

## CONVERSATION RECOVERS THE TEMPORAL SENSE (REPLY TO COMMENTARIES)

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**ABSTRACT.** According to the five commentaries (Kim, Eells & Stiles, Rosenbaum, Molina & del Rio, and Gratier), the author tries to clarify the main cultural concept of *utushi* and *ma*. The work of *utushi* is discussed in its four aspects-- in terms of affect, mimesis, reflection and cognitive change. *Ma* activates a proto-conversation that involves the tonus—a subtle sense of change on body sensation-- in the therapeutic relationship. These concepts are useful for discussing the creative function of dialogical self, especially the positioning of the other, the control of the self, and the temporal flow in the therapeutic relationship.

**Keywords:** *utushi*, *ma*, tonus, dialogical space, temporal sense, affect, mimesis, cognitive change, chronotope

### **The field of *utushi*: Reflecting the inner life of the other**

In a therapeutic situation the therapist makes an effort to co-experience with the inner life of the client. This experience helps to be supportive of the client. The therapist has to keep his or her therapeutic conversation reflecting the client's inner life for recovery a slight step ahead of the client's self-revelation. This position of the therapist is very important. While trying to understand the other's life through the therapist's own world, s/he may fall into the trap of using one's dominating subjective first impressions—rather than the process of co-experiencing in all of its delicate nuances. We try to understand the other along with the client's own view of his/her life-world when possible.

Clinical work in dialogically oriented psychotherapy is based on this notion of relationship. It is to be found on the relationship of *utushi* that connects my life within the other-- and the life of the other is re-created internally within my life. The other is internalized into one's mind as a more generalized other--as Molina and del Rio (2008) write-- which brings the public sphere of relations into one's inner sphere of the mind.

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Kim (2008) adequately emphasizes the relevance of the quality of the response of the therapist-- who is the other for a client -- and the complex movement of the therapeutic relationship for the client-- who is also the other for a therapist. We have to establish the image of the other. Kim-- and also Rosenbaum (2008)—emphasized the power relationship between the therapist and the client that is institutionally set up and present in an implicit form. It is not easy to change one's perspective and take the perspective of the other. At least we have to be authentic to the relationship, to be attentive to the exchange of the perspective of each other, and to be able to assume different perspectives (Arendt, 1989).

One of the purposes of my target article was to investigate this process in a therapeutic situation (Morioka, 2008). I use the ambiguous concept of *utushi* in four aspects. First, *utushi* is an empathic emotional experience. One's feelings—for instance psychic pain—merge into that of the other—that is to say *utushi*—the therapist in the therapeutic situation. In this situation *utushi* means affection and transference. *Utushi* is the transfer of the affect beyond the boundary between self and the other, between the inside and the outside. Things that are transferred through the boundary are therapeutically meaningful.

Secondly, *utushi* means imitation, image and mimesis. It indicates movement—of repetition and duplication. This movement generates a difference between imitation and its origin. We can use this difference creatively and supportive in the therapeutic conversation.

Thirdly, *utushi* is concerned with reflective communication in relationship which is simultaneously interpersonal and intra-psychological. This reflective communication is directly concerned with the dialogical self. This aspect of reflective relationship with others may be a basis for forming a coherent self image.

Finally, another aspect of *utushi* can be extended in an intensive meaning of displacement and reversibility. The phenomenon of cognitive change in the therapeutic process may be explicated by the concept of *utushi*.

These four modes of *utushi* are not articulated but remain intermingled with each other in our flow of experience where rich images are conceived and have broad associative meanings. The field of psychotherapy is an arena where power of images and associative meanings are as creatively activated as possible. There are different modes of *utushi* in interpersonal relationships. Repetition with difference in *utushi* can make a power for change and transformation. *Utushi* has a close relation to transformation that is essential of life processes in general. The being of the other is important—the other participates in the process and takes a position to support the process. 'When a part of X is orienting *utushi* toward Y, X does not appear as X inside Y. X appears as a part of Y inside Y' (Morioka, 2005). The therapist (Y) who is the

other for the client (X) will appear a part of client's self through *utushi* process and vice versa

Thus *utushi* has similar meaning with the notion of empathic understanding and positive function of projective identification (Eells & Stiles, 2008). These concepts explain the complex phenomenon of therapeutic relationship. And the concept of *utushi* has a culturally specific meaning that is concerned with the sense of time and space.

Life will become clearer for the resources of one's own life by this *utushi* link with others. The field of therapy can be understood as a chronotope for making positive change by using repetition with difference. The therapist has to get hold of a micro-process of *utushi* (kind of "affective climate") and to activate the experience in the here-and-now situation. He reflects his awareness on the client through his whole being. This is the work of *utushi*. Then new movement of affective synthesis can occur and new outcomes may emerge both for the client and the therapist.

### **Time and space of experience**

The important points that Molina & del Rio (2008) made is that the dialogical self is based on two basic metaphors—time and space. Further discussion is needed on this theme of the feature of dialogical chronotope.

In the experiential world, we experience events and construct meanings in a state of space through temporal sequence. But in the real world of outside, events take place simultaneously. In other words, the organization of subjective experience is not equal with the order of things outside.

We are apt to forget a negative event. If we can dissolve our problems without referring the negative event directly, it may be good. But it is necessary to make the meaning of the event through talking oneself and giving it an expression that is good enough for us. The client's problems and diseases are usually one of such expressions.

A negative episode of experience is not finished as a past event. There is not natural transition of time. The episode remains fixed in a specific area of mindspace of the person. Such representation as timeless and fixed is not communicative and cannot be shared with the others.

For example, a female junior high school student came to my counseling office together with her mother. The student never talked to me directly. So I had to listen about her problem as narrated by her mother. It was reported that the girl could not go to school for about two years because of bullying from her classmates. They neglected her. As a result she had developed deep anxiety in relation to her school. These cases are not rare in Japan and they have become a social problem. I wondered if her anxiety seemed to be over-generalized. She was anxious that every small group of peers—as there are many groups in her school—would not accept her.

Such first negative event may associatively connect to almost all the representations on a girl's school which threaten her with strong discomfort. These episodes of experience were superimposed over another negative impression and then fixed and generalized in her mind. When she finally started to talk with me herself, she revealed that she threw her school uniform into a garbage bin. She said "It is not the specific person or space of school that I dislike but the School is felt by me everywhere." She had always been conscious in school anytime everywhere. Her lived time was stopped at a sudden moment. The negative image of the school was dominating her life. Her life experiences in the school were condensed in a serious image of her school uniform in a garbage bin.

Even as the event passes, the emotion of the event remains intensely present in the subjective sphere. There is a transition—transformation of the event-- from the past to the present. How can we plan a possible therapeutic approach for such psychic states? It is not supportive to give a simple general explanation for them. Rather, free conversation with her-- which is not linked directly with her problem-- may be occasionally supportive. It is likely that one can get an insight into her problem from such free conversation. She could have such conversation with her mother. Her mother could appreciate talking freely with her daughter. Communicative relationship may make a change for meaning of a negative event, but I wonder how such change can occur.

### **Linearity of language and non-linearity of an event**

How can we explain the ways in which understanding the other becomes therapeutic? How does the therapeutic conversation proceed? The therapist is an active and positive listener. We begin to discuss the relationship a between language and experience. What trait does language have in representing one's inner life and interpersonal relationship?

Language is not a perfect tool for representing one's inner life. Doi (1954) indicated that dreaming is a better tool for the representation of the inner life which involves emotion, desire, fantasy and images. A dream is representative for bodily feeling and instinctive desire. Language is a rather good tool for representing things outside by concept formation—but not of the flow of the event.

One's affective life is not linear. Such state of ambivalence—a widespread phenomenon in any clinical situation-- is non-linear in itself. As affective states are often described using metaphors of the color spectrum--they are gradual. Language is not a good tool for transitive states of gradual nature of events, since the activity of language is good for categorical determination (A or not A). In contrast, internal affect states are often gradual—a little A and mostly not A, or neutral, especially in an interpersonal relationship. Language and affect have contradictory relationship.

A protagonist of a novel of Soseki (1867-1916) talks as follows,

Perhaps time was a contributory factor to the happiness which reached right down to the innermost depths of my soul. There was, however, no element in my present condition which had to follow the course of time and develop successively from one stage to another. My happiness was not due to the fact that one event arrived as another left, and was in turn followed by a third whose eventual departure heralded the birth of number four. It was derived from the atmosphere which pervaded my surroundings: an atmosphere of unvarying intensity which had remained with me there in that one place from the beginning (Soseki, 1906/1965, p. 93).

Emotional experience does not follow a linear course of time. How can we represent that what has remained with me there in that one place from the beginning? This has been a radical theme in the fields of aesthetics and literature. Artistic expression such as painting seems to be better than language for non-linear affective states. These states have features such as graduality, ambivalence, and contradiction—all simultaneously. They may be well represented in spatial arrangements such as paintings. Language has basic trait of temporary and successive in its essence.

In a dialogue we can pay attention to the movement of meaning construction in dual dialogical space. We can introduce the semiotic activity in dialogical space which I have discussed as a dialogical overtone. We take this space itself *ma*, Japanese chronotopic and relational cultural concept.

### ***Ma* and tonus in interrelatedness**

In the previous article the author focused on the change of bodily sensation that is the tonus in dialogical relationship (Morioka 2008). When I talk with someone, there occurs a change of such tonus. Talking is not only a release of tension in a therapeutic situation. Talking is co-working with the other where a client can make re-telling about his/her not acceptable event and can transform it into a new experience within a dialogical relationship. A sense of tonus may accompany with this dialogical process. In reply to the commentaries of Eells & Stiles (2008), Rosenbaum (2008), and Gratier (2008). I would like to propose more explications about the relationship between *ma* and tonus.

Usually the state of tension seems to be negative in the therapeutic interview. First of all, the therapist needs to try to get over such tension in the relationship. Sensory and visceral experiences are denied and not symbolized for the subjects who have some psychological problems (Rogers, 1951). They experience a basic bodily tension that irradiated to the affective self. If one can shift his/her attention to the sensory and visceral experiences and can give adequate expressions to them, his/her

psychological tension will be dissolved. This work can be co-constructed in a therapeutic situation where we say *ma* is activated.

The tonus can be felt on the boundary of in-between persons whose otherness sensible inside client's self. This sense itself is useful for therapeutic meaning construction. In this therapeutic situation, therapist has to be sensible into his/her tonus that is change of bodily sensation. It is an internal dialogue with his/her body. And therapist makes an effort to remain in conversation with the client, to catch the nuances of the bodily sensations clearly --including his/her tonus-- and to share this experience with the other in a good symbolized form. A subtle emotional change accepted in the clinical situation is an important cue for understanding the inner states of client (Doi, 1977). Especially negative feeling and conflict such as anxiety may talk about client's own psychological theme.

### **Music in conversation and proto-conversation**

Language is not simply linear and sequential. It has more complex traits. We could pay attention to the level of voice, intonation and style of speech. Voice reflects multiple aspects of the present relationship and situation. Therapists make effort to listen to client's talk in not only verbal but in vocal (Sullivan, 1954). The level of simultaneity of language may reflect in a tonus of the present moment. And the dialogical relationship is polyphonic and non-linear. The outcome in dialogical overtone is spontaneous and not foreseeable. New outcome will be given from the dialogue.

The musical metaphor is useful in a therapeutic situation, as Gratier (2008) beautifully indicated. When the feeling tone of the client's talk can be well attuned with therapist's voice, the client can gain his/her emotional control. Self-control can be internalized through the experience of mutual control with other. Tone and tonus are associative relation in the origin of word. It is important for our discussion to bear in mind that interpersonal communication takes place at two levels (Bateson, 1972)—that of content and of the relation. The former is regulated by the latter.

The relational level of communication is almost always nonverbal and pre-verbal. The relational nonverbal level of interpersonal communication is rich but usually implicit. This level has a root in infant-caregiver relationship especially of the phenomenon such as emotional attunement (Stern, 1985). The infant expresses his/her need through crying and caregiver responds to it with facial expressions or change of her tone of voice. By that way the caregiver sets the tone with the emotional state of the infant. This phenomenon does not only appear in infant-caregiver relation. But it is the basis of many aspects of interpersonal relation and supports the nonverbal relational level of communication. It is important that tuning in emotional state of the other is through multiple intermodal channel of sense organ. The emotional attunement is also a basis of experiencing an active *ma*.

Gratier (2008) captured the distinctive feature and cultural meaning about proto-conversation between caregiver and infant. Person has shared conversation in the earliest phase of life. The therapist makes an effort to provide words for subtle change of climate of interview room-- such as sense of distance of each other, and the posture that can be share the psychic space together. Sullivan (1954) indicated that the therapist has to understand as soon as possible how his/her own first impression reflects itself within the client's world. This reflection--in my terms *utushi*--generates important therapeutic material for further actions. That is also a form of proto-conversation. This repetitive proto-conversation through the sense of subtle change in therapeutic interview can be supportive for restore a sense of self for client. This is also prototype of *utushi*.

### **Creative moment of *ma* and reconstruction of meaning**

I would like to reply to the commentary of Molina & del Rio (2008) especially on the point of the moment, of meaning making through dialogue. The semantic field in this present moment is basis on the 'unsaid in the moment' as Molina & del Rio' s commentary. We have to discuss about the sense of transition from an event to next event, from one narrative to the other narrative. This sense of between events transition has mutual relation to the sense of tonus that accompanies *utushi*. New therapeutic meaning and insight will occur spontaneously in this *ma*, that is transitional chronotope between an event and another event. *Ma* is not verbalized but actually experienced in between two persons.

The sense of tonus accompanied with *utushi* has its own experience of time. The experience of time--including in its tonus--is not a sequential such as past, present and future but is condensed simultaneously. The past and the future are included in the present experience of the tonus. In my case vignette (Morioka, 2008) the negative event spoken by Mr. B was traumatic and fixed in his psychic reality. The emotion within the past event remains a strong tension and affects his present states. And he was anxious in the prospect for repetition of similar negative event. In this meaning the future affects the present through a sense of tonus. The image of future is embodied in one's voice, intonation change and style of speech in the conversation.

The prospect for the future can be given through the organization of the experience in the present moment. In the therapeutic situation two persons make meaning collaboratively from the sequence of event narratives. This work will link to self-acceptance and assertion for a client. The concept of time experience has to reorganize in dialogical space. When the same episode is talked repetitively in the interview, different locution is often used and is added new episode. It is not unusual that the sequence of several episodes is displaced and special episode is missed in a living conversation. These changing points of narrative may be a therapeutic moment.

In the case vignette of Ms. A when she made retelling an episode regarding her capacity for her job, the point of stress on the episode had a small change. There

emerged a tension of opposite and complex emotion which was differentiated and was created a new meaning. She could assimilate her own voice (Rosenbaum, 2008). It was also recovery of her sense of time and natural transition, *utushi*. She could articulate the difference of her past self and present self in the therapeutic conversation. Then she could confront her past self in the present moment. That is to say that conversation recovers a temporal sense.

### **Creating dialogical space and self control**

We consider the process of psychotherapy as reconstruction of one's self. Self-narrative is not simple release of emotion but consistent transformation of the experience of self in relation with the other as described in the commentary of Kim (2008).

At the end of the therapeutic process the client's self will not be the object of reflection. The client's self will be adequate working in his/her own experience. The effect of talking oneself to the other is not to become more self-conscious person. But one's self will be fit for himself in the act of self narrative. In such moment he is not self-conscious person (Rogers, 1951). When one can talk about oneself to the other without self-deception, he/she gets a release from inner tension. This is the therapeutic essential process (Schafer, 1992). The condition of self-congruence in therapy is essential.

We can reconsider the concept of self acceptance which is one of aims of counseling. In another word the self acceptance is an activity of self-shaping through communicative relationship with others. This sense of self-shaping accompanied with communicative action is therapeutic. It is a sense micro-genetically appeared in the instance of speech. Then the position of the other of the dialogical relationship is important. The therapist has to be in this position of a person who remains constantly concerned with the client. He /she make effort to remain the tonus of listening. This relation is potential for mutual dyadic regulation to the affect around the client's holding problems. This dyadic regulation in the dialogue will open a new sphere of psychic space of client. For this aim therapist pays regard to treat every materials such as fragmental fantasy or sense of subtle desire which is not given good symbolization. This is dialogical and narrative work in which past self and present self can be connected. As Rosenbaum (2008) writes, self-control is important basic function of the dialogical self. We can cope with dominant voice and assimilate alternative voice by the dynamism of dialogical self. The dominant voice may make monologue if things go wrong. We have to dissolve the monologue for the sake of creative movement of I-positions. *Utushi* entails this movement of de-centering, shifting positions and getting plural perspectives.

I think the other in dialogical position takes a role for de-centering the client's his own self. Each one in the therapeutic conversation exchanges his self to the other. Each self is a gift for the other in the dialogical relationship. We can get our self from

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the other. We need the other for being what one is oneself. There seems to be a deep mimetic structure in the dialogical self. We consider this mimetic movement as *utushi*. The response of the other as an action of *utushi* makes dual perspective on subject' self and sense of time. And then subject can take another perspective on his/her self. It creates reflective observing I-position within the subject' self. The dialogical space is an opening of temporality where the present, articulates past and future to rewrite the subject in his/her life experiences.

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