

**VOICES OF THE SELF IN THE THERAPEUTIC CHRONOTOPE:
*UTUSHI AND MA***

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ABSTRACT. The boundary zone between self and other in the therapeutic conversation has an essential characteristic where meaning is constructed and re-constructed. In this paper the author discussed about the peculiarity of new meaning making in therapeutic conversation from the view point of two forms of dialogicality—the sequential and the simultaneous. In the space of Dialogical Self, there is continuous conversation from self to self. When one creates such self-talk, a distance will appear between voices of the self. The sense of tonus, the changing process of tension felt in the dialogue occurs basically from the dynamism of self-to-self and self-to-the-other relation. The author introduced a Japanese cultural concept *utushi* and *ma* in order to evoke further discussion of the meaning making process and the construction of therapeutic chronotope.

Keywords: *utushi*, *ma*, tonus, chronotope, therapy, tension

There're Young I and Old I / two voices struggle yet/ how can I soothe them (Takuboku)
(なほ若き我と老いたる我とゐて 諍ふ声す いかがなだめむ) (啄木)

In this modern world, it has been difficult to engage in an appropriate dialogue inside one's self. As a result, at times it becomes hard to hear our own voices. Our voices may be lost within the voices of dominant others. As a consequence it becomes difficult to enter into a dialogue between oneself and another. Each self speaks his or her own language—creating a monologue. The question thus is—how can we remain within, and expand, a chronotope, space and time, so as to accept our own voices at ease? The other as an active listener could help in this. Here I discuss the Dialogical Self in the course of the practice of psychotherapy and will approach some common factors of various psychotherapies as much as possible.

First, we need to address the issue of the quality of therapeutic relationship between The One and The Other. What role does The Other play in the space of dialogue? The Other is polysemic in this context. In one respect he is a real other

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person, and in another—he is one’s inner other who is speaking within one’s mind. We have to investigate how these many others work to expand the dialogical space and to clarify how this space is constructed with the other in a therapeutic listening process.

Secondly I will discuss the **sense of tonus**—the sense of subtle body changing awareness—in the therapeutic conversation. The therapist usually uses a double focus both on intersubjective events and on his change of internal states that are resources for the assessment of therapeutic process. Therapists pay special attention to changing processes of tension felt in the dialogue. This tension basically emerges from the dynamism of self to self and self to the other. Two selves are present in the dialogical situation—the Narrated Self and Narrating Self. And also there arises tension in the boundary zone of self and not-self. This tension is creative power for meaning making. How can it be meaning generative?

Recently there has appeared a severe problem in Japan: Withdrawal from social life has been on the increase. Many persons become withdrawn due to school problems and related social anxiety. There are uncertainties-based anxieties emerging from evaluations by anonymous others whose feedback might seem of negative direction. In other words—people may become exhausted by the evaluation by absent others—well *before* the real person who evaluates them appears in front of them. Such uncertain figures of others can be internalized into one’s psychological space where the uncertain other puts negative valuation to them. This inside self-other relationship gives him the possibility to escalate evaluations by others in anticipation. Internalized others speak monologically. One can hardly make a dialogue with internalized others when the voice of the others is dominant.

Uncertainty of who is “the other”

It is difficult to define the word “other”. In a broad sense it means the things, the environment and the world that is positioned *in contrast to* the self. It includes the non-human environment for the self. It may be possible to say the other as the outside where a system and a group remain by the way of making outside. We can call the area where consciousness becomes alienated the **unconscious other in the inner sphere of the self**. In contrast, we never apply the role of ‘the other’ to the people whom we never meet and do not know of. The other is not a stranger: I assume a person whom I can imagine in concrete ways as the other, with whom we can and have to make a connection. They have their own faces and names. They have their own voices.

There are many others with whom we construct all through our social lives. The others are anonymous for us—but they affect us. They evaluate our speech and conduct implicitly so we regulate our conduct along with the context including the others’ perspective. Gradually this context becomes dominant and institutionalized in the modern world.

The other becomes sometimes troublesome for the self. The other puts someone into a role and a position which constrains him. If his responses are only for the role position for the other, he has a risk on falling into emptiness. They have taken over-identification to the social role and position on the background of depressive state (Kraus, 1977). If the other's figure is uncertain for oneself, the sense of one's own self becomes uncertain reciprocally. Therefore it can be said if we engage in an authentic encounter with the other, our sense of self may be confirmed. The self can stand as a subject at this instance. The self is constrained in its being by the other—but another aspect the other is essential being for self formation. Inner self is growing along with self relationship through the internalization of outer self-other relationship. Thus there is a deep dilemma—The Self and The Other cannot be divided.

So we have to investigate how The Other works in the process of self formation. We can explore this process from multiple viewpoints: developmental, social interaction, ethnological, and so on. I try to investigate the multiple modes of the other through conversational analysis on several scenes of psychotherapeutic conversation.

Constructing the double dialogical space

The other takes a determinate role and position in the constant construction of self-world relationship. Therapists are expected to have a high capacity for simultaneously attending to both inner and outer conversation (Anderson & Goolishian, 1992). In the internal self-other dialogue, the internalized other takes a unique position in a relation to oneself—as an alter ego, other I, or the double. This alter ego will possibly become an observing ego which reflects upon one's conduct and regulates one's affect. This process is generated in a dialogical relationship with significant others.

It is important to accept the other's perspective for the making of the self—and with it—understanding reality. We can make sense of the reality through the exchange of the perspectives of the self and the others. A new space becomes formed where two perspectives of two persons are crossing towards each other. It is a potential space that has another reality—constructed in-between persons.

Current theory of the Dialogical Self. The practice of the Dialogical Self is talking about one's self to others—and also talking to oneself—silently. This double self-talk makes a dialogical space that will be expanding inner and outer when one concentrates in self-talk. The self is structured in this space and will be shaping a form. One can experience various selves in this space. The selves begin to dialogue with each other. The self is a process of dialogical movements in an imaginal space (Hermans, 1996). We try to discuss how this space is constructed with the other in a therapeutic listening process. It may be one of the peculiarities of the therapy process that one can experience many selves freely. Self-talk divides one's self into the self and not-self. The

unknown new sphere inside the self arises through the self-talk. This new sphere entails “the others”—and as a consequence may evoke conflict and tension inside the self. The talking self divides oneself repetitively. And sometimes such division may create severe problems inside the self. It is necessary to organize and to connect the different divided parts of the self. So *the self needs to create a polyphonic structure in his living world*. But how can we do it? What kinds of conditions are needed for this accomplishment?

Let us examine microgenetic changes of the self. In a therapeutic situation, the therapist remains receptive when the selves begin to talk and to enter into a dialogue with one another. He has to be attentive to the genesis of a client's sense of self at any moment.

Clinical vignette 1

Ms. A was 30 years old. She was an office worker—currently on a sick leave. Ms. A had felt anxiety about her work group and had felt difficulty with the relationships when she got job rotation two years ago. She became deeply depressed. We talked about her position concerning her work and her life. She was aware that her self was usually affected by her parents and another family. She had a dominant position of the self which restricted herself and checked it severely. But she generated a counter position of the self, and gradually she arrived at a new perspective on herself.

A1 I always worry about my work, even during a holiday. I tried to show myself a better image than my actual figure. I pretended I was frank everyday and I could clear up the work easy. I am anxious of everybody who watch me being around as if I take an examination everyday. The other is dominant in my office.

Th1 You always think how to adapt to the other. Your self-esteem is fluctuating with how they think me. (Omitted)

A2 My mother has also has such an eye that is severely checking me. I think I have to be independent from my parents. I go to my office from my parents' house, for we are at ease each other. But I think I have been living along the lines of my parents' expectation.

Th2 It seems to me you are losing yourself following others' expectations.

A3 My office work is largely changing because of restructuring. I'm ill at ease.

After two months in therapy she could talk freely about her office work, as she tried to accept her self and to connect opposite I-positions. One is her Natural Easy Self and another is the Self Who Adapts to the others expectation. In this phase, she said:

- A4 It was only one of occasions, I would fall into such states sometime at any other office. I feel I can move forward a little. But I have such another voice that I want to take a rest for a while.
- Th3 You feel you have two voices each confronting the other.
- A5 But I don't have a clear image of how to do or what to do. Still I have such image as the expert surpass from others but the other side I don't care about it.
- Th4 You don't care about it. You are changing. You are not as you were before.
- A6 I can't do overwork. It seems strange that I could be in such way of working ordinarily. I feel just I am comfortable.

We explored another voice inside the self in the process of psychotherapy. There was a tension in the dialogue between the self and the inside other-- the alter ego. This tension took the form of one time struggle between old I and young I, and another time there was anxiety caused by self deception.

Here we also have an occasion that we can discover various self positions. Therapists explore the possibilities of another position being present inside the client's self. They make efforts to explore the client's living world. A shift in the I-position of client takes place. Each position is en-voiced as if some characters live inside the self. Each voice is independent. They are unique in positioning towards each other.

It is necessary to construct a dynamic dialogical space in order to maintain the subjective configuration of the person. Consequently, the transformation in the therapeutic situation is one where the person meets oneself as various selves, many I positions which are connecting with each other.

Ms. A talked me during the next interview session,

“I try to see my parents as others at one time, they are only as neighbors-- men and women. I aware it isn't necessary to overestimate and to overcontrol my self”

In this scene—two selves becomes thematic—the Narrating Self and the Narrated Self. Narrating self is the agent of the narrative and the narrated self is the protagonist of the narrated events. One can do narrative and be in narrative at the same time through self talk. How can one get a perspective to observe the narrated self in the narrative in itself? It is necessary to have a moment by way of the others' perspective in the conversation.

Exchange and reversal of dominance in dialogue

It is a role of the therapist who has to keep circumstance of conversation safe. The dominance is in the side of therapist concerned with limit setting within therapy. The therapist may be in the position of passive dominance. Because the therapist

focuses on the accessible sphere of client's world in the course of experiencing-- the world constructed by the client's talk. Sometimes the therapist makes a move to reverse the dominance. The therapist can ask, for example, "do you feel at ease to talk about yourself here?" Such question brings up a dialogue to oneself and client gets meta-perspective to herself.

The therapist can learn from a client. The client is the expert of his own life (Anderson & Goolishian,1992). But he is not aware on this "expertness". The participants are considered to be experts in the meanings that they give to the events in their own lives and as knowledgeable about the particular circumstances and events that play a major role in their personal histories (Hermans, 2001b). Such moments necessarily occur in therapy-- as learning from client in the therapeutic interview. The therapist becomes a pupil and client becomes his teacher at this moment. There is reversal of dominance between therapist and client. It is exactly the therapeutic support where therapist moves flexibly in the reversal of dominance. The client is in a passive position for the first time. But when the dominance is reversed, he can be the leader of the conversation.

A7 the image of my office work is empty still. I worry that I cannot return to my office. I lost confidence.

Th5 You can't image your return.

A8 I think ...It is more exact to say rather I don't have capacity to continue the work than to say I lost confidence.

Th6 I see you have a sense to say you don't have a capacity, for you could achieve good results in everything you do by yourself.

A9 I want to be successful and nice appearance indeed. But I couldn't have kept the work with such image.

The phenomenon of the reversal of dominance is essentially concerned with the level of performance in a conversation. Conversation is fundamentally constructed by turn taking. When the conversation becomes lively, sometimes one's speech will get another new meaning through the response of the other.

Creative dialogical overtones: *Utushi*

The therapists have to simultaneously attend to both the inner and the outer conversations. A double dialogical space emerges--the heterodialogue (with others, including imaginary others) and the autodialogue (within oneself; Valsiner, 2002). What characteristics does the dialogical space have in order to make a therapeutic conversation creative and meaningful?

Three points can be given from the case of Ms. A. It has to create an *appropriate exchange* of self-other perspective along with the conversation process, it needs *reversal*

of *dominance* between the therapist and the client, and *conversational turn taking*. These are main characteristics of conversational dialogicality. Yet this kind of dialogicality is not enough for explaining how a therapeutic meaning can be constructed. Wertsch (1992) differentiates two characteristics of dialogicality—the sequential and the simultaneous. The former is the kind of turn-taking that is usual in communicative interaction. The basic dynamic is one of interlocutors sequentially changing the roles of speaker and listener. This dialogicality is visible and easy to grasp. But there exists another form of dialogicality in which two or more voices can speak at same time. This is a form of simultaneous dialogicality whereby one voice transmits what another voice said but with a shift in accent.

We have to pay attention not only the sequential dialogicality but also the function of simultaneous dialogicality in the conversation. We can make new meaning in the therapeutic conversation through the complex mode of dialogicality. This function occurs in a boundary zone of self and other. The boundary zone in the therapeutic conversation has to be functioning enough. And this zone has a essential characteristic as $A \diamond \text{non-A}$ field where meaning is constructed and re-constructed (Valsiner, 2004).

Utushi. It is necessary to get a new point of view to analyze the mechanism of new meaning making in the boundary zone through the two modes of dialogicality, sequential and simultaneous one. I introduce a concept of *utushi* (Morioka, 2005). Japanese word *utushi* has ambiguous meaning. Ordinary it is characterized by three different Chinese characters (移 写 映).

- 1) 移 transition of time, shift or change of space
- 2) 写 representation, image or copy of a real thing, trace and description exactly what it is.
- 3) 映 mirroring, reflection, projection.

We can use this word in human relationship and can explain the inter-subjective phenomenon as identification, participant observation, responsive action, empathic exchange, emotional affection. It can mean perspective change, and dominance reversal, if possible.

The basic structure of *utushi* is the following formulation:

<When a part of X is on *utushi* toward Y
X doesn't appear as some X just located inside Y.
but X appears as a *part of Y* inside Y.>

There is a micro movement of *utushi* in the conversation with Ms. A. The time and space is superimposed including some differences by way of the others' *utushi*. The

client in self-talking can get another viewpoint to her problem through the continuity of dialogue. In the action of *utushi*, therapist takes care of how to ask in order to expand the client's self narrative and to construct client's world. The client can get a deep sense of "I am" through the responsive action *utushi* by therapist.

This is the original reality constructed only through the dialogue. The turn taking of conversation creates therapeutic effects. Ms. A said "I lost confidence "(A8). But she could change the meaning by way of a therapist's response (Th5). She inquired into her own word and discovered another voice. Therapists set up empathic understanding of the feeling and of the client's situation. Therapists never go ahead to the client's talk. I introduced a key concept *utushi* which means therapeutic mimetic action in this context. This client experienced her own word repetitively through the mimetic word and action by the therapist. And she experienced a sense of continuity of self from such response. She could shift the space of self imaginatively from narrated space to the narrating space in the therapy.

The therapist comes up with response by toward some parts of the multiple selves (Th3). Client can meet multiple voices of self through such dialogue. This is one of common factors of psychotherapy to make up the dialogue between the voices. In this dialogue one can plus a word to the listened word. There generates a new intonation to one's speech. And the stress is displaced. New meaning is superimposed through encounter with the other's word. Speech gives resonance to another. New meaning and association occurs when the word to word happen to be intercrossing. We can express this possibility as 'dialogical overtones' (*utushi*). In psychotherapy such work is ongoing--looking jointly for an adequate word for the meaning of the experiences narrated in the dialogue.

We have to remain a stance not to contact the other only on the basis of already known. The psychotherapist must not make up for the others' world with his own knowledge and information before. Rather he makes effort to keep the experience of the therapeutic conversation unfinished. The state of 'unfinished' makes a potential space where things of different levels can be crossing.

Ms. A had an insight that she forced herself to adapt within the valuation and perspective of her parents and coworkers of her job and consequently she got a sense of value to stand out from the others. She reflected herself gently in the dialogue and said

"It is more exact to say rather I don't have capacity to continue the work than to say I lost confidence."

She asked herself a question and expanded a dialogical space where she could keep herself at a distance. Ms. A took a leave of absence and took a good rest. She got a room to reflect upon her ordinary life. She had an awareness that she left almost all her

life to her parents and tried to make her own life by herself a little by little. For example she challenged cooking. Through this experience she said:

“I try to cook recently by myself and to satisfy myself. This work brings up inner parents in my mind. Recently I think it is necessary to grow parents’ figure in my mind. They give me a caring voice and guard me.”

Recovery of one's voice: intonation and tension in dialogue

In the space of Dialogical Self, a self of one moment talks to the self of the next moment. There is continuous conversation from self to self. The Dialogical Self is composed of voiced positions (Hermans, 1996; Hermans and Kempen, 1993). If he talks with his actual voice to the other, a new meaning emerges sometimes. It will be an experience of recovery for one’s own voice. In a therapeutic conversation joint construction to make an effort to express one’s own experience with his unique words takes place.

Clinical vignette 2

Mr. B was 27 years old. He was an office worker. He visited our counseling room because of anxiety. He felt overly tense in public. Particularly he couldn't call on the phone in public. Such problem occurred when he had been confused by handling a phone call well, especially to the automatic phone call receiver (“answering machine”). Given the widespread presence of such machines at places he might need to call, he was afraid of any call in the office. His anxiety was exemplified in that he always checked who is around in office and listened to the messages on the answering machines.

The following is a scene of the first session of the interview.

B1 If someone stays in the office, I cannot call.

Th1 ...If he isn't an acquaintance..

B2 Surely, then I can call easily. Well... I'm afraid of the way of my calls are checked by others rather than the calling itself. I am aware of my voice trembling. I don't like such image of mine.

(Mr. B tried to explore into himself)

Mr. B was constrained by only one voice. Surely he has other voices but they were suppressed. So each voice had to be taken care in the therapeutic dialogue. Various other voices were latent in client's silence. It is fundamental work to en-voice, voicing the suppressed self in the therapeutic situation. But we don't need to en-voice it directly.

From the Bakhtinian perspective, we can say that only a word has many voices in the dialogical situation (Bakhtin, 1929/1976). We can hear different voices in a word. One's speech takes place in contact with the other. A dynamic process emerges. Conceptualizing the self as a dynamic interplay among positions opens a range of

possibilities for individual differences and differences between situations (Hermans, 1996).

One's voice can get overtone mingled with another's voice in the present expression. When a voice may contact with another's voice, dynamic dialogical process is facilitated, and then one can get a slight insight. This polyphonization is realized by constructing a system of positions that is filled with opposites, contrasts, and narrative fragments (Hermans, 2001b). How does such connection be made out in the conflict multiple voices?

Mr. B reflected his ways of human relationships and made out a new point of view.

(He began to dialogue with the past self.)

Th2 You have made no big mistake yet, haven't you?

B3 No, I have not. I was a leader of my group. (He references his childhood when he was about 10 years old) but I was afraid of making a mistake. I could have many members in the group, but I would feel isolated.

Th3 You didn't have intimate friend in your childhood, did you?

B4 I didn't have such a friendly acquaintance, to talk frankly. I was usually suspicious and my relationships could not continue for a long time.

Th4 It seems to me you have taking regards much more than others. But the others may not notice un expectedly rather.. they may misunderstand that you are without delicacy.

B6 I remember what happened. A companion said to me, "I don't enjoy being with you!" We were playing and then we confronted a little dangerous situation, for example when we had to climb over the fence or to jump over the ditch, I usually took a roundabout route.

Th5 If not one is enjoying, the other are not enjoying.

B7 Well, I am surely in the same situation in my office. (omitted)

B8 ...but to whom does anyone talk such private things?

An utterance cannot be separated from social situation (Bakhtin, 1929/1976). Usually many meanings are condensed in a speech referencing one's context of life. The intonation is the clearest index within the social value of the speech. Our speech is always reflecting an evaluative accent. Especially it most clearly appears in the expressive intonation. One can say that the exchange of the intonation is the main task in our ordinary conversation. Even if one's speech is diffuse or not understandable at the syntax level, we can communicate enough in support of the intonation.

Even if speech is used repetitively, the intonation of evaluation changes when it is heard by a different person in a different context. A dialogue--at least two speakers creating interaction-- is the basic unit of language use. From this viewpoint, one can say that one can never utter *the same* word. When in a speech contacts with the others', some conflicts or differences occur in the person's mind which has a possibility to generate a new meaning.

In the case of B, the strained relationships with the other began at the moment of the episode that he could not communicate well with the answering machine. The machine can never 'answer' with an embodied voice. The tension and conflict can not be resolved. And moreover the tension was amplified by the non-response of his co-workers, the silent others. When one cannot get an answer clearly from the other, he tries to make a pseudo-dialogue in his psychic space where internalized others "speak to him" with negative evaluative intonation. There seems to be an anxiety on the basis of his experience that he had not been accepted positively from the others.

Mr. B reminded the episode about "I don't enjoy being with you" and tried to talk about the impact it had on him. He could not deal with the other's utterance which had been difficult to accept. There is a conflict relation in contact with the other's word (B6-B8). A person's task is to co-construct the open space into tension between positions in Dialogical Self. The intonation of the word changes in a different context with the other. The same word may get another meaning.

Exploring the sense of tonus in the therapeutic relationship

Mr. B recollected a small traumatic event at age about 10 in the therapy session. When that happened, there was deep tension within the field. The therapist tried to deal with the episode that his companion had thrown a word to him "I don't enjoy being with you", and looked for a new theme that would include both the therapist and the client in a new way.

As the therapist responded "If not one is enjoying, the others are not enjoying" (Th5), simultaneously Mr. B disclosed his self who could not be frank nor open about his own weakness with his companion. At that instance, the tension of the field changed largely and the intonation of his speech changed as well. A shift in the evaluation to his traumatic episode occurred. At the same time, the sense of time expanded. His sealed memory was connected vividly to the present.

The intonation of a word can hold multiple meanings simultaneously. The present in the practice of dialogue is "pregnant" with the future. The dialogue arises not only in the horizontal place but in the vertical axis between the different times. The present is "pregnant"--creating tension from the viewpoint of one's utterance towards the future.

The therapist is a supporter who tries to transform the space of Dialogical Self toward the time of future. He facilitates active conversation to expand the dialogical space (Th3), where the I-positions will be re-constructing themselves. Dialogical Self is structured through the transformation of the difference of time and space. When we integrate the multivoiced selves, the structure of Dialogical Self will create the field of future possibilities.

We can grasp a change of quality of the time experience through the change of the tension. The episode of Mr. B at the age 10 is recollected vividly—reporting the sequence of actions. We can say that his past space of playing with companions appears here. The past event which separated from the present was accepted as 'it's meaning now' with the other. Then he can talk frankly. It is one of the effects of self narrative.

The sense of tonus that therapist tentatively receives changing process of tension in the here and now situation is a sensor for catching the internal state of the client and the quality of the therapeutic relationship. When I heard Mr. B's negative episode that one of his companions said to him that he didn't enjoy being with him, I felt the general sense that one cannot move in a small group. And then the atmosphere of the room was slightly changed. This sense of tonus guided the orientation of the interview.

We jointly make effort to research available experiences and emotional scripts of his life events that take a role to link one event to another, internal states to his expressions and to connect the self to the other. Certainly at this transitional point there arises a change of tonus which catches a turning point of therapeutic process. One of the main tasks of any therapist is to find an episode and a material which may be a turning point of client's life story, and to construct the sequence of his narrated events. Through connecting two events occurred at different times each other and appreciating the sense of transition, one can get a sustainable self recovery.

Meaning making in a potential chronotope of *ma*

Mr. B could create a space in the therapy for reflecting his office work objectively. The narrated events intermingled with the event of narrating here and now, which was the time of en-voicing the ignored self position. Mr. B talked --"but, to whom does everyone speak about such private things".

There is a moment when one begins to talk about oneself in conversation. The sense of tonus within the subjects on dialogue changes a little in this moment. Mr. B mentioned that he didn't talk about himself with his companion and that he had no experience of sharing with someone on aspects of his private world. However, once he talked about this theme in the interview, then he got deep relief. This talking seems to have been an experience that had never happened with him. It may be an effect by a self-talk in the therapeutic conversation.

When one is involved in self-talk, a distance will be appear between talking self and talked self in one's internal world. We call this distance *ma* (間) The feature of Japanese consciousness of time is not linear--such as the past→ present→ future sequence--but has a circularity of time connected and held by nature. And the feature of Japanese consciousness of space is not an empty space but a space that includes everything. We use the word *ma* for a space between a thing and another thing, and also between one moment and another moment. *ma* is a concept including both time and space (Kimura, 2005). We can use *ma* in referencing human relationships--*ma* indicates the creative lively tension between I and you. If this tension diminishes, *ma* is lost. We say *ma-nobi* (overextension of *ma*) or *ma-nuke* (missing *ma*), which means boredom, crazy or bad timing.

The concept of *ma* may be concerned with the boundary zone A\diamondnon-A field where meaning is constructed and re-constructed (Valsiner, 2004) There occurs a tension in the boundary zone A\diamondnon-A. This zone is a domain for creative meaning construction. The sense of tonus implies essentially opposite themes and intention (Dunham, 1938). Therapist and client co-investigate the emotional experiences of ambivalence for realizing a new form of feeling.

One can be creating *ma*--distancing oneself--through his self-narratives. He could talk about himself with his own word in this distance, *ma*. At this moment the tension can be dissolved. He confronted to himself with authenticity never in self-deception. At the same time the therapist (the other) had to listen to his talk within a constant tonus. The talking and listening space makes unique *ma* in-between the persons.

It is also important that we pay attention to the sense of transition from one event to another. It is a marking point that the sense of transition included in the narratives of the events. Through the act of this sense in narrating one's life events, the subject can differentiate his own events. The new meaning seems to be generated in-between (*ma*) a narrated event and another one in which is supported by the relationship with a vital tension. The temporal transition, *ma* creates a space where one can accept negative hard facts excluded from one's self structure. The quality of time experience of *ma* is not linear such as past-present-future but non-linear condensed one.

In the case of Mr. B--he experienced his past with negative feeling and his perspective of future was restricted by the opposite side, his past. The specific event of the past remained a strong tension focus in the present. It was not over for him. And his future had influence on the present within the tension. In other word the potentiality of future embodies in *ma* felt on the sense of tonus in the dialogue.

Conclusion

It can be said that Dialogical Self operates within the chronotope *ma* between therapist and client. In the process of psychotherapy, the self is not the object of reflection but is actively experiencing oneself. It is the role of therapist to keep the environment, appropriate *ma* where the experience itself suggests it, and thus guide the change of meaning for the client. The therapist has to be clear about therapeutic limit setting where the dominance is on the client's side. Through that, the therapist tries to move into the client's world.

It seems the aim of the recovery of health that the self can exchange the dominance freely with the other. "You can realize yourself at the space of me and I can realize at the space of you" This is exactly the essence of *utushi*. We can expand the dialogical space toward the future by activating *ma* which means both a chronotope and an actual dynamism of relationships. One talks oneself to the double other (outside and inside) without self-deception. The self and experience have a congruence for both therapist and client. This is the genuine goal of therapeutic conversation.

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