Collaborative Dialogue
Helping Dialogue as ‘Detoured’ and Articulated through the Ideas of Lyotard, Ricoeur, Schutz, Mead and Socrates
Tom Strong, Ph.D.
Calgary, Canada

Evidence-based professional dialogue is on the rise in therapy and other helping professions. At worst, evidence-based practice could require conversational scripts based on developments to be decided according to decision-tree protocols. Put differently, the judgments of therapists and clients could be held to a purportedly scientific view of how their dialogues should occur at different predictable phases. This is a view of professional-client interaction premised on biomedical and engineering metaphors that can be problematic for therapists who don’t see such metaphors easily imported into therapy (Fancher, 1997).

Abstract: In this paper I contrast an evidence-based view of professional dialogue with a stark social constructionist alternative derived from the ideas of Lyotard, Ricoeur, Schutz, Mead, and Socrates. I review Lyotard’s postmodern critique of absolute knowledge, the hermeneutic ideas of Paul Ricoeur, Schutz and Mead’s views on intersubjectivity and relate Socratic dialogue to a process of critically reflecting upon and enhancing understandings and actions. From this historical counter-narrative (i.e., to evidence-based helping dialogues) clients are seen as active meaning-makers, engaged with therapists as ‘consentients’ in collaborative dialogues which welcome and draw on the generative responses of each to clients’ concerns.

Key Words: dialogue, helping dialogue, therapy conversation

I present a view of helping dialogue that, while mindful of what psychological and other sciences can offer in terms of ideas and practices, advocates for conversations with clients as critically reflective and generative. Recently, a broad group of therapists (e.g., Anderson, 1997; Madsen, 1999) have embraced the linguistic and pragmatic insights of social constructionist theory. For them, knowledge claims of any kind merit critical reflection but can also serve as resources in a process meant to mobilize client preferred understandings and actions. Such understandings and actions must work beyond the consulting room, in the everyday or more specific interactions where they will be used. Hence, these approaches emphasize a need for conversations customized to client circumstances, preferences and judgments, where the therapist’s role is to host such resourceful dialogues, to engage the critical and imaginative thinking of clients rather than steer dialogues down pre-specified paths using particular forms of information-receiving, assessing, and giving.

In this paper, I offer a historically traced conception of helping dialogue, drawing from a range of thinkers – from the so-called post-modernity back to Socrates. I offer a view of helping dialogue focused on notions of meaning, critical reflection, conversational pragmatics, and judgments of both parties talking from within the dialogue in appraising its development. As I develop my conception of helping dialogue I will occasionally juxtapose an evidence-based view of dialogue to help clarify differences between the two.
There is a view of helpful dialogue I need to speak to from the outset. It is a view that the content and judgments of such dialogues can be fully informed in advance by science. This view suggests that human experience – the experience of problems and their solution, and the inter-subjective experience of people attempting to understand and influence each other – is knowable and that such knowing can serve as the basis for helping others. This view has also prompted much discussion regarding the science and politics of evidence-based practice as it relates to therapy (Larner, 2004; Levant, 2005). It will serve as my counterpoint as we continue.

It is hard to take exception with a view that therapists should use practices with clients that research shows as being helpful. Therapy has seen many questionable fads (screaming at ‘mom’, past-lives regression, nude encounter groups, etc.) that our clients learn about through the media. At the same time, the costs of therapy have often come to be shouldered by tax dollars or third party insurers. So, unsurprisingly, assurances have been sought as to what therapists do that helps in making differences in clients’ lives. While social science research can offer useful generalizations, generalizations are not the same as the particulars of human experience and interaction. Philosophers of science point to differences between human kinds, and natural kinds; as Hacking (1983) suggests there are important differences. For starters, as sentient beings, humans respond to relational and other developments in their lives drawing on their interpretive histories and practical judgments. So, while natural science can explain the requirements for building a bridge, human sciences behind evidence-based approaches to therapy largely draw their conclusions from normative predictions about how people think, feel and behave. But, human differences (culture, age, gender, etc) are relevant to how therapy might be practiced – along with differences in people’s interpretations and preferences.

My concern, for some time (Strong, 1993), has been with a view that the conversations of therapy can be scientifically pre-determined, with therapists and clients held to particular scripts for how they can talk. This concern isn’t so much with other therapists (though some argue that our ethics should be tied to using empirically supported treatments only (see e.g., Dobson, 2002) as it is with those less comfortable with the unpredictability of therapeutic dialogue. Most evidence-based research in therapy is conducted in highly controlled settings that would not resemble the average therapeutic dialogue known to practitioners. The impetus for evidence-based practice in therapy came largely from biomedicine where adherence to evidence-based diagnostic and treatment protocols decides good practice from malpractice. A particular computational metaphor for meaning and communication has been adapted to relate both talking and understanding to accurate transmissions and receptions of information (Lakoff & Johnson, 1980). To those therapists wanting clearly structured dialogues, diagnostic and intervention protocols for eliciting and transmitting information between therapist and client can seem a godsend. The view is: message accurately transmitted should equate to understanding received. Translated to the messiness of therapy, such protocols help third party payers to ration and scrutinize therapy. But, as I will contend, structuring therapy according to this metaphor brings costs to dialogue’s immediacies, to what does or does not fit the therapeutic protocols.

Therapists practicing from social constructionist approaches to therapy can struggle here. Questions arise as to how much the unique features about clients, therapists, and circumstances (including developments in therapeutic dialogue) should be shoe-horned into such protocols, and the agendas implicit in them (e.g., that there needs to be a scientific name and corresponding intervention for a client’s concern or aspiration). While a robust critical psychology literature has developed around the notion of psychopathology (e.g., Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith, 1995), I’ll focus here on Thomas Szasz’ (1961) characterization of ‘problems in living’, since professional help is often sought for such problems. In this respect such conversations are about circumstances that can not be known in
advance, as they involve meanings and client-preferred actions yet to be determined in the helping dialogue. Let us now consider a different (i.e., from the evidence-based) view of helping dialogue.

‘Pagan’ Helping Conversations

*What is at stake in literature, in philosophy and in politics perhaps, is to bear witness to differends by finding idioms for them.*

(Jean-Francois Lyotard, 1988, p. 13)

To advocate for helping conversations that are not evidence-supported can seem tantamount to inviting vulnerable people to a tight-rope walk without a net. Hence it begs a question as to what are the viable alternatives to conversational practices that are scientifically shown to be safe and effective. A range of considerations can come out of this line of questioning. For reasons of space and novelty I will turn to thinkers who receive scant mention in the constructionist therapy literature, but whose ideas resonate (I think) those of constructionist therapists.

I first turn to the ‘postmodern’ critique as articulated by the so-called obituarist of modernity, Jean-Francois Lyotard (Browning, 2000; Lyotard, 1984). Lyotard is most famously known for his “The Postmodern Condition” (Lyotard, 1984), a book that adapted the linguistic insights (‘language games’) of Wittgenstein, to question the ‘metanarratives’ promised by modernity. Metanarratives are those cultural stories which purport to offer the ultimate word on how things should be understood or acted upon. Religion and science offer classic examples. Lyotard’s view was common to those of the ‘linguistic turn’ (e.g., Derrida, Levinas, Foucault): that no discourse or narrative could fully capture the meaning of any experience. What mattered to him was how people were sensitive to and worked out their differences in meaning (as raised in The Differend, Lyotard, 1988) and an ethical approach that followed from such differences (Just Gaming, Lyotard & Thebaut, 1985). His approach was to locate such differences (“differends”) in people’s ways of understanding and communicating, such that they could find or create new ways of understanding and communication to transcend the differences. Lyotard’s concern was that all efforts to systematize knowledge (in discourses or stories) could lead to subjugating other ways of knowing, left out of such systematizations. Lyotard is known for challenging authoritative scientific knowledge for its exclusivity and dominance.

In the absence of metanarratives, or ultimate knowledge for resolving differences in understanding or corresponding action, Lyotard (1984) proposed a ‘paralogic’ (Shawver, 2001) approach to transcending differences in meaning. These differences he associated with Wittgenstein’s (1953) notion of ‘language games’, the particular ways people understand, communicate and evaluate experience. As this relates to ‘paralogy’, what matters are the criteria used to judge ‘correctness’ or meaning inside any language game, and what happens when meanings and evaluations of correctness differ across language games. For example grief cannot be explained solely in terms of a scientific language game – spiritual, relational and other ways of understanding and communicating can help as well. Problems (“differends”, Lyotard, 1988) develop when one party insists on particular understandings or evaluations to the exclusion of those important to others. Needed is a way to resolve differences without holding participants to the evaluative criteria of each other’s conflicting language games. Lyotard’s proposal is that we adopt his purposefully provocative and anti-religious metaphor of paganism (Lyotard & Thebaut, 1985) to develop new meanings and ways to talk through such differences.

Translated to helping dialogue, Lyotard’s (1985) ‘pagan’ view of truth and expert knowledge can sound anarchic to those who turn to science to provide the means and criteria to decide their contributions to developments in a helping conversation. Claims to hold the final word on anything are related to the oppression Lyotard railed against. The term, ‘pagan’, for Lyotard, refers to the absence of ultimate criteria for judging any way of knowing as correct. Pagan conversations, for Lyotard, are those where efforts to decide what is correct, good or actionable are temporarily

suspended or at least made open to question and contest. It can be useful to turn ‘pagan’ in reflecting on understandings and actions that constrain the resourceful possibilities of dialogue. One such possibility relates to finding or constructing new ways of talking and meaning that transcend differends. The limited paganism I am proposing is initiated by an invitation to suspend and reflect upon the kinds of preconceptions and evaluations that have thwarted past efforts at addressing the concern brought to the helping dialogue. It would do so inside a context supported by the ethics of the helping professional, but without therapists having the (possibly resistance-engendering) final say on what clients should understand or do.

Lytard’s ideas offer an important critical and generative stance on correctness or fixed meanings of any kind, so that new ways of understanding and talking can be attempted. I will turn to Paul Ricoeur, seldom considered by social constructionists, before jumping back a few generations, then millennia, to find further kindred thinkers on meaning and dialogue.

**Hermeneutic Resourcefulness**

*Interpretation, philosophically understood, is nothing else than an attempt to make estrangement and distanciation productive.*

(Paul Ricoeur, 1976, p. 44)

It might seem odd to follow Lyotard’s pagan postmodernist ideas, with the rich ideas of Paul Ricoeur, a man of faith who articulated a hermeneutics of affirmation, and a poetical ethics of imagination. Ricoeur, in his own way, dealt with concerns raised by Lyotard (both started from the ideas of phenomenologist, Edmund Husserl) without making those concerns focal to his hermeneutics. Ricoeur was fascinated with how people used the symbolic resources (words, metaphors and stories, for example) and afforded them to fashion understandings they put their faith in. For him, such symbols invite - but do not determine - meaning and meaning-making involves an interpretive challenge of putting one’s best symbolic resources available to projects and experiences that can have no foundational understandings. Interpretation is how he saw humans reconciling their subjectivities with objective experience, but like Lyotard, he saw no bottom line, no scientific discourse that could articulate such experience correctly. For Ricoeur, there is always a surplus of meaning to draw from in trying to understand and be ‘phenomenologically able’ to meet the challenges of life. But, at the bottom of Ricoeur’s hermeneutics is faith: “We must understand in order to believe, but we must believe in order to understand” (1967, p. 351).

Ricoeur was an erudite scholar whose writing spans many spheres (e.g., theology, artistic criticism, philosophy, psychology). Here, I will selectively draw from his work on interpretation and hermeneutics. Ricoeur based his interpretations by considering systems of thought and the conflicts of interpretations that can result when deciding between them. In this respect, we are in familiar conceptual territory raised by Lyotard’s concern with differends. But, Ricoeur’s is a hermeneutics of detours. For him, to better understand things, one needs to step back from immediate understanding and use the best symbolic resources accessible to critically reflect on and fashion an improved understanding. There is no getting past symbolic resources (usually words) to understand reality in a symbolically unmediated fashion (experience doesn’t symbolize its meaning itself, humans do). So, one challenge comes in talking about and applying the best symbols available (as deemed by clients) to fashion personally apt understandings. This kind of talking starkly contrasts with therapists holding themselves and clients to a diagnostic interview, followed by an evidence-based prescription corresponding with the diagnosis.

The notion of best is not pre-supposed in Ricoeur’s writing (e.g., 1967, 1975, 1976, 1984, 1992), but he doesn’t take up Lyotard’s paganism either. Instead, his many studies (e.g., metaphor, narrative, remembering and forgetting) show exhaustive efforts to take others’ considerations of a topic, in critically forging his best account for the topic. This relationship is established by the reciprocal sharing of the other’s flux of experiences in inner time, by living through a vivid present together, by experiencing this togetherness as a “We”.

(Schutz, 1970a, p. 216).

His critical review and ultimate articulation is not derived through any explicit evaluative or theoretical framework, but emerges via ‘detours’ taken in response to others’ ideas on the topic. Translated to therapy, such conversation can seem to dialogically meander, as meanings and actions are curiously reflected on for what clients deem generative and useful (Anderson, 1997). What is a good understanding? Ricoeur’s answer would be that it addresses any poetic and
phenomenological challenge of aptly using symbols in ethically sensitive ways (Kearney, 2004). In therapeutic terms, it is a co-developed understanding that clients feel fit and useful. It is in this co-developed sense that John Shotter and Arlene Katz (1999) wrote about “social poetics”.

Ricoeur’s method of distancing oneself from a concern so that it can be critically and generatively reflected upon using the understandings of others, suggests a critically reflective dialogue which welcomes improvising meaning. Elsewhere, Gadamer (1988) referred to this as a kind of linguistic ‘play’. But, Ricoeur’s view of meaning is that humans critically and generatively borrow it, using the best symbols that they can find, to put their faith in. In this regard, the helping professional engages clients in dialogues that welcome and test out meanings for their adequacy and evocativeness – as judged by the client. This would be consistent with Ricoeur’s view that meaning is a symbolic activity of phenomenologically addressing a concern with language – in meanings that can not be known in advance.

What matters is the client’s uptake or appropriation of ideas, useful with respect to their concerns and aspirations. This could occur as conversational ‘detours’ through others’ ideas and client responses to them.

From Lyotard and Ricoeur one gets a sense that meaning is an improvisational project of seeking words and ways of talking that, in Wittgenstein’s (1953) pithy phrase, enable people to “go on”. Problems are associated with words and ways of talking that don’t permit that to occur. Evidence-based dialogue is anything but improvisational, requiring adherence to meanings and ways of talking that are already scientifically warranted. One difference between thinkers like Lyotard and Ricoeur, and those advocating evidence-based conversational therapeutic dialogue, is their respective views of human meaning and action. Going back a few generations, Schutz and Mead took similarly different stances on meaning from the evidence-based view, stances that add detail that fits well with a social constructionist view of helping dialogue.

**Schutz and Mead on Coordinating Differences in Meaning**

It appears that all possible communication presupposes a mutual tuning-in relationship between the communicator and the addressees of the communication. This relationship is established by the reciprocal sharing of the other’s flux of experiences in inner time, by living through a vivid present together, by experiencing this togetherness as a “We”.

(Schutz, 1970a, p. 216).

(gestures and words) “become significant symbols when they implicitly arouse in an individual making them the same responses which they explicitly arouse, or are supposed [intended] to arouse, in other individuals, the individuals to whom they are addressed”.


I want to now step back a few decades to an era that preceded the linguistic turn taken up by Lyotard and Ricoeur, to thinkers whose ideas played a role in that turn. Specifically, I will turn to George Herbert Mead and Alfred Schutz for their ideas on inter-subjectivity. Thus far we have remained fairly abstract about the pragmatic aspects of meaning-making and what can be involved in coming to share an understanding. “Intersubjectivity” (how actions and understandings become mutual for people) is often depicted in terms of shared conversational practices (e.g., Garfinkel, 1967; Schatzki, 2002; Shotter, 1993). It is what people make evident to each other – their words and gestures – that indicate meaning that is shared, NOT the conceptual content of their thinking. People do not inhabit thought clouds together when they think they share an understanding. At best, they have their affirmative or negative responses to each other to guide whether they think they are ‘on the same page together’ (Wittgenstein, 1953). In Schutz, and particularly in Mead, intersubjectivity involves a coordinated use of behaviors and symbols so as to develop people’s shared sense of familiarity. In one sense, we are talking about rapport, but in another we are talking about what makes that rapport possible. A core element of evidence-based therapy is that client and therapist develop and sustain such rapport (Hubble, Duncan, & Miller, 1999). But, too often this central dimension of good therapeutic dialogue gets obscured as the meatier stuff of ‘properly’ diagnosing and intervening gets the focus.

Missing from the evidence-based account of therapy is the notion that people use language in agentive and interpretive ways. The idea that dictionary language itself should serve as the fixed meanings all are to take up and be held to
would fit for neither Schutz nor Mead. Instead, for them meaning is a more local effort. Of the two, Schutz (1970a) offered the more conventional view that people are born into different ‘provinces and relevance’s of meaning’, and that meanings acquire cultural familiarity through their sedimented (i.e., recurring) use over time. Mead’s (1970, 2002) view was more behavioral and immediately relational: people develop understandings through how they are responded to in dialogue, and from abilities to re-enact such responses so as to be understood. Such understandings are as much gestural as they are related to other symbolic means such as words. Together they make up the full response (gestures and symbols to reflect an emotional and intended response) that matters. Put differently, for Mead we learn to understand through how we are understood and responded to --from others’ responses to our actions and utterances. Schutz and Mead recognized understanding as symbolically mediated, grounded in particular relational or cultural interactions. Meaning, in other words, requires some degree of coordination between speakers to arrive at shared understandings, and isn’t already determined. It is something symbolically and gesturally worked up (and worked out) between people through their exchanges in dialogues over time.

Schutz and Mead bring to light the kinds of relational attunement and coordination issues that come up when there are differences in meaning (Lyotard’s “differends”), and speak to how these differences might be reconciled. At a minimum, Schutz (1970b) suggested that different “relevances”, tied to the conversational histories speakers bring to any dialogue, may be a factor. From an evidence based view, one might conclude that such differences are about client resistance or a failure to adhere to role expectations for client-professional interactions. Schutz (1970a, 1970b), while not writing directly about helping conversations, saw meaning and relevance needing to be resolved en route to becoming what he called ‘consociates’. Consociates, as I will use the term, refer to clients and therapists not only sharing understandings, but sharing actions and an intended project over which the client has final say (they do anyways). Mead offers a more precise term useful in depicting clients and professionals engaged in practically interpreting each other, in making judgments and responses that guide their dialogues. Mead’s term, ‘consentient’, implies speakers relationally and symbolically responsive in immediate ways that guide their meanings and subsequent actions. In therapy, using such meaningful words or gestures plays out in how client and therapist respond at each turn in their talking and listening (ten Have, 1999). Seen as the micro-dynamics of rapport, responsively coordinating such words and gestures, to be understood and collaborative, can get quite involved.

Where this can matter most, however, is in talking with clients so as to arrive at and sustain a shared sense of relevance (Schutz, 1970) or intentionality (Anderson, 1997). This is where therapists need their resourcefulness and flexibilities with words and ways of talking most. In response, they have lots to go on in gauging if or when their talk is off target, from how clients respond, in the immediate sense, to their words and ways of talking. Most evidence-based depictions of helping dialogue are focused on what the therapist does with what the client says, and seldom the reverse. Of course, both responses are important to how therapeutic or problem solving dialogue develops. But the evidence based literature’s emphasis on helper interpretations and communications owes much to the transmission-reception metaphor (Lakoff & Johnson, 1980) raised earlier in this paper. Conversational coordination, by contrast, in the ways suggested here, is seen as bilateral and reciprocally influential. The aim of most helping conversations is to be helpful, and not just at the prescriptive end of the conversation. Adopting Schutz’ view of relevance and Mead’s view of relational responsiveness can be useful in working out inter subjective differences in meaning and purpose, so as to stay relevant and to be understood by clients. While Schutz and Mead were early 20th century figures whose ideas had a direct bearing on the development of social constructionist ideas (Schutz’s student, Luckmann, was co-author of the groundbreaking The Social Construction of Reality and Mead’s work influenced the field of symbolic interactionism and thinkers like Erving Goffman), one can go way back in history and find views on meaning and dialogue compatible with social constructionism. I will now turn to one stellar example, by inviting you to consider Socrates’ rhetorical approach to meaning.

**Missing from the evidence-based account of therapy is the notion that people use language in agentive and interpretive ways.**
Socratic Dialogues

I was never a teacher to anyone…but I offer myself to both rich and poor for questioning, and if a man like he may hear what I say, and answer. And, whether anyone becomes good after this or not, I could not fairly be called the cause of it, when I never promised any learning to anyone and never taught any.


The expert-based view of helping dialogue taken up in most accounts of evidence-based practice sees the therapist as possessing the conceptual know how to properly diagnose and intervene in clients’ presenting concerns. Socrates, while clearly wise and opinionated, saw dialogue as a means of improving one’s understandings and actions – his included. To read Plato’s accounts of Socrates in spirited dialogue with various Athenians, on a range of topics, one finds a kindred spirit to Lyotard, Ricoeur, Schutz and Mead. The common thread I pull from these thinkers can be seen in Socrates’ approach to dialogue. In dialogues like the Laches, Lysis, Phaedrus, and Socrates’ apology, one finds his commitment to dialogue as a means of getting closer to the truth of a matter, without considering that truth settled in any way. While many of Socrates’ dialogues focused on abstract notions of character or virtue, one finds no prescriptions of expert truth, but instead a spirited process of probing past current inadequate meanings for better ones arrived at through critical discussion. The comment from his apology above suggests that he cannot teach someone, but they can, through debate and dialogue with him develop better answers and enhance their critical thinking. Centuries later, Wittgenstein (1953) would speak along the same lines in seeing “perspicuous representations” or apt words for meaning, as an aim of good dialogue. The Socrates I will refer to here is the man capable of engaging conversational partners with challenging questions and retorts that elicit critically reflective responses while honing better understandings worth investing oneself in.

Plato’s (1956, 1987) narration offers a ‘ringside seat’ to Socrates’ dialogues and Socrates comes across as a man who loved spirited discussions where he could ask tough questions and provoke others to better arguments through offering his own opinions. There is no closure on, or predetermined sense of, what those better arguments and understandings might be. Instead his emphasis was on critically and constructively using debate and dialogue to push beyond the limitations of current thinking – Socrates’ included. It is in this sense that I see in the ‘Socratic method’ a component compatible with and useful to the view of helping dialogue I have been developing. Specifically, a pagan approach to ‘knowing’ seems evident in Socrates. His dialogues can hardly be seen as didactic or ‘expert’, nor did they adhere to any particular format. Instead, a combination of relevant questions and opinions are brought to a highly responsive dialogue that has no purpose other than to bring participants closer to a well-thought-through and defensible understanding (Maranhão, 1987).

It is the rhetorical aspects of such dialogues and what they promote in enhancing critical thinking (Billig, 1996) that interest me in particular. On the latter point, some scholars suggest that our outer dialogues find some equivalence to our inner dialogues (e.g., Vygotsky, 1978). In Billig’s (1996) formulation, our thinking (i.e., inner dialogue) develops in response to the accustomed or anticipated responses of others we might engage in dialogue. Thus, ideas honed through Socratic dialogues were critically tested in ways that speakers could internalize in ways that could guide later thinking or inner dialogues (as in, ‘now what would Socrates think of this idea?’). What can be gained from Socratic dialogue are rhetorically-tested ideas and critical ways of reflecting upon any new ideas or developments in the future. What are needed are the best ideas, meanings and actions that can be arrived at through critical dialogues and reflections. Our outer conversations help us develop competence with our inner dialogues, goes this line of thought. This is a very different view of helping dialogue (and of the clients engaged in them) than most evidence-based practices where expertise based on particular information or techniques is the expectation. It is a pagan view that aims to promote ideas and solutions that are critically tested without there already being a sense of correctness to guide the helping dialogue.

Some Integrative Thoughts on Helping Dialogue

...within whose intralinguistic realities is all this judging and correcting to be done?

John Shotter, 1993, p. 41
This paper has been informed by particular ways of regarding meaning, dialogue, and social influence as these occur in professional helping conversations. I have limited my comments to the most common concerns therapists are presented; those which are non-psychiatric and those focused on problems in living. Evidence-based practice began in biomedicine but it has crossed over into therapy and other social services, enough so that a debate has been sparked regarding the ‘politics of evidence’ (Larner, 2004). The view of helping dialogue I have been developing could easily incorporate evidence-based interventions and social science knowledge. But, aside from the delimited focus here to problems in living, the ideas of Lyotard, Ricoeur, Mead, Schutz and Socrates that I have presented, can be seen as having some overlap while suggesting a very different approach to helping dialogue.

Evidence-based dialogue, for the constructionist practitioner, can be challenging, particularly when it is supposed to be conducted in specific ways (e.g., diagnostic interviewing followed by use of evidence-based interventions that fit particular diagnoses). Such a view presupposes that experience can be known correctly, but overlooks how that correctness is tied to particular modern scientific assumptions about therapeutic meanings, communications and solutions. I am not suggesting that therapists overlook how particular evidence-based interventions might be helpful to clients. My concern is with how therapeutic dialogue can be channeled down narrow conversational protocols that hold clients and therapists to particular ways of conceiving problems (for example, as “in” clients and needing to be addressed as such, Strong, 1993). Another concern is with how funding and ethical requirements can leave therapists with a view that such conversations are the only ones worth practicing because they have the imprimatur of psychological science. On this account, family therapy and other approaches to helping dialogue need to become more scientific to be legitimate.

My choice of thinkers to draw from in proposing my counter-view of helping dialogue could easily have included compatible other thinkers such as Hans George Gadamer, Gregory Bateson, later Ludwig Wittgenstein, even Giambattista Vico. All contributed to a view of understanding and communicative interaction that was non-foundationalist and to varying extents focused on meaning as a socially sensitive and poetic activity. I chose to run backwards in time to fashion a narrative that locates some of the ideas I have been relating in enduring traditions of thought that obviously can not be easily dismissed. To read critics of modernity, like Lyotard or Stephen Toulmin, one can be left with a view that the scientific enterprise of discerning absolute truth and using such truth to inform technological interventions is a bankrupt endeavor. Geographer, Yi-Fu Tuan (1984), described this ambition to know all experience and bring it under human control as a ‘gardening posture’ ill-suited to human relations. I have been proposing a view of helping grounded in a dialogic metaphor of human relations, like Mead’s consentents engaged in interpreting and judging ideas and developments between them as they arise in their talk. But scientific dialogue seems to me to be an oxymoron, particularly if we see dialogue as reciprocally influential and the source of welcomed surprises arising from each participant’s contributions (Bakhtin, 1984).

There has been a view of the self implicit in what I have been proposing. It is tied to a view Ricoeur (1976) saw as the interpretive challenge of being subjectively human while facing objective experience. What is objective about such experience is not the meanings we use to make sense of it; these are our creations, not natures. Ricoeur suggested we stake a “hermeneutic wager” on the symbolically mediated understandings we put to what is objectively before us. That some understandings serve us better than others is not proof of their absolute correctness – we have after all different languages, relevances and provinces of meaning as Schutz highlighted. Helpful or useful understandings show our capacity to effectively use human symbols (including language) to inform our interactions with physical reality and each other. We still need to find ways to coordinate our differences in understanding, to make them familiar in ways that enable us, to paraphrase Wittgenstein (1953), ‘to go on together’. And, this applies as much to helping dialogue as it does to other endeavors where mutuality can translate to action.

Evidence-based help dialogue, should it continue to grow as a phenomenon, presupposes a mutuality of relevance in how client and helper take up roles in professionally warranted interaction. Premised often on a biomedical view of such interaction, rapport (a feature implicit in what I have been describing) is important but often seen as a precursor
to information exchanges culminating in a professional direction. Foucault (1976) related to this as a need for client docility where there are professional interactions. This is a strikingly different (cynical?) view of such participation in professional dialogue than that I have described as occurring between the equivalents of Mead’s consentients. Seeing the work of helping as done through information exchanges obscures such relevant features of the dialogue as people’s desires (Ricoeur, 1976), or relevance’s (Schutz, 1970b). The interpretive view offered by the thinkers reviewed here, underscore that understanding can occur in various ways but that no ultimate word is possible or advisable. This is not to suggest that the ideas and practices of evidence-based dialogue are not useful grist for the dialogic mill, in ways that Socrates might have critically and generatively proposed. But, as with Socrates what matters is what such proposals of ideas and actions generate in the further thinking and actions of clients and therapists.

The notion of therapists transmitting information to a docile receiver seems more an expedient ideal of professional communication than a clinical verity where one finds many problems with “patient compliance” (e.g., Meichenbaum & Turk, 1987). The view of helping dialogue I have been relating sees client participation in such dialogues as involving them in immediate efforts at interpreting, judging, preferring, and meaning-making-through-dialogue that I feel practitioners could benefit from heeding. The resourceful and critically reflective approach to helping dialogues I have been outlining suggests a less structured kind of helping dialogue than those of the increasingly prescriptive evidence-based protocols for ‘good therapy’. This approach taps into longstanding philosophical ideas on helping while heeding the insights of the recent linguistic turn in the social sciences. More than that, however, it suggests a collaborative role for clients and helpers in how they generate meanings and actions from their dialogues.

References


**Author Note**

Tom Strong
Professor & Graduate Program Director Division of Applied Psychology
Faculty of Education
University of Calgary
Calgary, Canada
strongt@ucalgary.ca