1. Introduction

The question of how participants in a conversation grasp meaning as it is gradually constructed is a key issue in pragmatics, and more specifically in dialogue theory and analysis. However, depending on whether the linguist takes a generic perspective (thereby postulating the inter-changeability, even homogeneity of the interlocutors) or focuses instead on the interpretations that take effect in the here and now of the conversation, the very nature of the meaning construction process differs.

As soon as meaning is regarded as the joint product of the verbal exchanges of the interlocutors, it can no longer be likened to a linear accumulation of local, and thus utterance-specific meanings. It becomes the combined result of local and global sense relations that are diversely interconnected and necessarily multidimensional, thereby forming a genuine network, a discursive space. Such a dynamic and unstable space is both the outcome of the discourse and the context of the interpretations it stages.

In this framework, the analysis of dialogue chaining (François 1995; Salazar Orvig and Hudelot 1989) involves a dimension that goes beyond the mere description of sequential constraints or preferences. On the contrary, such an analysis will enable us to gain insight into how, by means of shifting, interlocutors make tuning and “detuning” moves, and thus, how they converge and diverge in the course of a dialogue. In an analysis of psychiatric interviews conducted in this perspective (Salazar Orvig 1995) we found lags and dephasing, misunderstandings, and even "missed encounters", all of which highlight the fundamental heterogeneity of the discursive space, the result of irreducible disparities in what meanings are grasped by the different participants.

Whether posited as a principle inherent in all dialogue or considered within the framework of a particular interview, this finding itself is interpretive in nature. Not all observers or interpreters of a discursive sequence look at the situation from the same angle, and not all rely on the same explanatory principles. This lays the groundwork for the debate

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1 I would like to thank Vivian Waltz for having translated this article.


3 ... which is necessarily an artefact of the analysis, since nonverbal dimensions are equally important.
about the networks of meaning generated by the specialist’s understanding (in the present case, a psychiatrist) and the understanding of the situation as it is viewed through the eyes of a layman. Without raising the issue of the definition of layman, it is evident that ordinary individuals are not just semantic interpreters (Eco 1992). Like the interpreting critic or psychopathologist, they shift back and forth across levels in order to place the speech in a framework where it takes on meaning for them (François, unpublished manuscript). This leaves us with the fact that, in this respect, the linguists’ position is hybrid. From their position as outsiders who are neither naive interpreters nor experts in the field, linguists analyzing dialogue strive to account for the interrelationships between the various points of view. So one could compare the different perspectives on this "object", each leading to the reconstruction of a different discursive space, with a different topography, and a different temporal configuration. The question that remains is whether these different viewpoints are incompatible, or whether the acknowledgement of this new level of divergence could, on the contrary, reinforce the idea that the discursive space is fundamentally heterogeneous.

Faced with the evidence of this heterogeneity, one cannot help but wonder what it is in the wording of messages that supports our interpretations as observers/analysts. If our understanding of the unfolding of a dialogue is based on the words currently in circulation, and more specifically, on the manifestations of dialogism (Bakhtine 1977) in the sheer materiality of the wording, we can postulate a preliminary type of kinship with the understanding the participants themselves have of the conversation. However, our interpretation does not deal solely with local meanings, and our reconstruction of the interlocutors' "strategies" is free of temporal constraints (Kerbrat-Orecchioni 1989), for it relies on regularities, reoccurrences, breaks, and so forth. Does that make it radically different in nature from that of the interlocutors? Without fully answering this question, we might nevertheless remind the reader that the "meaning capturing" process in situ is not rooted solely in a linear logic, but is itself made up of backtracking and restructuring (Grunig 1994; Salazar Orvig 1997), and that the interlocutors are obviously sensitive to global meanings such as the pathos and the atmosphere of a discourse (François 1993).

2. Interpretation: A process and a discursive genre

Depending on what approach is taken to study language, the word "interpretation" encompasses various different and often complementary concepts. Firstly, it not only refers to the process involved in the reception/comprehension of a message, but also to a specific discursive genre, represented by interpretative utterances. Secondly, if we focus on the process, it is difficult to distinguish the interpretation process from the comprehension process. Whatever the case may be, interpretation is considered here as a second activity that involves a change in point of view with respect to the message received. Making this distinction, however, does not mean that interpretation is optional in a dialogue. Quite to the contrary – if we take the Bakhtinian perspective of active responsive comprehension (1977) – it is a process inherent in the reception of any message and thus in the participation in any dialogue. Finally, as mentioned above, the dimension of interpretation we are attempting to delineate here can be viewed alternatively as a generic process that is similar for all speaking subjects (of a given language in a given culture), or as the process
that is actually taking place for a given subject in a given situation. It is indeed rare to find these different perspectives overlapping, probably due to the fact that the interpreter does not always manifest his interpretations, which thus remain within the realm of speculation. One can conceive of these different perspectives by thinking of the opposition between two poles of what appears to be a continuum, with implied interpretations at one end and proposed interpretations at the other.

2.1. Implied interpretations

Any utterance produced by a speaker at a given moment in a dialogue takes its place in a pre-existing discursive space (which itself is the result of the successive contributions of the participants). From then on, the various aspects of the makeup of that utterance are dependent upon the place it occupies therein, and hence, on how the speaker apprehends the meaning under construction at that particular moment. This dependence is what allows us to consider that the interlocutors' utterances point more or less indirectly to the way in which they understand/interpret what is being said and what is taking place. These interpretations are thus implied by their discursive moves. Note, however, that interpretations are based on all constituents of the meaning and form of the message, not simply the purely verbal aspect of the interaction.

Thus, utterances furnish a variety of indications, not only about the reception and integration by a speaker of another speaker's words, but also about his or her comprehension of what the other person means or intends to do. More generally, one can say that every utterance draws a picture of its discursive horizon (François 1993). This involves taking into account not only local meanings that can be ascribed to such and such a portion of speech, but also the global meaning that is explicitly or implicitly constructed as the dialogue unfolds.

This does not make utterances so transparent that one can plainly see the underlying interpretations. Speakers do not necessarily react overtly to the utterances (or discursive segments) they hear. When they react, the indications conveyed by their response may pertain to any one of the various facets of their comprehension of meaning (simple reception; apprehension of the interlocutionary dimension; its integration into the preexisting set of meanings; consideration of the referential, semantic, or topical aspects of the utterance, along with its subjective and evaluative dimensions; understanding its contextual relevance or argumentative stance; etc.). But above all – restating Bakhtine's idea in another way – a response is not a mere echo of the utterance that elicited it, but usually also involves a shift that imprints the exchange with a new orientation. Implied interpretations are thus more the outcome of a positioning process, than of convergence with the other person's speech.

2.2. Proposed interpretations

By proposed interpretations, I mean the reflexive utterances that pertain to what was said beforehand (self- or other-interpretations being an additional distinction). They form a discursive genre of their own. Their relatedness to other utterances of the metadiscursive type, and more specifically, with reformulations (De Gaulmyn 1987 a and b; Gülich and Kotschi 1987) is obvious, and suggests that proposed interpretations are located at one end of a second continuum, with phatic utterances (which serve to maintain the exchange) at the other (Salazar Orvig, in press). While the latter are confined to expressing the reception of the message, proposed interpretations give new meaning to the utterances to which they pertain. The major question raised here concerns the difference between proposed interpretations and reformulations. Two criteria enable us to see this difference: (a) the enunciative source assigned to the reformulating or interpretative segment (Apotéloz and Grossen 1996) and (b) the semantic distance.

a) Reformulations occur when the speaker attributes to the second utterance the same enunciative source as to the first. In the case of other-reformulation, it means that the speaker is not fully accountable for his or her utterance. In contrast, with a proposed interpretation, speaker accountability is ensured and the utterance is not directly attributed to the interlocutor, as illustrated in the following examples (taken from Salazar Orvig 1986). In the first example, other-reformulation is signalled by the expression "vous aviez dit" ("you had said"):

(1)

P - alors qu'est-ce qui vous a donné cette idée que c'est la psychanalyse qui pourrait vous aider? (so what gave you the idea that psychoanalysis might help you?)
B - ben en lisant euh quand j'avais quinze ans / ça vient de là aussi / à quinze ans j'avais lu un livre de Pierre Daco/ vous connaissez là? (well when I was reading, uh, when I was fifteen years old/ that's where it started too/ I was fifteen/ I read a book by Pierre Daco/ you know it?)

[...]

B - [...] et puis là j'avais envie euh j'avais envie euh j disais bon i faut i faut parler d'ça dans les écoles/ c'est fini l'code de la route/ faut parler d'ça à la place du code de la route/ tellement je ( [...] so then I felt like uh I felt like uh I said hey they should they should talk about that in school/ no more traffic laws/ they should talk about that not traffic laws/ I really wanted)

P - oui ça a été l'coup d'foudre alors (yes so you were enchanted right away then)

[...]

P - vous aviez dit/ e... je crois que c'est les étonnantes découvertes de la psychanalyse ou les étonnantes victoires de la psychanalyse, le liv'de § Daco (you had said/ e... I think that it's the striking discoveries of psychoanalysis or the striking victories of psychoanalysis, the book by § Daco)

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5 I am not addressing the issue of self-interpretations and self-reformulations, which presuppose the manifestation in the discourse of a sort of "two-voiced" expression of the speaker's enunciative position.

6 This modal expression is part of a side sequence about the title of the book by Daco, although the utterance of interest to us here is the one that starts with "vous aviez dit" ("you had said"), which is interrupted and then continued with "et en lisant □ a vous vous êtes dit qu'...." ("and in reading that you said to yourself ....").
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In the second example, the interpretative utterance is introduced by a modal form:

(2)

\[
\text{P} - \text{(it seems to me) / I mean you're looking in a different / a different way / you're always looking for the same thing / meeting a person / that was a great master / that was a guru / it's uh a psychoanalyst that enables you to} \]

Although the existence of cases like this, where the enunciative source is so clearly assigned, help us see the difference between reformulation and interpretation, we must not forget that not all utterances are as clear-cut. A case in point is the remark "ça a été l'coup d'foudre alors" ("you were enchanted right away then") in Example 1. As a matter of fact a reformulation is itself the outcome of an elaboration process carried out by the speaker doing the reformulating. This multivoicedness implies an underlying interpretative process. As such, we are dealing here with a genuine continuum between reformulations and proposed interpretations.

b) One can also consider – while being well aware that this is not going to lead to a discrete opposition either – that interpretative utterances often involve a shift away from the framework proposed by the other person's speech, whether it be a recapitulation (as in Example 2) or a change in the universe or scope of the meaning (François, unpublished manuscript). Similarity to reformulation necessarily arises once again, since as a re-coding process, the latter introduces a change in viewpoint. However, a proposed interpretation can hardly be considered a pure paraphrase of the source segment.

3. The clinical interview

Perhaps more than other types of interaction, the clinical interview, as a communication situation, has a number of specific features that are conducive to exploring the different types of interpretations.

a) One such feature is its asymmetrical character, which concerns not only the positions of the interlocutors but especially their relationship to the discourse content. Insofar as the interview focuses essentially on the patient's experience, the major part of the therapist's utterances are repetitions, reformulations, or interpretations (Labov and Fanshel 1977).
b) Although the therapist lacks direct access to the life experiences to which the patient's discourse refers, he or she does have theoretical knowledge and/or knowledge acquired in other equivalent situations at his or her disposal. This knowledge provides a range of expectations and a frame of reference upon which the therapist will base the interview.

c) The participants in a clinical interview do not attend to the same aspects of the utterances being produced. Therapists do not take the narrative or descriptive content of the patient's discourse at its face value as much as they use that content as clues to the patient's mental functioning.

d) In the case of a psychiatrist, ordinary interpretative activity is backed by a specialized semiotic activity that considers symptoms in reference to a theoretical framework and etiology. This interpretative activity has repercussions on how the psychiatrist conducts the interview, orienting the topic of the exchange, and takes up on or reformulates the patient's utterances. In doing so, the psychiatrist proposes — in the full sense of the term — interpretations to the patient, often submitting them to confirmation by the patient. Added to this is a complementary and crucial dimension of clinical interviews, the perlocutionary impact of interpretations on the therapeutic relationship, a factor which should be addressed in any longitudinal study.

e) To some extent, the patient carries out an equivalent activity to the therapist's. On the one hand, by way of the narration, the patient elaborates and delivers a certain interpretation/explanation of his or her problems. On the other hand, even if the patient does not make the connection between the psychiatrist's utterances and a constructed theoretical framework, he or she nevertheless attributes a meaning to them, in relation to his or her own knowledge and representations of the ongoing interaction (Grossen 1996).

4. Forms of interpretation in a clinical interview case

The very first interview a young drug addict, Charles, had at a drug addiction center, conducted by three members of a team of therapists (a psychiatrist (Ps), a psychologist, and a nurse) will provide the material we need here for exploring the various forms of interpretation. However, because this was not actually an interaction of a therapeutic nature but one centered instead on diagnosis and potential assistance, what was at stake was more the participants’ comprehension of the meaning of the words being exchanged, than therapeutic work per se. While this bias may prevent us from pinpointing the specifics of interpretation in therapeutic work with a patient, it will allow us to compare and relate — with all due precautions — the interpretations that unfold before our eyes to those that might

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7 This interview was analyzed in a study on the discourse of drug addicts (Aguttes and Salazar Orvig 1986).

8 Charles’ discourse was characterized by the provision of very little information to the addressees, and the frequent use of generic terms and negative remarks. In the analysis that follows, we shall see how these characteristics fit into the dynamics of the dialogue.
be mobilized in the case of a layman.

4.1. Interpretations and topic shifts

The first finding, somewhat paradoxical given our initial objectives, was the absence of any instances of "pure" interpretation proposed by the psychiatrist to the patient. This can most likely be explained by the nature of the interview, and more specifically, by the fact that the therapists in question were not necessarily the ones who would be in charge of the patient later on. However, Charles did not provide much opportunity for the therapists to get a handle on his experience (as the reader will discover as we go through the different examples below), and this was probably responsible for the scanty reliance on this type of utterance in the dynamics of the dialogue. This did not strip the psychiatrist's speech of an interpretative dimension, though, as the following speculative utterances show.

(3)  
Ps 58 -  
*et vot’vie d’jeune homme alors comment vous la faites, y a que la drogue ou vous avez des copains, des copines*  
(and what about your social life so how do you handle it, are there only drugs or do you have some buddies, girl friends)

Ch 60 -  
*ah ben oui j’ai des copains j’ai des copines*  
(yeah well yes I have buddies I have girl friends)

Ps 59 -  
*oui? vous en avez une plus particulièrement?*  
(yes? do you have one in particular?)

Ch 61 -  
*oui là en ce moment j’en ai une que je viens de fréquenter depuis y pas longtemps et puis c’est justement avec elle que je voudrais bien essayer de /<siffle/> d’arrêter quoi justement*  
(yes right now I have one I've been going out with for a while and she's the one in fact I'd like to try/ <whistles> to stop with, you know, in fact)

Ps 60 -  
*d’arrêter*  
(to stop)

Ps 61 -  
*vous avez pas de problèmes de relation avec les gens, inhibé, timide?*  
(do you have trouble relating to people, inhibited, shy?)

Very clearly anchored in what the patient said, Ps 59 and 61 re-position the evoked content in a broader universe in which these words could take on another meaning. In this way, the two shifts at the source of this broadening, and the topic changes they sketch out, are indicative of the interpretative framework within which the psychiatrist is maneuvering and which is revealed as the exchange progresses.

(4)  
Ps 63 -  
*vous avez jamais souffert de quoi que ce soit avant?*  
(you never suffered from anything at all before?)

Ch 64 -  
*non*  
(no)

Ps 64 -  
*vous avez jamais eu l’impression de*  
(you never had the impression you were)

Ch 65 -  
*manque de qu-quelque chose? non*  
(needing som-something? no)

Ps 65 -  
*ou d’avoir des peurs*  
(or being afraid)
This raises the more general question of the significance of the topic shift, especially since it concerns neighboring universes. The semiological attitude that characterizes the psychiatrist's involvement in the interview leads us to view these moves as reactions to the patient's utterances, which contribute to building (or confirming) an overall interpretation.

4.2. Interpretations, reformulations, and evaluations

Despite the relatively uncooperative behavior of the patient, some content is in fact being constructed, and after a certain point, the psychiatrist finds a basis for proceeding with his reformulations. Utterances Ps 66 to 69 clearly illustrate just how difficult it is to differentiate reformulation and interpretation.

(5)

Ps 66 - 
[…]\(\text{avant ça vous y vous a-aviez pas - y avait aucun sujet d'plainte?}\)
([…]\(\text{before that you you didn't have - you'd nothing t'complain about?}\)

Ch 67 - 
\text{non non}
(no no)

Ps 67 - 
\(\text{si on vous avait rencontré avant/ qu'on avait parlé un p'tit peu avec vous vous nous auriez dit que tout va bien}\)
(if we'd met you before/ if we'd talked a little about this together you would have said everything was fine)

Ch 68 - 
\text{oui oui}
(yes yes)

Ps 68 - 
\(\text{I'm pretty happy/ my parents love me/ I get along with my brother}\)

Ch 69 - 
\text{ah oui bff}
(oh yeah I guess)

Ps 69 - 
\(\text{you would have told us things like that}\)

Ch 70 - 
\(\text{well yeah/ no but because that's what's the truth}\)

These utterances act as summaries of the psychiatrist's hypotheses. The psychiatrist holds the patient accountable for the utterances, while assuming part of the responsibility himself through the use of the conditional tense. At the same time, because of their exaggerated formulation, these utterances convey an ironic distance and thereby bring into play another aspect of the interpretative activity, the way in which the other person's words are received, their evaluation. In the present case, there is some reluctance to take the words for true or valid.
4.3. Interpretations of interpretations

The patient's reactions reveal his own interpretative activity. In Ch 66 (Example 4), the patient responds with an explanation of his addiction, which he opposes to the implicit framework that the psychiatrist's questions are mapping out ("voilà l'histoire", "that's the story"). Ch 70 (Example 5), a more explicit refutation, emerges as a reaction to the addressee's perceived disbelief. As such, by way of their argumentative orientation, these utterances define an interpretative loop and thus come through as implied interpretations, which in turn are based on perceived or inferred interpretations on the psychiatrist's part.

Thus, while the patient does not produce any reformulations or proposed interpretations, his utterances nonetheless indirectly point out what instigated the reaction. The same holds true when he introduces a new piece of information:

(6)
Ps 14 - "et et avant d'avoir cette période de drogue? ça vous faisiez §
(and and before going through that drug phase? you were doing that §
Ch 15 - "seuh avant ça allait/ tout allait bien/ c’c’parce que j’ai rencontré des gens c’est tout
§(uh before it was okay/ everything was fine/ it's because I met some people that's all)

This exchange took place at the very beginning of the interview, when this topic ("avant", "before") had not yet been brought up. Ch 15 is a complex turn that exhibits some degree of continuity (repetition of "avant", "before") but replies to the open question by projecting a topic (the second part of Ps 14 does not seem to have been heard). Moreover, the statement beginning with "c’est parce que" ("it's because") is itself an apparent discontinuity with respect to the first part of the reply: It does not state the explanation for, or cause of, the patient's past well-being or current ill-being, but rather the cause of the addiction. This discontinuity no longer looks like a discontinuity if we consider the explanatory utterance in another framework, that of the meaning the patient attributes to the psychiatrist's question: The search for the reasons why he began taking drugs.

This discontinuity, and how it could be interpreted, can certainly be explained in terms of conversational implication (Grice 1975) or inferential pragmatics (Moeschler 1996), especially given the way "parce que" (because) functions. However, going beyond an analysis of how this connective works here, these two discontinuities point to an anticipatory move, precisely what Grunig and Grunig (1985) call an "interprétation prévenue" (anticipated interpretation), which appears to be a convenient way of cutting short any question on the matter (reinforced by "c’est tout", "that's all").

4.4. Interpretation and denial

We are not too far away from the phenomenon of denial described by Freud (1925) and revisited by Ducrot (1980). The following excerpt illustrates this phenomenon.
The multivoicedness in Ch 28 is twofold. Using Ps 29 for support, this utterance is in effect constructed by associating two distinct discursive entities: The negation that came with the introduction of new information (the problems), not necessarily induced by the question but consistent with the discursive universe it brings up, takes Charles' own contribution and merges it with what he sees behind the question, thereby enabling the anticipated refutation to crystallize.

### 4.5. Interpretation and self-reformulation

In other cases, the multivoicedness is less obvious and the move the speaker makes could appear as a reflexion of a monological frame of mind.

In this self-reformulation ("disons que j'avais eu besoin de personne pour me pour me mettre là dedans hein c'est c'est moi quoi", "you might say I didn't need anybody to do it huh it's it's me you know"), we could see a move whose main function would be to ensure mutual comprehension (Gülich and Kotschi 1987; discussed by De Gaulmyn 1987b), i.e., to encode the experience for the therapeutic team in the best possible way. In this case, the
interpretation implied by Charles' utterance would correspond to his "awareness" that the transmitted information, as he had previously encoded it, was somehow insufficient. However, in doing this, we would be ignoring the context of the utterance. The self-reformulation followed two moves in the same speaking turn: A modulated ("'fin/bon", "well/so") self-repetition and a concession ("quand même", "though"). These two preliminary reactions stake out Charles' move of opposition with respect to Ps 4. Yet this utterance is a simple repetition of the patient's own words (without the interrogative intonation, and thus, acting as a simple back channel signal). The opposition therefore cannot pertain to what the utterance manifests, but to what it implies or to the value that Charles attributes it: the doubt cast on Ch 4. Thus the entire speaking turn, and the self-reformulation in particular, could constitute a move of specification and justification (reinforced by "c'est moi quoi", "it's me you know") aimed at the psychiatrist's perceived evaluation.

4.6. Interpretation, anticipation, and shared knowledge

We could give any number of other examples; they all point to the same things. This recurring behavior becomes significant at another level. Beyond their local anchoring, all of these shifts, denials, and reformulations form a set of converging interpretative moves that manifest a certain dialogical positioning, and what is more, they all refer to the same basic domain, the causes of the addiction. It appears as though the patient will not let himself give in to short-term continuity because of his overall representation of what the psychiatrist is looking for, and what he seems to want to avoid.

Thus, these interpretative moves probably manifest the simultaneous mobilization of (a) what is being constructed in the here and now of the interaction and (b) what existed before it. This two-level articulation of meaning appears clearly if we turn our attention to the question of shared knowledge. A dialogue without the assumption of a certain commonality, of some kind of common ground, is apparently impossible. In the case of interest to us here, what is shared cannot be a set of determined and specific pieces of knowledge, precisely because the interlocutors had never met before. We shall thus consider the so-called "shared knowledge" to be a function of their utterances, an effect of the projection via those utterances of a kind of intersubjectivity, of what each speaker constructs as shared, whether assumed to be so and/or proposed as such to the other:

(9)  <beginning of recording>

Ch 1 -  euh fff dans les circonstances de tout l'monde/c't-à-dire euh entre jeunes comme ça/ il s'est trouvé qu'il y a eu une certaine personne qui s'est bien mêlée à notre bande et a sorti le p'tit machin là le p'tit truc / ah tiens! fait voir/ je veux essayer je veux goûter et puis bon ben la suite vous la connaissez non? (well uh uhhh just like with anybody/ I mean uh among young guys like that/ it just so happened that there was this guy who came along and got mixed into our group and pulled out a little stuff you know the little thing/ hey so! let's see/ I wanna' try I wanna' taste\ and then so well the rest, you know it don't you?)

This first turn in the corpus (which is probably the answer to the first unrecorded question) shows us how the patient enters into the interview. Indirectly with "dans les circonstances de tout le monde, le p'tit machin là le p'tit truc" ("just like with anybody, a little stuff you
know the little thing") and then more explicitly with "la suite vous la connaissez non?" (the rest you know it don't you?) the patient acts as if there were a sort of general common ground between himself and his interlocutors. He attributes them knowledge, and as an indirect consequence, does not offer up his own. This same type of move may also correspond to the patient's tendency to respond using referentially vague formulations, leaving it to the addressee to reconstruct the experience to which he is referring:

(10)
Ps 12 - alors qu'est-ce qui s-quand vous en avez pas qu'est-ce qui se passe
(what happens)
Ch 11 - ben ça va pas
(well you're not okay)

By putting the addressee in the position of "knower" Charles does not divulge his own experience. This behavior definitely tells us something about the patient's involvement in the interview (and about his discursive style); its significance here is consistent with the remarks made above.

So emerging here is another one of the dimensions of interpretation, one that does not pertain as much to the actual utterances made as to the presumably shared universe. These discursive moves point out the relevance of Bakhtin's idea of continuity between discourses. The discursive space is not empty before the first exchange; it is "inhabited" by meanings attributed a priori, the outcomes of other exchanges, of other discourses, of other encounters. The above examples evoke an image of an infinite nesting of dialogues inside dialogues. Even more specifically, what shows up here is the particular way in which the patient interprets the interactive situation and the diverging that takes place in the course of the exchange. Let us illustrate this point with the reply to Ch 11 (Example 10) when the psychiatrist asks Charles to be more specific, to state the meaning of what underlies his evaluation "ça va pas" ("you're not okay"):

(11)
Ps 13 - c'est-à-dire?
(what do you mean?)
Ch 12 - c'est ben l'par exemple ça fait deux jours que j'en ai pas pris euh/ j'ai froid/ j'suis pas bien/ j'arrive pas à dormir mais les symptômes de toutes façons je les connais/ donc y a plein d'malaises / enfin je suis pas bien quoi\ c'est ça l'problème\ (it's well you know for example it's been two days since I had any uh/ I'm cold/ I feel bad/ I can't sleep but the symptoms I know them anyway/ so you feel sick/ I mean I'm not feeling right you know\ that's the problem)

Charles produces an apparently paradoxical utterance: why state that one knows precisely what one is supposed to know? Perhaps the patient is reassuring himself about what he has to expose, as if he were being cross-examined. As such, Ch 12 is a modalization, not a self-centered one, but one that would have an interlocutionary scope and would thus also concern the question the patient was asked. Moreover, the use of the term "symptom" may indicate that this utterance reformulates/interprets the psychiatrist's activity (which could be paraphrased as "you are asking me to give an account of my symptoms"), at the same time as the patient opposes having to do so. The connective "mais" (but) and the expression
"de toutes façons" (anyway) indeed suggest this type of interpretation. "But" (Ducrot 1980) implies that the two phrases being connected to each other give rise to opposing conclusions. Yet the account of the symptoms, on the contrary, reflects some knowledge which could in fact be either theoretical or actually experienced. It is thus at another level that a contradiction exists; perhaps it has to do with the necessity or utility of the account (confirmed by "de toutes façons", "anyway"). Why, then, use the first person? This can only be understood in relation to the perceived knowledgeableness of the others. Charles does not suggest that his interlocutors might ignore what he is talking about. Given that the question cannot be triggered by the therapeutic team’s lack of knowledge, it can only pertain to Charles’ own knowledge or ability to relate it ... In this way, he sends back a message to the psychiatrist about the absurdity of his question in relation to the presumably shared knowledge (which we could paraphrase as ”I know you know what the symptoms are, I know you know I know what the symptoms are”), and in doing so, diverges with respect to how the therapeutic team posits his attitude towards his experience.

Indeed, on several occasions, the members of the team are led to refuse to play his game of complicity. The tone is stated outright in the psychiatrist’s reply to Charles’ first utterance:

(12)
Ps 2 - mais sauf que c’est pas tout à fait la même chose pour tout l’monde
(but except that it's not exactly the same for everybody)
Ch 3 - voilà c’est ça oui c’est sûr
(right that's it yeah for sure)
Ps 3 - hein? // alors ce serait intéressant si vous nous racontiez un p’tit peu, vous, la suite votre suite à vous
(huh? // so it would be interesting if you told us a little about it, you, what happened next, what happened to you next)

This delineates the domain in which the dialogue can take place: To the presupposition of sharing, and to the general experience upon which it is thought to be based, the psychiatrist opposes the necessity of centering the interview on a specific experience, which is not confounded with the generic construct (Ps 2), and to which the therapists have no access (the request to have the patient tell his story is proof that the therapists are not informed). And so we see, face to face, two perspectives for deciding what should be said in a situation like this, two perspectives based on (a) differing interpretations of the relationship between general knowledge and specific knowledge, and between preexisting knowledge and knowledge to be actualized, and (b) differing interpretations of the object of the interview and of what gets constructed therein.

5. Conclusion

To conclude, let us review three concomitant aspects of this analysis: First, the particular dynamics of the interview with Charles, next the elements that appear to be characteristic of clinical interviews in general, and finally the interpretative dimension of the construction of meaning.

On the first point, for lack of an exhaustive presentation of the interview analysis,
one can simply note the consistent use of certain kinds of wording and discursive genres (the indefinite, the generic, allusion, and so on) in the patient's implementation of a non-committal interaction strategy. His involvement was nonetheless dialogical: it was based on both what was explicitly stated in the exchange, and on what he interpreted, anticipated, or even projected in the speech of the other person. Charles thus appeared as a subject who both participated in and tried to avoid the joint construction of meaning. In connection with this, the therapists were led to make up for the small amount of information provided by the patient, firstly, by opposing his refusals, which he transmitted by answering in generic terms or presupposing that some knowledge was shared, and secondly, by proposing the content of the exchange. Their interpretative utterances bear the mark of these tactics.

Regarding the second point, the analysis of this exchange pointed out the large quantity of interpretative activity in this clinical interview, both on the patient's part and among the therapists, in spite of the nearly total lack of explicit interpretations. Qualitatively speaking, this implies the dominance of the metainterpretative dimension in interactions of this type. Over and above the circulation of information and the accomplishment of a sort of practical goal, what is at stake on either side is indeed the apprehension of the meaning under construction, and especially, the apprehension of the other's apprehension.

Thus, at a more general level, this analysis leads us to wonder what role is played by the interpretative dimension as an essential component of the meaning construction process in any dialogue. Granted, the notion of interpretation is fundamentally heterogeneous and encompasses processes and manifestations of different kinds. However, while we can distinguish interpretation, the cognitive process taking effect in an exchange and being manifested indirectly in the way the subjects put their ideas into words (implied interpretations), from interpretation, the discursive genre used to express an activity by the speaker, the analysis of this clinical interview nevertheless showed that we are dealing here with a continuum between these two extremes.

The study of the direct and indirect manifestations of interpretations in situ seems to be a potential pathway for approaching the dialogical dynamics of the construction of meaning, provided one conceives of the interlocutors' apprehension of meaning as an irregular, ongoing phenomenon that is necessarily asymmetrical and varies over time.

Another issue raised here concerns the heterogeneous roles played by linguistic cues as indicators of this apprehension. Indeed, while linguistic cohesion and preferential dialogical chaining provide an ideal image of the shared construction of meaning up to a certain point, as soon as we look at the inferential processes at play, we are confronted outright with differences between the interlocutors, and hence, with their diverging interpretations.

Linguistic units (negation, certain connectives, parts of modals) in their dialogical foundation endow utterances with a responsive depth and contribute indirectly to pinpointing the source – not necessarily explicit – of the interpretative move they imply. This phenomenon is even more conspicuous when we look at dialogical chaining and shifting in a given context: to the extent that we consider these moves to be meaningful in the speaker's involvement in the dialogue, they can no longer be seen as the mere outcome of some prospective intentionality on the subject's part, but must also be regarded as a retrospective way of positioning oneself in the discursive space.

The sources of interpretation outlined by the interlocutors' moves turn out to go
Interpreting and diverging in clinical interviews

beyond the limits of the *here and now* of the interlocution. And so, mixed into the interpretative activity of the interlocutors and into their ever-changing understanding of the overall meaning, there is what is actually circulating in the dialogue and what precedes it, what is potentially there. However, the *a priorities* upon which an encounter is built are not founded solely on a speaker-specific, monological base; they belong to a dialogical dialectic. The knowledge and intentions attributed to others appear to be more like cues of intersubjectivity that take shape even before the actual encounter begins. This dimension turns out to be just as important, then, as the actual words in the interaction.

However, while every encounter has a before, with its already integrated meanings "ready to enter into the interaction", as it were, and for which moves of mutual *attunement* (Rommetveit 1990) are generated, until these anticipated meanings are materialized, they remain yet-to-be. They constitute a kind of virtual intersubjectivity. For what is lacking here is precisely the heterogeneity afforded by the other person, by the otherness of his or her point of view and its unpredictability *in fine*.

Thus, out of both the actual words in circulation and the anticipations and projections they precede or succeed, the interlocutors’ common ground and areas of misunderstanding emerge. Intersubjectivity, then, is not only synonymous to shared understanding of the discursive space and of the underlying network of meanings built by the succession of utterances of the conversing partners – it is also the place where the what and the how of interlocutionary diverging are crystallized.

References


François, F. (unpublished manuscript) Interpréter l'interprétation: Quelques fils.


**Transcript conventions**

Overlapping:  
A -cccccc§
B §dddddd§

Rapid chaining: 
A -xxxxx§
B $yyyyyy$

Questionable transcription: 
(cccc)

Omitted portion: 
[...]

Intonation of continuation: 
with brief pause: /
longer pause //

Rising intonation, as in interrogation: ?
Rising intonation, as in exclamation: !
Falling intonation: 
Self-interruption: -
Silence: ...