

REGULATION OF THE SELF IN THE THERAPEUTIC ENVIRONMENT (COMMENTARY ON MORIOKA)

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ABSTRACT. In Morioka’s paper “Voices of the self,” self-other relationships are viewed as potentially problematic as a result of the other’s lack of sensitivity to the tonus of a conversation. This presents a threat to an individual’s sense of self, and can possibly lead to a breakdown of the self-regulatory processes. One possible way of reconstructing these processes is through the therapeutic interaction. This relationship is dependent upon the dialogical potential of the therapist to provide the basis of the relationship, so that the client is able to develop new hierarchies. By being attentive to the therapeutic relationship (as in interpersonal therapy) the therapist is able to help the individual reconstruct their regulatory mechanisms. This approach is compared to interpersonal psychoanalysis. This commentary is consistent with that of Eells and Stiles (2008) in its focus of bringing Morioka’s Japanese concepts into conversation with already established concepts of contemporary psychoanalysis.

Keywords: Dialogical self, regulation of self, interpersonal psychoanalysis, tonus of conversation, potential space (Winnicott)

Regulation of the self is at the core of the theory of the dialogical self. The idea of the dialogical self conceptualizes self-identity as flexible, dynamic and ultimately fungible. The individual is seen as being capable of maintaining many different I-positions in a comprehensive and integrated fashion (Hermans & Kempen, 1993). In the dialogical self, regulation is seen as involving the creation of temporary hierarchies so that in certain circumstances specific selves are dominant, while in other contexts, other selves become dominant (Lysaker & Lysaker, 2002). The dialogical focus on subjectivity enables it to overcome the traditional dualism of self and environment (Salgado & Hermans, 2005). Accordingly, it is a useful theory from which to understand the therapeutic interaction as depicted by Morioka (2008).

In his description of a therapeutic interaction, Morioka (2008) focuses upon the dialogical properties between therapist and client that enable the experience of *utushi*. This refers to a shared experience where the client hears or feels the therapist’s voice as

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if it were part of his/her own self. As pointed out by Eells & Stiles (2008), this experience may encompass the concepts of identification and projective identification. Accordingly, *utushi* is described by Morioka as when “you can realize yourself at the space of me and I can realize [myself] at the space of you” (2008, p. 12). For Morioka, *utushi* emerges in the therapeutic space that is created during reflexive moments (self talk) that creates distance between the voices of the self, allowing for the experience of hearing the voice(s) of the other(s) to resonate within the self. In other words, by bringing the dialogical position that is engaged with the other (in this case the therapist) to the forefront it becomes possible for this voice to mesh with the voice of the other leading to a shared dialogical experience.

This space, referred to as *ma*, is the second idea introduced by Morioka to describe the therapeutic process and is complimentary to the concept of *utushi*. Morioka explains *ma* as the distance between the talking self and the talked about self in one’s internal world, the space created in inner conversation between the internal author and the internal addressee (Morioka, 2008, see also Eells & Stiles, 2008). *Ma* comes about as a result of the tension that exists in the boundary zone between different voices, which is created by the reflexive aspect of self-talk. In this boundary zone, meaning is less fixed and is constantly being reconstructed, allowing for creative new meanings to emerge. The therapist attempts to generate and maintain this tension both in how the client relates to him as therapist and how the client relates to himself. In this manner, the therapist acts to constrain the types of experiences that the client has in order to enable *utushi*. This relationship is unique, as according to Morioka, in many other relationships, ‘the other puts someone into a role and a position which constrains him (this issue, p. 2)’ that can then lead to the individual ‘falling into emptiness’ or experiencing a monological relationship. A monological relationship is taken to be one where the individual’s other voices are suppressed, so that it appears as if there is only one voice. The therapeutic relationship is seen as helping the client unlock these suppressed voices, leading to an experience of polyphony and dialogue between these voices. This experience which Morioka describes as fullness appears to be a function of the regulatory abilities of the dialogical self. These maintain the appearance of the therapist’s voice being a part of the self, but also regulate its relationship to other parts of the self. The regulatory processes of the self that lead either to an experience of monologue on the one hand or *utushi* on the other, within the therapeutic relationship are the focus of this commentary.

Regulation of the dialogical self

For Morioka, the self is easily overwhelmed by the voice of the dominant other, which can belong to both another person or be a voice that has been internalized by the individual. Morioka uses the term **tonus** to describe the intonation – the entire range of meaning not communicated by talking – of speech. He suggests that what characterizes

the dominant other is their disregard of how the other hears their voice. In other words, the dominant other is not sensitive to the **tonus** of dialogue and as a result denies an individual's subjective sense of self. He views the self as being surrounded by both known and anonymous others who have the ability to influence and regulate a person's conduct. An example of this form of dominant other is provided by Morioka with the case of Ms. A:

“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 and I could clear up the work easy. I am anxious of **everybody** who watches me being around as if I take an examination **everyday**. The other is **dominant** in my office” (Morioka, 2008, p. 96, emphasis added).

For Ms. A, the voice of others' expectations of her behavior in the office has become dominant. This voice, which expects her to work in a certain manner irrespective of context has suppressed her other selves. The resultant tension between how she sees their expectations and her actual self has led to her becoming depressed and anxious.

This statement highlights two important aspects of the theory of the dialogical self. The first is the idea of a dominant voice and the second is the individual's relationship with that voice. Taking these issues in turn, Morioka suggests that a voice can become dominant by being institutionalized, which provides it with a form of validation. He describes a recent phenomenon in Japan, where individuals feel overwhelmed by the lack of **tonus** of these voices, especially students who feel that they are constantly being evaluated. In this manner, Morioka implicitly describes the normative nature of institutionalized voices, suggesting that they provide guidelines for conduct and the basis of human meaning making activities (Valsiner, 2000). However, as his example highlights, because of their disregard of **tonus**, these voices have the possibility to appropriate the self – leading to a monological experience as demonstrated by his client, Ms. A. Here, it seems that her work environment has stressed certain behaviors such as showing that the work is within acceptable expectations and doable. Ms. A has internalized this voice of work as the general position of “showing a better image” of herself, which has become dominant in her self-system. This has led to Ms. A not only acting a certain way in the office where “the other is dominant”, but also outside the office, such as when she is on holiday.

The experience Morioka describes directly feeds into a second question: namely, how do individuals regulate their interactions with the different voices of the self, both at the intra-individual and inter-individual level? According to Hermans & Kempen (1993) & Hermans (2001), regulation takes the form of movement between I-positions. This involves the construction of temporary contextually based hierarchies of self positions. These hierarchies organize the voices by relating I-positions in such a way that the most socially pertinent I-position is temporarily dominant. Given the fluidity of

experience, movement between I-positions involves being able to re-construct hierarchies depending upon the situation. However, as suggested by Morioka, there are many situations where the other seeks to dominate the voice of the self, thus disrupting the regulatory processes. Previous work has suggested that a failure of the regulatory processes of the dialogical self can lead either to the individual being unable to construct a contextually sensitive hierarchy or not being able to limit the meaning making process of a voice in that hierarchy (Lysaker & Lysaker, 2000; Lysaker & Lysaker, 2001; Valsiner, 2002).

Being unable to construct dialogical hierarchies. A failure of the self's ability to construct a hierarchy would likely lead to a proliferation of unorganized I-positions, which in turn may lead to acting in contextually inappropriate ways or perhaps to a feeling of anxiety at not being able to make sense of experience. An example of this is the experience of someone who is afraid to fly. In this case there are often a plethora of voices, expressing diverging opinions about flying. For instance one voice may point out the lack of control an individual has over a flight while another points out the statistics of airplane crashes, while still another is describing the mortality statistics from the most recent crash. This polyphony if unorganized may lead to an experience of anxiety about flying (stuck between positions), which would need to be resolved in some form to enable the individual to fly.

Being unable to limit I-positions. Another possible failure of the regulatory abilities of the self is not being able to limit an I-position. This may lead to the feeling of dialogical emptiness, where experience is understood in a monological fashion. Limiting the extent to which a voice or position is generalized is especially important when interacting with dominant others and institutional voices, as these voices as described earlier do not pay attention to the subjectivity of the individual. The case of Ms. A provides an example of an individual who is unable to regulate her relationship with the voice of the other, which in this case is her job. Dialogically, she cannot move between her internalized voice of the other ('better image') and the I-position of her "actual figure" which has faded into the background. In this regard, her experience is monological, and results from a breakdown of the regulatory processes of the self, specifically her ability to put a stop to the meaning making process. Her construction of the work environment clearly reflects the hyper-generalized I-position of 'having to be better' as demonstrated in her choice of descriptors (always, everyday, everybody, dominant). The hyper-generalized nature of these voices serves to keep her experience monological (a repeat of having to be better) by suppressing her other I-position's.

A consequence of not being able to constrain this voice seems to be feelings of depression and anxiousness. It is through therapy, that Ms. A is able to hierarchically re-organize these voices so that while she maintains "the image as expert" of herself, she is able to regulate this through the position of her 'actual self' who "can't do overwork" This general I-position is much more adaptive as she becomes better able to regulate her

relationship with the voice of the other, allowing for the production of new voices and perspectives to then emerge (as seen in her changing relationship with her parents). It is the unique aspects of therapy – and in particular the differences in the inter-personal relationship from others that provided Ms. A with the opportunity to develop this new I-position.

Regulation of the self in therapy

According to Morioka the therapeutic relationship differs from usual interpersonal relationships because of the therapist's sensitivity to the **tonus** of the relationship. The therapist attempts to be aware of the I-position from which an individual is speaking, as well as the feelings associated with that position and as a result can comment upon these I-positions. These comments – often mimetic in nature – are heard by the client as if they themselves have said them (*utushi*) which creates the experience of reflective self-talk. The distance generated as a result (*ma*), destabilizes the field, so that new meanings and hierarchies can emerge. As Morioka points out, *ma* engenders tensions in the boundary zones of meaning (which are made apparent through self-talk), and this tension is maintained by the therapist. In many ways, this idea is consistent with interpersonal notions of therapy (Sullivan, 1940) where the therapist is cognizant of the co-constructive processes occurring in the therapeutic space. It is this awareness that provides the therapist with a form of objectivity, from which they are able to comment on, providing a meta-narrative of therapy (Sullivan, 1940). This meta-narrative provides the client with a greater degree of awareness regarding their behavior so that they are then able to behave differently.

The therapist's awareness of these constructive processes provides the basis for the client's ability to regulate his/her relationship with the therapist. By monitoring their own feelings towards the client, the therapist helps to ensure that they do not overly constrain the client's experience, which leads to the client's experience of the therapeutic environment as less constraining than many other environments. An important aspect of this is the risk that the therapist takes. The therapist who is listening with "a constant tonus", is in many senses also acting as a support buoys for the client. He acknowledges the clients experience but tries not to force his own experience over it and thus runs the risk at being dragged down so to speak by the client. In this regard the client experiences the therapist as being full of dialogical possibilities that they can partake of. Through engaging in a variety of dialogical relationships with the therapist, the client learns how to regulate these relationships. This is an example of how the therapist, by limiting certain areas of meaning making, in fact enables other areas. It is through "playing" at these dialogues that the client becomes able to regulate their relationship with the therapist.

The therapist's aims are to contain the tension that comes from the possible dialogues so that the client can work at the boundary zones of meaning making.

Through this, the client becomes aware of her/his relationships and is able to regulate them. This idea is similar to that of Winnicott's **potential space** (1971): "the place where cultural experience is located is in the potential space between the individual and the environment (originally the object). The same can be said of playing. Cultural experience begins with creative living first manifested as play." (p. 100) The potential space is an area where meaning is less fixed and where the self can play at making different meaning. For Winnicott, this space emerged through the therapeutic relationship (in part from the properties of the analyst as a transitional object) and enabled the client to safely develop their autonomy and sense of self. Dialogically, this space results in the client being able to achieve volitional control of their I-positions, through learning to regulate them. In this regard, the client becomes better at regulating their interaction with the therapist in adaptive ways, providing the basis for future interactions outside of therapy.

Conclusion

The focus of this commentary was on exploring the question as to whether there was any difference between how the dialogical self regulates the voice of the other as opposed to the voice of a therapist. Accordingly, there does not appear to be any differences as to how the dialogical self regulates its relationship to the other and to a therapist. Rather, the differences appear to lie with the role of the other. In the case of most individuals who are not sensitive to **tonus**, the self has to actively regulate them by constructing a temporary hierarchy to make meaning out of the experience and then be able to breakdown that hierarchy, in order to accommodate future events. A failure to either construct or breakdown this hierarchy may lead to over-generalizing of the voice of the other to a variety of different contexts which can lead to psychopathology. This can be contrasted with the relationship to a therapist, who is sensitive to the **tonus** of the relationship. Doing so allows helps to en-voice the other dialogical positions of the other (which had been suppressed) and enables adaptive meaning making.

References

- Eells, T. D., & Stiles, W. B. (2008). *Utushi and ma: Infusing two Japanese concepts into western psychology. International Journal for Dialogical Science*, 3(1).
- Hermans, H. J. M., & Kempen, H. (1993). *The dialogical self: Meaning as movement*. San Diego, CA: Academic Press.
- Hermans, H. J. M. (2001). The dialogical self: Toward a theory of personal and cultural positioning. *Culture & Psychology*, 7(3), 243-281.
- Lysaker, P. H., & Lysaker, J. T. (2001). Schizophrenia and the collapse of the dialogical self: Recovery narrative and psychotherapy. *Psychotherapy*, 38 (3), 252-261.

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- Lysaker, P. H., & Lysaker, J. T. (2002). Narrative structure in psychosis: Schizophrenia and disruptions in the dialogical self. *Theory and Psychology, 12*(2), 207-220.
- Morioka, M. (2008). Voices of the self in the therapeutic chronotope: *Utushi* and *ma*. *International Journal for Dialogical Science, 3*(1).
- Salgado, J., & Hermans, H. (2005). The return to subjectivity: From a multiplicity of selves to the dialogical self. *E-Journal of Applied Psychology: Clinical section, 1*(1), 1-13. Retrieved December 1, 2008 from <http://ojs.lib.swin.edu.au/index.php/ejap/article/view/2>
- Sullivan, H.S. (1940). *Conceptions of modern psychiatry*. New York: W. W. Norton Company.
- Valsiner, J. (2002). Forms of dialogical relations and semiotic autoregulation within the self. *Theory & Psychology, 12*, 251-265.
- Valsiner, J. (2000). *Culture and human development*. London: Sage.
- Winnicott, D. W. (1971). *Playing and reality*. London: Tavistock.

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