VOICES OF THE SELF AS THERAPEUTIC RESOURCES
(COMMENTARY ON MORIOKA)

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ABSTRACT. Therapy can be considered as a dialogue in which an ongoing process is portrayed between I-positions of therapist and client displayed at a certain moment. This dialogue can be analyzed focusing on the simultaneity of I-positions that participate and focusing on sequential presentation of I-positions and its evolving therapeutic exchange. In an attempt to elaborate on some concepts presented by Masayoshi Morioka (2008), this commentary reflects on psychotherapy and the role of the psychotherapist from a sociogenetic perspective. A proposal of what should be the basic features of a dialogical therapy is offered. Therapy is intended to stress on temporal dimension as reconstructive experiencing for both therapist and client in which semiotic mediation is at the core of the processing phenomenon. From a dialogical approach therapist shifts self-positions and provokes dynamics of tension, ambivalence and distancing.

Keywords: I-positions, tension, dialogical therapy

In his thought provoking article, Masayoshi Morioka (2008) opts for a sociogenetic focus to reflect on concepts related to the dialogical theory of self (Hermans, 2001, 2003), analyzing their application to psychotherapy. Some of these concepts are positioned in relation to 'others' in the Japanese culture such as *utushi* and *ma*, (to realize) pointing to the Bakhtinian concept of chronotope. In these, the author emphasizes the complexity of the phenomena that develops between a self and an other and within a moment of the psychological experience of the here and now and the immediate future. Both processes exist through boundaries and transition.

From the dialogical perspective, the author focuses on the relationship between the self and the other in the therapeutic conversation and the construction of meanings that unfold dialogically. The author considers the other and how it participates in the formation of the self, how it constructs the self. Aside from these distinctions that the author makes, the other can be someone known, someone that has personal significance, someone who causes problems or restrains. The other is the interlocutor of the I-positions (Hermans, op.cit) who takes the client in therapy and demands answers that come as a counter-position (Boesch, 2003).

Considering these concepts reviewed by Morioka, taking the dialogical perspective allows us to reflect on relevant concepts in therapy as a common practice with the author. This article references the notions of voice and the other, concepts that Morioka also alludes to, conceptualizing the dialogical exchange as a semiotic mediation process in which the therapist and client take part.

The dialogical and dialectical self

In the composition of the dialogical self Hermans (1999) alludes to the concept of voice to refer to its polysemic and social nature. Let's revise the concept he elaborates based on the conceptualizations of James (1980) and Bakhtin (1973):

> As in a polyphonic composition, the several voices or instruments have different spatial positions and accompany and oppose each other in a dialogical relation …The voices function like interacting characters in a story, involved in a process of question and answer, agreement and disagreement. Each of them has a story to tell about his or her own experiences from his or her own standpoint. As different voices, these characters exchange information about their respective Me's, resulting in a complex, narratively structured self" (Hermans, 1999, pp. 71-72).

The definition given by Hermans references two metaphors, one spatial and the other temporal. These metaphors are also used in Morioka's argument and could be related to the qualities of simultaneity and sequentiality in the process of constructing meanings, taken from the ideas of Wertsch (1992). The spatial metaphor is related to the concept of multiple voices as parts of the self. These unfold in a polyphonic game between internal and external voices bringing multiple interlocutors into the therapist/patient exchange. On the other hand, the temporal metaphor is related to the phenomenon of process, the fluidity of the experience as a movement of perpetual passage.

Let's see how this can be brought to the therapeutic dialogue. Morioka's article proposes that the therapist acts as a facilitator of the relationships between parts of the client's self, for instance, the narrating self and the narrated self. A dialogical scenario appears here, the self-dialogue of the client with him or herself. The therapist becomes a third party in the dialogue, a facilitator that occupies a meta position that can take a dialogical position in relation with the client simultaneously with her own internal dialogues and those of the client. Therapist's intervention occurs someplace within the time sequence of questions, answers and counter-answers that represent the emergence of new meanings.

To perform his or her function as a facilitator, the therapist shapes a dual relationship in which she adopts a counterposition in response to the particular positions

of her client. In this way, the dialogical unity is in every moment dual. Many instances of duality can occur, such as self narrating – self narrated; actual self – past experiences; meaning constructed by the client in the here and now moment – therapist counter answer; therapist self interested in client's narrative – therapist self oriented towards his/her own inner reactions. Different parts are positioned before each other, conforming dyads simultaneously available for the dialogue. The simultaneity will be associated with the special aspects of the different voices that are represented in the concept of polyphony.

Hermans (2001) referring to the Bakhtinian notion of 'multivoicedness', considers not only the simultaneous existence of different individual voices, but also the simultaneous existence of an individual voice and the voice of a group. Let's consider the following utterance of a client; "I didn't want to bring my sick father with me to that place because it is a distinguished and refined social group in which a sick person is out of place." Using a Bakhtinian notion, this may be a case of ventriloquation, in which another voice (that of the group) is speaking through the speaker's own voice ,'I didn't want to...'. The meaning that is being constructed between therapist and client, that of refined people, comes from different actors, not from a dialogical encounter but from a voice that speaks through the voice of another. Going with this proposal, we can say that an utterance is not the speaker´s own construction; it usually contains (explicit or implicit) elements from other sources, traces of others´ utterances, other voices. Some of these voices can be internalized, forming a part of one's personal dialogue, but they can also be others' voices, not internalized as aspects of the speaker and possibly when made explicit could be rejected or transformed to construct a new I-position of the speaker. In the given example, the speaker taking the voice of the group indicates an avoidance on her part to assume that position as her own.

How can that simultaneity of multivoicedness be complemented by the concept of sequentiality? As Linell (1998) points out, sequentiality relates with joint construction and act-activity interdependence. These concepts have been formulated as three reflexive "dialogical principles". That is to say, sequentiality and simultaneity appear together in meaning construction. But if we focus on the process we focus on sequentiality, where every emergence of a new meaning is sustained in other meanings that emerged previously, opening a dialogical channel that puts the here and now in relationship with the past and future. Thus, sequentiality would be related to the temporal phenomena that evolve with the construction of meanings as a semiotic chain.

The dialogical therapist

Both simultaneity of voices that represent different I-positions and sequentiality of the meaning construction process are manifested at a micro-genetic level. From the criteria of an external observer, both qualities are not easily perceived. We have an important attention span limitation. For instance, we are accostumed to say to a group

of children to not speak all at the same time and to take turns to understand each other. In therapy, these are concrete limitations that the therapist is confronted with given her personal attention span limitations. Thus, what does the therapist attend to? How does she favor the dialogical process? How does she become a facilitator? What is her expertise? The responses to these questions require prior definitions regarding how she considers the notion of therapeutic.

The definition of what is considered therapeutic in an interaction, an intervention or an action is complex, since it's not enough to signal that this is associated with generating dialogue or transforming client's self. From the point of view of clinical psychology, it is not possible to state that any new meaning that is constructed in dialogue allows new possibilities and consequently the development of the self. This movement should have the directionality towards that which is considered better psychological functioning. In our experience, we know that a part of the meanings that emerges in a therapist-client conversation will contribute to this better functioning, while the other will remain in the periphery without strongly influencing the construction and moreover other meanings constructed can hinder possibilities.

Reflecting in turn on the therapist's role from this model some distinctions about what is considered therapeutic arise. From the role of the therapist, that which is a limitation is also a resource. The multiplicity of voices and the complexity of the process imply at the same time multiple accesses to the phenomenon of interest. That which can have multiple aspects of meaning, implies multiple routes to accessing understanding. The polyphony of the therapist can also permit her to position herself from various perspectives in relation to the different voices that appear in the dialogue with her client. Each voice is a distinct road to understanding something. The possibilities available to the therapist position her in relation with these many others to expand the dialogical world. This implies generativity.

Regarding the conditions of the therapist that facilitate the dialogical process, Morioka indicates that the therapist should be an interested interlocutor. The notion of interested interlocutor is useful to analize the therapist action. Considering her position, different foci of interest can exist. For example, the therapist can be oriented to try out hypothesis about what is occurring to her client (in the person of the client, hir/her relations, his/her actions, and so on), or be curious about knowing more about what the client is elaborating, or finding out what is not being said, trying to understand client's way of perceiving his/her experience or being interested in developing solutions to what she perceives to be client's problems, or being interested in changing the client's way of thinking and acting in certain life circumstances. These and other interest-based motivations have been described from various approximations in therapy and all are possible scenarios for a therapist to position herself in certain moments of the process. Probably these are different I-positions that the therapist can take or not take in an implicit or explicit way. What makes them viable is that they become connected with the other in the sense of

serving both interlocutors to re-signify that which is being constructed. That is to say, in the process of psychotherapy, the ability to generate links between experiences of intersubjectivity and mutuality complements the generative ability of the meaning making. We could say that mutuality is the conversational frame of therapy in which the life story of one participant is privileged, positioning the therapist at the service of the client's life narrative. Therapy constitutes a privileged scenario for the client.

The therapist is a person open to an interlocutor from whom it's possible to obtain an answer that may allow new openings to appear. The client as the 'other' isn't passive; his gesticulational and verbal presence catalyze the process that occurs in the here and now. An interesting example of this is silence in therapy. If the therapist and client remain silent, it is not the same as sitting alone. The client is a meaningful social other, regardless of maintaining an active or passive attitude towards the other, or the quality of his behavior. He or she is not only someone the therapist needs to influence, the therapist is not the one that makes sense of chaos, nor imposes order, but someone lucid during the process: a guided guide, an accompanying guide, a challenger of dynamics and generator of dialogical positions.

It is possible to add a new condition to the generative capacity and mutuality of the therapist. Anderson (1992) and other authors (Andersen, 1991 White & Epston, 1990) characterized the therapist as interested and curious. Here, a new feature of the therapist's activity arises, that appears to be related, in an anticipatory manner to something which is still unknown. The concept of curiosity highlights the attitude of the therapist that is able to maintain one or several questions at the forefront, as parts of her own internal polyphony. A therapist is connected with what is occurring in the here and now of the elaboration and at the same time open to future directions, in a joint construction and act-activity interdependence with the client. The therapist participates in the construction accepting the scenario of uncertainty that it implies.

People seek to maintain a feeling of quasi stability (Valsiner 2000, Abbey, 2004). That challenges the ability of the therapist to bring to the client a scenario of uncertainty and transitoriness. These qualities of the experience are necessary in a therapy whose objective is the generation of novelty and dialogue. For the therapist to accomplish this objective, she has to generate tension in such a way as to impel dialogue to avoid turning it rigid or blocked.

What has been just mentioned points to the dynamics that contribute to the desired generativity. As it has been stated, the skillful handling of tension in dialogue by the therapist allows for a fluid process and avoids stagnation. According to Hermans (2003), the generation implies innovation of the self, which is produced by the movement of the available I-positions. These movements can take different forms: a) through the introduction of new I-positions in the organization of the self, b) through movements of the I-positions from the background to the foreground or vice versa, or

when the positions change their level of relevance in the speaker, and c) when two or more positions are placed in a relationship forming a kind of cooperation, creating a subsystem. On the other hand, it is possible to identify in the client's discourse some modalities that indicate an empoverished dialogue. They can be defined as **monologization, disconnected voices** and **rigidization.** All of these conditions represent the opposite of self innovation. In monologization, only one voice is expressed and a possibility of growth exists only in that same voice, loosing the ability to listen and attend to other possible voices, whether internal or external. When the disconnected voices unfurl in the discourse of the person, the coexistence of meanings do not nessesarily constitute departing points from which novelty can be constructed. This is conceptualized in some psychological theories as dissociation, or dis-association. In the rigidization of one or more voices, the dynamic quality of the dialogical process is lost and polarized positions are adopted. The unsaid, the opposing and ambivalent aspects, are left unrecognized and outside the ongoing discourse.

These modalities that favor or hamper self innovation, will appear in relation to particular aspects of the self pointing to psychological elaboration of the person. This also guides the therapist to highlihgt specific areas of resources and limitations of the client's discourses. The modalities that hamper self innovation represent strategies of seeking stability and avoiding uncertainty about areas that are particularly conflictive, restrictive, impoverished or limiting. The dialogical therapist seeks to unblock monologization, connecting the voices and generating sufficient dialogical positions to introduce opposing positions and ambivalence. This process evolves through uncertainty and also stability, in a flow of exchanges between these psychological stages.

Continuing with this idea, the therapist can adopt two positions: a metaposition and a counterposition. Taking the metaposition of the therapist we can think of a seesaw; the therapist is the support that holds the seesaw in place and simultaneously allows the movement to occur. The therapist pushes towards uncertainty or towards stability in the process of constructing meanings, towards a voice and towards the opposing voice, maintaining the movement. In her interventions, the therapist will imbalance the seesaw pushing the opposite or will even it out, allowing stability. Both are key processes in producing movement. Thus, the therapist can have a dual perspective and take psychological distance not only in relation to the voices of internal or external actors, but also to the dynamics of the dialogical process. From this position of distancing, as an informed witness and not part of the client's experience, the therapist can notice if the seesaw is balanced or imbalanced, being able to decide to intervene to produce new contextualizations from what she has observed about the life of the client.

Otherness in therapy

In the construction of the dialogical self Morioka introduces the concept of uncertainty of the other's figure, as a dynamic of the dialogical relationship that generates between voices of the self and projected voices in the social and cultural context. We can consider the other as a social construction that takes positions that act as a constraint for the individual in his/her relationship with the world. In this way, social representations constitute other resources in the therapeutic scene. People develop dialogues with internalized voices and voices of social others pertaining to their life contexts, but also unfurl a permanent dialogue with more generalized voices that come from lengthy trajectories developed in the history of their culture.

Taking an example, a woman tells of a story related to her mothering experience. She relates that some days ago while at work as a housekeeper, she was washing the dishes while her baby cried alone in the crib. In that moment she couldn't stop crying while washing the dishes. When the therapist asked what prevented her from approaching her baby, she responded: For us, the poor, work comes first. In this example, there are two easily detectable social representations. One is mothering, the other being poor. In the woman's utterance, mothering and being poor appear as opposing voices that are difficult to reconcile. This might not be understandable for the therapist if she doesn't share the social reality and particular life trajectory of her client. The dialogue that the therapist sustains with the social representations of mothering and poverty is probably different from the dialogue her client sustains. In relation to the concept of mothering, for example, it's likely that the woman thinks it is more important securing the satisfaction of material necessities than comforting her baby in a moment of distress.

From the previous example, we can extrapolate that the social representations have an idiosyncratic meaning as internalized aspects of the particular story of each person. On the other hand, the trajectory of social representations in culture and its sharing in the collective discourses allows finding convergence points between people. It's possible that the therapist shares with the client some meanings of the generalized other (Mead, 1931/2002) that appear at the therapeutic conversation. Thus, a social constraint for the client becomes a guide or temporary scaffold of the conversation between interlocutors (Valsiner, 2005), from the mutuality of joint construction. From this common point, social representations offer ambiguous, generalized and abstract notions. They offer perspectives from which it is possible to question idiosyncratic aspects and develop emerging psychological elaborations. When re-contextualizing social representations, new scenarios of negotiation of the meaning of motherhood and poverty are generated between mother and therapist.

Thus, the uncertainty of the generalized other figure in culture generates a multiplicity of meanings that adress the cultural environment (macrogenetic level), the

particular life trajectory and experiences with social relations (mesogenetic level) and the trajectory of joint construction in the dialogical interaction between therapists and client (microgenetic level; Valsiner & Sato, 2006).

Nonetheless, the participation of the social representations in the therapeutic scenario is neither evident nor simple. While pertaining to common contexts, therapist and client can participate in constructions in which there are assumed meanings that remain implicit. The unseen is unnoticed until it gets into friction with the meaning making at the moment, it makes noise. This generates tension that introduces discomfort and pushes the dialogue's direction between the speakers. The therapist should be attentive to nonverbal cues beyond the subject, to dynamics of ambivalence and tension (Abbey, 2005; Marková, 2003), to the balance and unbalance between stability and uncertainty.

Morioka emphasizes the importance of the concept of otherness to the development of the self, and relates it to the Japanese word ***utushi***. He takes this concept concerning the relationship I – other in meaning construction-- arguing how the development of the self is accomplished as the client becomes a part of the other, which is the therapist. The client expands his/her own self-narrative by joining with the therapist's self, becoming part of the person of the therapist, who is the other for the client. On the other hand, the therapist can only understand the client's (other's) experience if she becomes the other. This process is not only a reflexive one, but an essential part of the intuitive and tacit knowledge (Polanyi, 1966). This dimension of dialogical process contributes with complexity to the simultaneity of self development and meaning making.

Semiotic mediation in therapy

At the bases of the argument of this article underlies a theoretical concept: the person – environment relationship is semiotically mediated-- as claimed by theorists who approach psychological processes as social, cultural and historical phenomena such as Jaan Valsiner, (2000), Lev Vygotsky, (see Valsiner and Van der Veer, 2000), Ivana Marková, (2000, 2003), Hubert Hermans (1999, 2001, 2003), and Ingrid Josephs (2000).

In each moment of the relationship between a person and the environment, the production of a new meaning emerges, which implies process and change, a quality of semiotic mediation. Being involved in the world, we are producing novelty. Which is distinct from the emergence of novelty in the therapeutic realm. The therapeutic action aims to psychological betterment. Probably the basic feature of this emergence is that it pushes the therapeutic dialogue. This implies a degree of uncertainty both in the client and the therapist. Morioka highlights the importance of keeping the therapeutic conversation unfinished. We can add to this that more than the intention of the therapist in a particular moment, the psychotherapeutic process is an unfinished conversation by

definition. This is the quality that allows generativity of therapeutic practice, opening up moments of tension in which therapist and client try to make sense of what is going on. The ignorance of the therapist and the client in relation to what is about to occur at the next conversation and moment keeps dialogue ongoing. The struggle for meaning generates tension.

Semiotically in the co-constructive process, emerging meanings in the here-and-now relate to previously constructed meanings. This happens through to the catalyst action of other signs that are used by each of the interlocutors for their particular purposes. The therapist can use psychological distancing from the client's narrative, using a metaposition in the co-constructive process. She can identify certain signs that the client uses that become available for creating new links in the flow of meaning making. The emergence of a new meaning generates a new weave of the self in which meanings are connected and disconnected, transforming and renewing the self-positions. Semiotically speaking, this is the dance of the I-positions.

Along the simultaneity of meaning making, the co-construction between therapist and client develops together with other dialogues in self-talk. We referred to this process as the implicit, the unsaid, the tacit. In relation to the signs constructed in the dialogue, here the larger part of the counterpositions (the No-A) can develop. Meanings are not always attainable to the individual perceptive field in the here and now moment. The here and now is broader than the focal point of the construction since it always includes a semiotic field as a base for all the unsaid in the moment [No (A – No A)]. This is the pleeomatization of the experience (Valsiner, 2006) that will never unfurl completely. None of the participants has total access to the meanings at play in the construction in the here and now. This is why the process is hierarchical, focusing on certain points that are relevant for that which is about to appear. When an I-position and its voice appear, brings at the forefront a focused meaning making. This imposes restrains to the simultaneity of the self expression.

The I-positions build meaning chains. They carry historicity. Thus, they are flexible structures in time, allowing new forms of elaboration because they carry stories with them. In this way, the I-positions are trajectories of meaning making in the self. The therapist moves between the reflexive and the intuitive, expertise and not knowing, being distant and close, being competent and non competent. The therapeutic endeavor as a human, social, and historical phenomena is characterized by the same premises that we recognize as pertaining to the development of the self: polyphony, contradiction, uncertainty and novelty.

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