

## Discursive Psychology – Sarah Seymour-Smith

Discursive psychology is a form of discourse analysis that stems from Potter and Wetherell's (1987) seminal book *Discourse and Social Psychology*. This early work was developed in Edwards and Potter's (1992) book *Discursive Psychology* and continues to move forward in new directions. Discursive psychology offers a sophisticated approach to social action (Hepburn & Wiggins, 2007). Instead of treating language as a transparent medium used to convey pre-existing knowledge, discursive psychology views language as the site where we actually constitute knowledge. Discursive psychologists are broadly split into two camps. The first, sometimes referred to as *Critical Discursive Psychology* (Edley, 2001), employ a broad interpretive framework, typically using, though not limited to, interviews and focus groups as the means of data collection (see Edley, 2001; Potter & Wetherell, 1987; Wetherell, 1998). The second camp, recently referred to as the *Loughborough School of Social Psychology* (Stoke, Hepburn & Antaki, 2012), focuses on the sequential analysis of naturalistic data (see Edwards & Potter, 1992; Hepburn & Wiggins, 2007), influenced by conversation analysis (Sacks, 1992).

*Critical discursive psychologists* employ the analytic concept of 'interpretative repertoires' (Potter & Wetherell, 1987) as a useful way to consider how versions of the world are constructed. An interpretative repertoire is a recognisable routine of arguments, descriptions and evaluations found in people's talk; arguably 'what everyone knows'. Larsson, Loewenthal and Brooks (2012) analysed interviews with counselling psychologists to consider how they constructed the diagnosis of schizophrenia. One interpretative repertoire, 'relating to the individual's experience', exemplified the position that counselling places on the value of clients' voice. Other repertoires were concerned with the therapeutic relationship and were used to position counsellors' practice as different to that of other mental health professionals. This research is useful in demonstrating that whilst relating to clients, and normalising schizophrenia, a danger of pathologising clients is always present. Diagnostic categories, like schizophrenia, do not 'fit' with an emphasis on understanding the client in their own terms, and this conflict presents a challenge for counsellors to address.

The *Loughborough School of Social Psychology* have often focused on issues of accountability (Edwards & Potter, 1992; Potter, 1996). All descriptions perform actions and are open to being discounted as a product of their stake or interest in the version of reality that is being worked up (Potter, 1996). This 'dilemma of stake' is particularly relevant where delicate issues of identity are raised to the fore (Edwards, 1996), such as in treatment sessions with sex offenders. MacMartin and LeBaron (2007) videotaped sex offender group treatment sessions and analysed explicit talk about 'cognitive distortions'. Discursive researchers view cognition as discursive phenomena that is constructed and oriented to action in talk rather than treated as an inner process. MacMartin and LeBaron (date): demonstrate how cognitive distortions are live concerns in therapeutic talk and can be employed by offenders, to resist accusations of deviance, or demonstrate treatment compliance. Furthermore, cognitive distortions are employed by therapists to mark offenders' progress and risk of re-offending.

In summary, both discursive approaches can usefully be applied to positive psychology and in applied settings such as counselling.

## References

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