out other fitting idioms we might work out for relating to shared experiences, and each other.

David: Which brings us back to your nightmare, and mine. In many respects, the trend that you darkly refer to is about wringing the ambiguity out of the world, and out of the word. There is so much richness and opportunity for creativity in that vertiginous place between pre-set meanings. Does this nudge us towards the slippery slope to anarchy? I don't think so. But it does lead us away from the kind of large scale empirical studies which factor the idiographic out of the picture in order to render a conclusion somehow untainted by local variation. But do we really want to strive for a homogeneous world? I'd rather see us assume that what lies out there is more like an ecological reserve full of mystery and complexity, and develop habits of relationship that minimize the chances of us eradicating species, as it were, in our earnestness to be helpful.

Tom: This stance of respectful curiosity seems central to the discursive therapies; if we are not surprising ourselves in how clients respond to us we're probably just extending our own narratives, with what they tell us. Levinas (1969) sees ascribing meaning as *violent* when we "totalize" with our meanings – by closing down other possibilities for talking or understanding.

David: I think you're getting at what I view as an (appropriately) massive disjuncture between natural science and discursive therapeutic practice. I think it's fair to say that your nightmare's projection of one trend in the therapeutic domain looks a lot like the final colonization of conversation by natural scientists (Chapter X) . The challenge, which Sheila McNamee (Chapter X) articulates, is to demonstrate that a preferable way forward may not be to apply empirically-validated, packaged interventions, but to co-invent therapeutic directions *in conjunction with* clients. And our therapist training programs should make more room for these collaborative conversational practices, alongside the perhaps more common therapist-driven models and descriptive snapshots of the makeup of certain "client populations". This pertains to Multicultural Counselling, too. As much as I'm encouraged by the rapid growth of attention to multicultural concerns, we need to be careful not to reify taxonomies of culture that look like periodic tables in a different guise.

Tom: 'Periodic tables' seem a penultimate reification, and they privilege the general over the particular, and product over process. When we have empirically validated treatments (EVT's) that are supposed to work regardless of context, or client preference, what should one make of the particularizing or customizing thrust of how discursive therapies could be practiced?

David: That pointing to what *could* be is how I prefer to see what we're doing with this book,

Tom: it's a temporary stopping point in the ever-flowing conversation about how talk figures in generating possibilities. . This doesn't feel like an end-point by any means in *our* conversation,

but perhaps is a place to turn the mirror on ourselves and see what we notice about the exchange we've had over these many months. I think we've confirmed that a textual medium is very handy indeed for portraying discourse as noun: our chapter overflows with the "product" of a generative conversation. But in the tidy parade of edited exchanges we see no evidence of the *verb*: the dialogic process--sometimes arduous, sometimes exhilarating--that produced this chapter. How about if we take a moment to render that process more visible (in retrospect) by debriefing on it here?

Tom: David, today (April 1, 2003) I got your April Fools message ("let's scrap the dialogue chapter") and for an angst filled moment I believed you. Dialogue can sound so wholesome until you're in there (like us) trying to be understood, avoiding misrepresentations, haggling over words, provoking and countering ideas, while still trying to move forward in mutually satisfying ways. We weren't talking down tubes where the accuracy of our transmission and reception was the issue (Maturana and Varela, 1987); that overlooks the rhetorical and moral dimensions of our talk as our way of resolving matters of "right and good" (Billig, 1996; Gergen, 1999). If I'd turned to you at any point and said in reference to 'my' words and ideas, "David, you don't get it, this is how things are" – what could I have turned to, to make such a claim? In the absence of universal standards to adjudicate conversations like ours a discursive approach asks us: how do we come up with shared and meaningful ways of going forward together?

David: Tom, I think that among other things, what kept us in the conversation are the choices we continuously made in responding to each other. Of the various voices I could identify in my inner conversations accompanying our exchanges, some drifted towards dismissal—much like the "you don't get it" you mentioned. This to me is a milder version of what happens when a therapist, frustrated in the attempt to "engage" a client, resorts to a diagnostic label such as

borderline personality disorder. The therapist is thereby exonerated, because the failure to coordinate is placed in the lap of the pathologized client. I think we also do this more globally when we suspend talks because one party is “evil”. I experienced the two of us as avoiding this entrenchment by choosing to speak of “missing each other”—an invitation to the other to speak more, the announcement of a commitment to listening more. Not to say it’s been a cakewalk. For me, our prolonged exchange has surfaced numerous differences between us—in terms of both what we prefer to talk about and how we prefer to talk about it.

Tom: I’d go back to Wittgenstein’s ‘perspicuity’ here – language to optimally represent how we mutually want to be understood and go forward together. Of course, we bring different criteria for what ‘optimal’ means but it took hard conversational work to arrive at ways of going forward that were inclusive and meaningful for both of us. There were times when I thought things important to me were glossed in these exchanges and, in a frustrated moment, I even wrote that you had a “conceptual allergy” to ideas I was trying to include in our discussion. Of course, that sort of talk doesn’t serve either of us well. How are you feeling about our personal efforts toward perspicuity here?

David: I’ve experienced those efforts happening on various fronts. It has probably been most evident for me in our striving for agreement on word meanings: I can think of a prolonged discussion we had that hinged on the word “instrumental”. This relates to what Garfinkel (1967) says about the indexicality of language—until we saw that we were indexing the word to different contexts, using it differently for different purposes, we missed each other. For me, this discovery changed everything, and what felt like an impasse dissolved. But there were other ways we needed to coordinate our talk that we may never have named, but which we “danced” together. I’m thinking particularly of phone conversations that often shifted the tenor of our

interactions—both written and spoken. The tone and volume of our voices, our phrasing and pacing and silences, communicated our concerns and vulnerabilities in ways that our e-mails could not, and I always went away from those spoken exchanges feeling more synchronized with you and more ready to go forward again together.

Tom: For me, David, we are talking about dialogue's adequacy, what makes conversation good enough for us both so we can move forward. Of course, there's always more room for meaning, and no final word on what we say. I've been seeing our stuckpoints as challenges in finding perspicuity. At times, I felt that your attempts to highlight our seeming points of convergence insufficiently acknowledged nuances that mattered to me. I would respond hoping that these nuances could be better reflected in our shared efforts, and we worked this out, into something adequate for moving on. I think this parallels what goes on in therapy or any other conversation that's meaningful to those having it. We strove for perspicuity and usually settled for adequacy.

David: "Adequate" has a forgiving ring to it—something like "good enough". I've been struck—astonished at times—by the seemingly endless layers of meaning in our conversations with each other and in the conversations *about* those conversations. We've 'pinged and ponged' (as you once put it) back and forth, and I've witnessed a gradual movement towards what has felt like adequately mutual understanding. But I mean something more than "you (mostly) get me and I (mostly) get you". There's more: our exchanges over these months have increasingly contained echoes of the *other's* utterances. The contours of what may have started as "my view" and "your view" altered in response to one another so that we've come to a place of "we (mostly) get *us* better". Is "better" good enough? It's "adequate", for going on, but as you said, there's always room for more meanings. Our exchanges have also surfaced many new mysteries yet to be explored.

Tom: And still we grapple for adequate words. Let's not forget the many places where we said something later, and retraced (behind the scenes, so to speak) our steps, inserting concepts that weren't there before. Now, why should this matter? Personally, I like the idea that we can go back to some meanings, revise them as we see fit, and move on, all the better for those revisions.

David: That helps to remind me how different an edited textual exchange is from spoken conversation; for me, this experiment has highlighted many of those distinctions. It's also rendered more apparent a variety of processes that I think equally apply to spoken talk. I've been aware of a different conversational "pace" between us, with you typically responding much quicker. Our vocabularies, going into the exchange, also showed some interesting contrasts and have been subject to much discussion as we've attempted to articulate our (opening) views without obliterating the others'. At this point, my vocabulary from speaking about dialogue has expanded, courtesy of yours. There's also a *shared* vocabulary that's emerged, so that the two of us can "go more places together" as it were. And as we have, we've encountered *new* nuances, new distinctions: I certainly don't feel any nearer to closure.

Tom: I think that is part of our postmodern predicament: we live with tensions and possibilities that keep us talking, without getting in any final word.

David: Well, here's to future conversations, furthering talk.

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References

Anderson, H. (1997). *Conversation, language and possibilities*. New York: Basic Books.

Austin, J.L. (1962). *How to do things with words*. (J.O. Urmson, Ed.), Cambridge, MA: Harvard University Press.

- Bakhtin, M. (1984). *Problems of Dostoevsky's poetics*. (C. Emerson, Ed. & Trans.). Minneapolis, University of Minnesota Press.
- Bateson, G. (1980). *Mind and nature: A necessary unity*. New York: Bantam Books.
- Berger, P., & Luckmann, T. (1967). *The social construction of reality: a treatise in the sociology of knowledge*. New York: Doubleday.
- Billig, M. (1996). *Arguing and thinking*. (Second edition). New York: Cambridge University Press.
- Caplan, P. (1991). How do they decide who is normal? The bizarre but true tale of the DSM-IV process. *Canadian Psychology*, 32, 162-170.
- Danziger, K. (1997). *Naming the mind: How psychology found its language*. Thousand Oaks, CA: Sage.
- Garfinkel, H. (1967). *Studies in ethnomethodology*. Cambridge, UK: Polity Press.
- Deleuze, G., & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia*. (B. Massumi, Trans.). Minneapolis: University of Minnesota Press.
- Foucault, M. (1973). *Birth of the clinic: An archaeology of medical perception*. New York: Pantheon.
- Gergen, K. (1999) *An invitation to social construction*. Thousand Oaks, CA: Sage.
- Gergen, K. (2002). Psychological science as culture. Presentation at the American Psychological Association 110th Annual Convention. August 23. Chicago.
- Goodman, N. (1978). *Ways of worldmaking*. Hassoeks, England: Harvester Press.
- Hacking, I. (1999). *The social construction of what?* Cambridge, MA: Harvard University Press.
- Heritage, J. (1984). *Garfinkel and ethnomethodology*. Cambridge, MA: Polity.
- Hoffman, L. (2001). *An intimate history of family therapy*. New York: WW. Norton.

- Levinas, E. (1969). *Totality and infinity: An essay on exteriority*. (A. Lingis, Trans.). Pittsburgh, PA: Duquesne University Press.
- Lyotard, J-F. (1988). *The differend: Phrases in dispute*. (G. Van Den Abeele, Trans.) Minneapolis, MN: University of Minnesota Press.
- Maranhão, T. (1986). *Therapeutic discourse and Socratic dialogue: A cultural critique*. Madison, WI: University of Wisconsin Press.
- Newman, F., & Holzman, L. (1997). *The end of knowing*. New York: Routledge.
- Larner, G. (2003, in press). Towards a critical therapy. *International Journal of Critical Psychology*, 6, 9-29.
- Maturana, H., & Varela, F. (1988). *The tree of knowledge: Biologic roots of human understanding*. Boston, MA: Shambhala.
- Paré, D.A. (2003, in press). Discursive wisdom: Reflections on ethics and therapeutic knowledge. *International Journal of Critical Psychology*.
- Rober, P. (2002). Constructive hypothesizing, dialogic understanding and the therapist's inner conversation: Some ideas about knowing and not-knowing in the family therapy session. *Journal of Marital and Family Therapy* 28(4), pp. 467-478.
- Rose, N. (1990). *Governing the soul: The shaping of the private self*. New York: Routledge.
- Sacks, H. (1995). *Lectures on conversation*. (G. Jefferson & E. Schegloff, Eds). Oxford: Blackwell.
- Shotter, J. (1984). *Social accountability and selfhood*. Oxford: Blackwell.
- Strong, T. (2002). Dialogue in therapy's 'borderzone'. *The Journal of Constructivist Psychology*, 15, 245-262.

Taylor, C. (1989). *Sources of the self: The making of the modern identity*. Cambridge, MA:

Harvard University Press.

Todd, N. and Wade, A. (1994) Domination, deficiency, and psychotherapy. Part I *The Calgary*

Participator, Fall, 37–46.

Wittgenstein, L. (1958) *Philosophical investigations*. 3rd Edition. (G.E.M. Anscombe: Trans).

New York: MacMillan