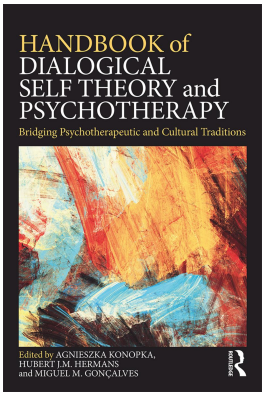

Handbook of Dialogical Self Theory and Psychotherapy Bridging Psychotherapeutic and Cultural Traditions

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On the constitution of self-experience in the psychotherapeutic dialogue

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14 On the constitution of self-experience in the psychotherapeutic dialogue

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This chapter examines the dynamic movements intrinsic to self-experience in a therapeutic conversation from the perspective of Dialogical Self Theory (DST). To illustrate this theme, the author presents a clinical vignette of a severely traumatized female client. This client had encountered a very serious life event but remained able to talk about it, creating meaning, and integrating it into a narrative.

The constitution of self-experience in the client's narrative may be described in terms of *I*-positions in DST. This process of appropriation creates unity and continuity in a self that is spatially and temporally distributed in which the "I" participates in the process of positioning and repositioning (Hermans & Hermans-Konopka, 2010, p. 139). The therapeutic meaning is also generated through the dynamism between positioning and repositioning in the spatial nature of the self (landscape of mind).

Self-experience is temporal, as expressed in narrative accounts (Bruner, 1990). Individuals try to connect one event to another in the act of creating meaning and may reconstruct their meanings, collaborating with their therapist. Self-experience in the therapeutic context is also marked by the characteristic of its space. The psychotherapist pays attention to create a free and safe dialogical space, which is called "*ma*" (Morioka, 2015). The unique Japanese word *ma* has multiple meanings. It can indicate a space between two things or a space between one moment and another. *Ma* is a concept that includes both time and space. The word *ma* is also used to describe the quality of interpersonal relationships. The process of talking and listening creates unique *ma* between persons.

I have introduced the Japanese cultural concept of *ma* to explain the characteristics of therapeutically shared space (Morioka, 2012). Concerning the context of psychotherapy, I argue that the in-between *ma* not only refers to a person's relationship with an individual but is also concerned with the distance from voice to voice in an internal dialogue. When one remains in an internal dialogue, a distance is created between the narrating and the narrated self in one's internal world. This distance can also be called *ma*. Therefore, *ma* is generated in both internal and external relationships, in taking a pause, maintaining silence, and experiencing a deepened chronotope (time-space). As Hermans and Hermans Konopka (2010, p. 294) put it, "Silence, too, giving space for inner

recapitulation, rehearsal, and imagination, is a facilitating factor in dialogical relationships." The silence that gives this space can be called *ma. Ma* is to be understood as the shared reality of an intersubjective sphere.

A therapeutic meaning may be generated through semiotic activity in this space. Chronotope literally means "time-space." Bakhtin (1981, pp. 84–85) defines it as the intrinsic connectedness of spatial and temporal relationships that are artistically expressed in literature. The temporal and spatial determinants are inseparable and always colored by emotions and values. The chronotope expresses this inseparability of space and time. A narrative is closely integrated into a unique "spatial-temporal" frame (the chronotope) that plays a key role in the production of meaning and sense. The chronotope organizes and binds the ongoing dialogues that make a movement of meaning.

Basic concepts from DST for the dialogical constitution of the self

DST is suitable for researching multiplicity of the self and their dynamic relationship as it appears in the process of psychotherapy (Dimaggio, 2012; Gonçalves & Ribeiro, 2012; Rowan, 2012). It is particularly prominent in visibly drawing the deepening process of the therapeutic reflection by the dynamic multiplicity of *I*-positions.

From the DST perspective, the dialogical conception of the self is based on the existence of differences, multiplicity, and discontinuity (Hermans & Hermans-Konopka, 2010). These characteristics are expressed in the following four concepts (p. 191).

(i) *I-position*: The unity and continuity brought into the self are dependent on the capacity of the self to assign positions. As positioned in time and space, the self is multiple and changing. The unity and continuity within the self are created amid multiplicity.
(ii) *Meta-position*: The "I" can leave specific positions and move to a meta-perspective from which the specific positions can be observed from the outside as an act of self-reflection.
(iii) *Coalition of positions*: Positions do not work in isolation. As in a society, they can cooperate and support each other, thereby creating strong forces of the self that may dominate the others.
(iv) *Third position*: A conflict between two positions can be reconciled by creating a third position that has the potential of unifying the two original ones without denying or removing their differences.

From this perspective, a psychological problem may be considered the result of fragmentation between the *I*-positions and/or structural dominance of one *I*-position over others. "The 'natural' process of positioning and repositioning assumes a movement from one position to another as a dynamic feature of life" (Hermans & Hermans-Konopka, 2010, p. 197). Yet, most of all, the clients are supposed to have some experiences of "stress, which is particularly felt when the

person is actually located in one position but feels that he should be in another one" (p. 197). In an extreme case, it is supposed that any specific position is experienced as limiting or blocking for a client. Hermans and Hermans-Konopka (2010) call such a situation "*I*-prison."

The landscape of mind is a metaphor that pictures the self as a spatially organized multiplicity of *I*-positions involved in mutual interchange. The spatial metaphor invites one to think about processes that are happening in the self simultaneously rather than sequentially. *I*-positions are not only *horizontally* (e.g., opposed to each other) but also *vertically* organized; the positions on the surface can be influenced by deeper, not immediately accessible positions that may be, for example, sources of resistance and need to be addressed in the process of psychotherapy (see Gonçalves, Konopka, & Hermans, Chapter 1 this volume).

Raggatt (2010) indicates that "reality is constructed between the participants in a conversation, in a space that is empty that, in a way, waits to be filled with new words" (p. 1). One's experience is structured like a conversation. How, then, is the self-experience structured as a conversation? One of the distinctive features of the conversation is the temporal-space matrix, the chronotope where the dynamism of decentering and centrifugal force is generated through the turn-taking movement of speech. For Hermans (2004, p. 13), the "notion of the 'dialogical self' considers the self as a multiplicity of parts (voices, characters, positions) that have the potential of entertaining dialogical relationships with each other." The same multiplicity is often referred to as a chronotopically organized "position repertoire" (Hermans, 2001, p. 350).

From the viewpoint of DST, clients' narratives concern the dialogues between the characters in the narrative. In the dialogue of the *I*-positions, each narrative organizes a vector of experience along a temporal horizon that spans the past, present, and possible realms whereby the corresponding *I*-position gains its positioning relative to the other positions. This narrative organizing process can be said to be a dialogical constitution of self-experience.

Movable *I*-positions

The transformation of self-experience along with the client's narrative may be described in terms of *I*-positions. A short review on the theory of *I*-positions is first necessary. Each *I*-position creates a voice that relates to other voices (of other *I*-positions) in a dynamic relation to dialogue. Each position is given a voice. From a Bakhtinian perspective, we can say that a word has many voices in a dialogical situation (Bakhtin, 1981). We can hear different voices in a word. One's speech occurs when being in contact with the other. Conceptualizing the self as a dynamic interplay among voiced positions opens a range of possibilities for recognizing individual and situational differences (Hermans, 1996). The voices of the particular *I*-positions "function like interacting actors in a story" and each voice "has a story to tell about experiences from its own stance" (Hermans, 2004, p. 19). Each voice must be taken care of in the therapeutic dialogue (Morioka, 2012). Various other voices

may be latent in the client's silence. It is fundamental to therapeutic progress to voice suppressed aspects of the self.

Unity and integration can also be realized by the construction of a *third position*. Hermans and Hermans-Konopka (2010) indicate that, when there is a conflict between two positions in the self, this can be reconciled by the creation of a *third position*. The third position has the potential to articulate the two originals without denying or removing their differences. This dynamic movement between positions creates a dialogical space where a *third position* can be activated.

Positions have contextual character (Hermans, 2001), which means that, at different times, varied contexts and distinct positions come to the fore and to different degrees. In one relationship, a person can easily position him or herself as playful, while in another relationship, he or she is more controlled or anxious. People are different versions of themselves in different relationships. The quality of their relationships determines the functioning and organization of the *I*-positions and vice-versa. The contextual nature and bandwidth of *I*-positions are supposed to be basic dynamic concepts for explaining how the therapeutic change can be generated. Considering the points mentioned above, we will examine them in a case vignette.

Case vignette

Ms. A is a woman in her early forties and a former company employee, currently unemployed. The referring therapist told me that she was recovering from two severe traumas.

Around one year before our first appointment, she had a car accident. Ms. A was driving when a large truck struck her. The truck driver had fallen asleep. Ms. A's car had been demolished. Miraculously, she had survived. She lost the ability to grip with her right hand due to paralysis. A lawsuit related to the accident was pending. After the accident, Ms. A developed agoraphobia, became wary of people, and was unable to concentrate at work. She tended to stay shut up in her home.

Ms. A had divorced 11 years previously. Her husband had been abusive. Physical violence had begun soon after they got married, 25 years ago. From this marriage, she had a daughter now in her early twenties and a son who had drowned six years ago at the age of 18. The death had been treated as a suicide, although Ms. A questioned that conclusion. Ms. A suggested that her son's girlfriend was involved in the incident.

Both of Ms. A's parents were still living. Ms. A had a negative image of her mother. She reported about her mother: "She's someone with no interest in her children."

Period 1

During her initial sessions, Ms. A spoke about not feeling alive, feeling not understood, helplessness, and forgetfulness. In a detached way, she lamented,

> Even if I try to convey to others the state I am in, they don't seem to be able to understand my feelings. I seem to appear very courageous and strong to

> people. On the other hand, I feel I get stuck listening to how other people are doing. When I am with others, I just passively go along with whatever they say. (. . .) When I get home, I become a different person. I do a 180-degree turn and return to my useless, unable-to-do-anything self. I am horribly forgetful.

In this way, she noticed and described different positions in herself.

Ms. A expressed intense dominant feelings of guilt, clearly reported self-blame, and anxiety related to the death of her son. She was able to talk about her feelings of guilt; however, the way of expressing her emotions was restricted. She said,

> After my son died, I visited his grave every day. I thought I might try to continue to do that for a thousand days. I blame myself, thinking that this is my fault for having gotten married. What could I do so he would forgive me? I did visit the grave for a thousand days, but no forgiveness came. I lie on my futon at night not letting myself fall asleep. I flop over and lie on the tatami floor. I've fallen into the habit of moving around in order to stay awake. The day my son died, I happened to have had a sound sleep. I learned that unlucky things happen when you feel good and let your guard down.

On the seventh anniversary of her son's death, she did nothing. She said about the death of her son,

> It made my brain cells harden. Even though my son is dead, I think that I shouldn't enjoy things or be cheerful. It's different from if he had died from a disease. I still don't try to look squarely at the reality. I keep reality at bay by trying to keep myself busy.

She was clearly dominated by feelings of anxiety and had developed an unsecure sense of self. She thought that, if she started to feel secure, something terrible was bound to happen. She was on the watch all the time. "Security doesn't last; something always happens!" Her son's accident happened just after he succeeded in getting a new job, which supported her belief that she should not relax even in a positive situation: "As soon as you relax, you can be sure that the next misfortune or something wrong is going to happen." She reported that many things belonging to her son were left as they were before the accident and that the past and the future had become disconnected. She herself felt not alive anymore. "I haven't been alive since that time. I only live for today and now. The past and the future don't connect. Even just hearing my son's name makes me freeze up."

Period 2

Over the course of about ten sessions, Ms. A had gradually begun to talk about her family of origin. In parallel, we began to focus on the constraints she imposed on herself and her position in the family.

Ms. A felt that life had been unfair to her compared to her younger sister: "I feel totally inferior to my sister." Even though she was wild and irresponsible in high school, she married someone who works for the government and has a comfortable life. "I've kept myself under control and stayed out of trouble. I always obey my mother. In spite of that, nothing good has come of it!" She talked about two different opposite positions in herself. Ms. A thought about herself as having, on the one hand, a "resilient me" and, on the other, a "pathetic me." She said,

> I tried to show myself a better image than the actual self. There are two people in my mind: one is amicable and overly adaptive in company; the other is weak and does not wish to live. I have two versions of me: one who walks around actively and one who stops because of anxiety about anything.

Ms. A began to explain.

> The "weak me" can never be shown to anyone. There is a me who can't say "it hurts!" That's been with me for a long time and is at the root of my relationship with my mother. My mother left me with my grandmother around the time I was six months old and came alone to city X. She visited my father more than she visited her children. She is a person without "motherliness." My father is also unreliable.

During another session, Ms. A said, "But I guess my fluctuation is affected by my mother's constraint. I feel a strong constraint from my mother." She gradually came to express natural affect such as anger. I asked how she usually expressed herself when she became angry. She said that nobody knew she was so angry. I asked, "Now then, . . . from whom does your feeling of anger stem?" Ms. A talked about an episode in which her mother had tried to prevent her divorce because she was afraid about decency, despite Ms. A's suffering.

Ms. A spoke graphically about her marriage and abuse by her husband:

> He went so far as to strangle me. I couldn't even tell my mother about that abuse. On the contrary, she stopped me from divorcing. In front of others, my ex-husband was a serious-minded person. He puts on a good face. His family, too, blames me rather than him, saying I "have a way with words." Anyway, I am made out to be the bad one. I separated from my husband, and the three of us lived more or less peacefully for the next six years until my son graduated from high school.

She came back to the issue of her son's accident and reported disorientation, telling me that she didn't know how to "become a mother like any other who has lost a son." She repeatedly spoke about the girlfriend who was with her son until just before his sudden accident. She spoke about her with anger and feelings of unfairness.

> I wonder why my son got stuck on a girl like that. I feel it had to do with our marriage problems. The police viewed the reason for his drowning as suicide, but the girl got her friends to tell a story that was more favorable to her.

Her anxiety and insecurity related to the death of her son showed up again and was also expressed by the irrational belief, "Do not drop your guard. Never be satisfied when you are well."

Period 3

Afterward, as Ms. A talked during the sessions, her image of her family gradually changed. In particular, when she thought about the place of her birth and where she was raised, her attachment to her grandfather came back to life. Ms. A began to talk about her grandfather as if he were next to her.

> City Y is not my hometown, but it is the city where my grandfather was. He was kind to me. He had been adopted through marriage into my grandmother's family, and, at the time, her family was living in the house. Our days passed trouble free. He was the kind of person who spent money on neighborhood rituals like washing away evil spirits. Grandpa grew a lot of figs and gave me some every year!

One impression that remained from those stories was that her grandfather had taught her the proper way to visit a grave.

After approximately 20 sessions, she spoke again about her feelings toward her mother: "My mother wouldn't do anything for me. She gave good meat to my sister, and I was told to do without. I couldn't ask for anything!" When I asked her what happened if she asked for something, she was silent and then tearfully replied,

> The child inside me is stifling the voice that wants to scream. To compensate, I've created a parent/guardian inside me on my own. So that's why, in reverse, other people want me to take care of them like a parent! Speaking like this, various things have become clear to me. In my childhood, I think I was more good-natured. In classes and in sports, I was above average. I was probably an easy child. Compared to not wanting to lose to anyone, I don't want to lose to myself.

As a result of our work, Ms. A now can say that she can recognize herself. After the sessions ended, she would make contact occasionally, and, being busy with her daughter's wedding and other things, it seemed she had been able to get her life back. She enrolled in a distance-learning course to become qualified in social welfare.

Analysis of the case

Recovery of the reflexive space for dominant–subdominant voices

First, we attempt to review the process of the treatment. In the initial sessions, the event that precipitated Ms. A's seeking treatment was her inability to recover from a traffic accident. Chronologically, her son's death had happened much earlier, but that event was not yet "in the past" for her. It appeared that the event had not yet been positioned in Ms. A's life narrative. Here, rather than understanding Ms. A's symptoms from the point of view of trauma, I took care to accompany her in the way she was constructing her world and trying hard to manage difficult circumstances.

In the first period of therapy, Ms. A spoke about not feeling alive, what seems to be related to a loss of the sense of temporality. "I haven't been alive since that time. I only live for today and now. The past and the future don't connect." She said that, even six years later, she hadn't recovered.

The focus of the psychotherapy was to accept the experience of injury and suffering and to recover her sense of agency. Looking from the dialogical self perspective, it may be a question of how she can contact and position the suffering self. To realize it, it is necessary to organize and connect the different positions in the self. The self is structured based on hierarchically organized voices (dominant–subdominant relation) together with the need for dialogical interactions between those voices. The self needs to create a multi-voiced structure by interacting with an organized or disorganized living world. The subject undertakes this project through re-experiencing the narratives about the self as a central topic of the conversation. In the therapeutic situation, the therapist remains receptive when the different positions of the self begin to talk and enter into a dialogue with one another. The therapist makes an effort to receive the expression of the client's authentic sense of self at any given moment.

It seems that, during period 1, Ms. A was developing and imposing constraining rules on herself. She could not distance from her dominant positions that were the sources of her negative relation with herself (e.g. self-blame). A reflexive space was generated in the therapeutic situation. She could reflect on the dominance–subdominance dynamism of such restricting voices as: "Security doesn't last; something always happens" or "I do not have a future," which included dominance of positions. Here, it may be helpful to deepen the characteristics of the reflexive space by taking a detour and investigating the Japanese concept *ma* (Morioka, 2012). *Ma* can be recovered by the coherent exchange between the participants in a natural conversation. Intrinsically, the conversation is the temporal-space matrix, the chronotope where the dynamism of decentering and centrifugal force is generated through the turn-taking movement of speech. The potential chronotope facilitates internal self-to-self dialogue (Morioka, 2008). In the psychotherapeutic process, participants open a space in which they may create something new. There is a movement in which the self's will is de-occupied and shifts into intermediation in the intervening space. This area guides our conversation. That is *ma* within the dialogical conversation.

One aspect of emergence of *ma* in the therapeutic conversation is concerned with the dialogical space between positions created and enhanced. In period 3, Ms. A's image of her family gradually changed, especially when she talked about her grandfather. She behaved as if she was really talking with her grandfather, entering a dialogical space with him in the counseling room. The character of significant other appeared in the "here and now" of the session.

The second aspect of *ma* is a moment between one action and the next. For example, in period 3, at the moment she spoke again about her feelings toward her mother, I asked her, "What happened if you asked for something (to you mother)?" She was silent and then tearfully replied—this is *ma*, a pause or a moment between one action and the next.

Remembering in I-positioning

Remembering means both recalling and remembering or bringing people or things back together (Hedtke & Winslade, 2004; White, 2007). In the act of remembering, not only cognitively but also emotionally, in a shared space, Ms. A took quite an active role in bringing together the members of her world, whether living or dead, imaginary or real. From the point of view of *I*-positioning, it is suitable for the practice of remembering. We can take the process of remembering as an ongoing constant repositioning of *I*-positions.

The utterance of Ms. A in the session addressed many persons she remembered. She seemed to go through silent dialogues with them. It is indicated that figures close to her in her narrative became part of her own cohesive story—and this included her dead son. In an individual's narratives of his or her experiences, the grim disconnectedness between the living and the dead is temporarily set aside, because the living carry on. The living must adjust to how both the living and the dead are positioned within their stories.

A person matches his/her *I*-positions with external positions. Each person is spatially positioning him/herself in a characteristic way in the space of Ms. A's self. Depending on this multiplicity of addressees, the positional configuration in any utterance can be dynamic and movable. Once the living and the dead take form in Ms. A's internal world, each equally deals with *I*-positions. Each position is given a voice. These en-voiced positions take concrete figures and are enacted in the field of practice. The therapist accompanies the patient into the enactment of *I*-positions. Ms. A's experience was gradually structured by connecting the fragmented life events. The *I*-positions animate inner and outer dialogues that trigger the need for local self-narrative plots (Gonçalves & Ribeiro, 2012). The therapeutic process was gradual, enabling Ms. A to obtain enough distance from her life events, yet also connect with her feelings and experiences.

Her family image was steadily transformed. In Ms. A's case, several people appeared who she clearly recalled, including her abusive husband. Although her narrative was accompanied by complicated and negative emotions, it enabled her to improve her sense of self. Her dead son and family members appeared in her thoughts and feelings. She placed these figures in her stories in reference to

herself. Her internal dialogue with them might have gradually transformed into an actual conversation with the therapist. She learned to feel real feelings in the process of dissolving her tension. Gradually, Ms. A grew warmer toward herself. In the internal conversation, a new narrative was generated.

In the second period of the session, she coherently talked about her comparison to her young sister and, later on, her marriage in which she was abused by her husband. These conversations were serious, working through her past events. The external positioning of family figures can be grasped in DST. Ms. A kept her dialogue with these external positions. In the last section of the second period, she tried to confront her concerns regarding her son's death. The confused and fragmented events in Ms. A's life were connected in the new narrative.

It can be seen that the *meta-positioning* was recovered in this period, which enabled her to distance herself from the stream of experiences. In parallel, we began to focus on the constraints she imposed on herself. Through our work, Ms. A was able to discover her own themes. In this way, the therapist takes the position of reworking the words of the other.

In the case of Ms. A, her mother's image had gradually changed in the therapeutic conversation from period 2 to 3. The therapist and Ms. A mutually elaborated the words of the response and mutually explored words that could regulate her negative affect derived from her interpersonal relationships. In period 2, Ms. A said, "But I guess my fluctuation is affected by my mother's uneasiness. I feel a strong constraint from my mother." I asked how she usually expressed herself when she became angry. She said that nobody knew she was so angry. When asked where her anger stemmed from, Ms. A remembered the story of her marriage.

In period 3, she spoke again about her feelings toward her mother. "My mother wouldn't do anything for me. She gave good meat to my sister, and I was told to do without it. I couldn't ask for anything!" When I asked her what would have happened if she asked for something, she was silent and then tearfully replied, "The child inside me is stifling the voice that wants to scream." In this instance, she could be aware of her self-structure. "I have created a parent/guardian inside me on my own. Therefore, in reverse, other people want me to take care of them like a parent!"

The awareness of one's sense of self emerges in a specific mode of relationship and in a particular context of conversation. The client can recover her subjective appropriation through co-experience in which her sense of agency is supported. This is a typical possibility of taking a *meta-position* that permits an overview of diverse other positions. Hermans and Hermans-Konopka (2010) explain that a meta-position has several specific qualities:

a) It provides an overarching view of several positions.
b) It enables participants to link the positions as part of their personal history.
c) It helps people find a direction of change.

The diverse *I*-positions play roles in the story, appearing in characters. Each *I*-position formed and articulated within the dialogical self is ruled by a *coalition*

of positions. The possibility of engaging in the therapeutic dialogue may be a significant movement. With the help of this *coalition of positions*, Ms. A recovered her lost voice and addressed her mother. Ms. A said, "The child inside me is stifling the voice that wants to scream." The last part of the third period of the session seems to be the core moment of the therapeutic dialogue. It might open an insight into herself. At this moment, Ms. A's repressed voice of her internal *I*-position got a new link to the external *I*-position of her mother and that of her young sister. She had awareness because, to compensate, she had created a parent/guardian inside her on her own because she expressed that "that is why other people want me to take care of them like a parent."

This can be reconciled by the creation of *a third position*. At period 2 in the internal conversation as a self-talk between I and me, Ms. A could create another person in her mind that served as a double for her. Ms. A said, "But I guess my fluctuation is affected by my mother's constraint. I feel strong constraint from my mother." She gradually came to express natural affect such as anger. This dynamic movement between positions creates a dialogical space where a third position can be activated. In the third position, she could really feel her anger as her own. This experience lays the groundwork for warm and full acceptance of oneself.

Recreate self-experiencing

It was characteristic of the experience of self in Ms. A to be disturbed by others. Internal *I*-positions of Ms. A were easy to reverse into the opposite position. Ms. A had opposite *I*-positions—on the one hand, a "resilient me" and, on the other, a "pathetic me." She said the weak me could never be shown to anyone and that there was a "me" who could not say "it hurts."

For the first period of the session, she said, "I seem to appear very courageous and strong to people" and "When I am with others, I just passively go along with whatever they say." There is supposed to be no dialogical exchange between opposite *I*-positions in the self of Ms. A. The remembered facts and events were fragmented and without plot, lacking temporality. Ms. A said, "I haven't been alive since that time. I only live for today and now. The past and the future don't connect." She could not experience the natural passage of time since her son's accident.

Ms. A had severed her emotional connection to the past. First, she lost any commitment to interlinked contexts and situations of previous events. She was disentangled and alienated from her personal having-been. This alienation from one's own past is typical with severely traumatized clients. Usually, they lose the ability to self-narrate. Facts and events told of her past were fragmented. They were meaningless in her life. It was necessary to recover temporalized narrative through which she could recreate her sense of coherence of life. But how?

The course of psychotherapy involves moving from a limited inner space (I-*prison*: Hermans & Hermans-Konopka, 2010) towards a living, open, and varied landscape of mind. The therapist gradually throughout the sessions focused on the emotional experiences associated with her relevant life events. There were gaps and disconnects in the memories and continuity of Ms. A's life

history. As if to fill in those gaps, she continued to blame herself for her son's sudden death. After her son had died, she imposed on herself a thousand daily visits to his grave. This stemmed from a feeling of guilt and the necessity to compensate for her son's death. Despite her efforts, no forgiveness came. She was exactly constricted in the I-*prison*.

In period 3, when the therapist asked Ms. A what happened if she asked her mother for something, she was silent and then tearfully replied, "The child inside me is stifling the voice that wants to scream." In this instance, the internal position of her child obtained an emotional voice. The therapist tried to focus on the counter-emotion. After deep silence, Ms. A spoke: "To compensate, I've created a parent/guardian inside me on my own. So that's why, in reverse, other people want me to take care of them like a parent."

An emotional counter-position—in combination with a meta-position (closely related to taking a reasonable position)—will be an especially powerful tool changing dominant emotions. When the dominating emotion has a particular perspective, the counter-emotion has a different perspective. A dialogical relationship between emotions implies that different emotions have something to tell and can send out different messages to the self and to each other. In the space of the dialogical self, where the individual generates awareness of his/her own life history in the context of emotions, the individual can recreate the self-experience.

When one creates self-narratives for one's own experiences, a significant distance will appear between the different voices of the self. Telling a story in the therapy session is a way of yielding to maintain distance from the inner disturbance (Rennie, 1992). For example, in the first period of the session, there were two voices that indicated a negative relation to herself. Ms. A. held in her mind such two voices repetitively. One was "Even though my son is dead, I think that I shouldn't enjoy things or be cheerful." The other was "As soon as you relax, you can be sure that the next misfortune or something wrong is going to happen." The second voice seems to be a position that frightens her. Keeping a distance from these positions and creating *ma* was important to allow a warm self to be created.

The change in psychotherapy includes a process of distancing (*ma*) from oneself. The quality of this distancing must be varied. When a voice contacts the actual other's voice, a dialogical process is facilitated. One's voice can get the overtones mingled with another's voice. It is the spontaneous living moment of the therapeutic conversation.

Concluding remarks

Psychotherapy represents a specific mode of joint action that is deeply dialogical. Most clients come to therapy because they do not understand their complaints, cannot control them, and are disturbed by them. The client's partly disowned experiences lie buried in these complaints, which can be regarded as meaning-laden signs. Even if not available for self-reflection, the client's problematic experiences are an inseparable aspect of his or her personality, echoing the events that formed them (Stiles, 1999).

To articulate the process of therapeutic meaning generation, the author paid attention to the positional meaning-making activity in utterances of a client in a psychotherapeutic session. It is useful to examine the frame of *I*-positions in DST, its characteristic in the therapeutic action. It is thus one of the main goals of psychotherapy to initiate a dialogue between positions. In psychotherapy, such work is ongoing, jointly looking for an adequate word for the meaning of the experiences narrated in the dialogue.

In this study, the dynamic movement of self-experience in a therapeutic conversation was investigated through a clinical vignette of a severely traumatized client. As a result, several remarks are articulated as follows.

1 For the treatment of the traumatized client, the course of the psychotherapy moves from a limited inner space (I-*prison*) towards a living, open, and varied landscape of mind. For the first period, the remembered facts and events were fragmented and without a plot.
2 The constitution of the self in psychotherapy is to create new meanings within the fragmented events that could be related to the emerging of new positions of the self and bring them together in a *meta-position*.
3 The psychotherapeutic relationship can facilitate the living area generated between two persons where a potential chronotope—*ma*—is generated. The therapist works to facilitate the reorganization of the client's *I*-positions in the area.
4 In the narrative of the client's experiences, a space can be created to talk to both the living and the dead positioned within their stories. The coherence of self-experience rests on the continuing interpretation of everyday events. It proceeds even if one experiences negative life events.
5 Once the living and the dead take a form in the client's internal world, each equally deals with *I*-positions. Each position is given a voice in which strong emotions are fixed. *I*-positions have contextual character. In the new context of a therapeutic situation, the dialogical movement and a broader bandwidth of *I*-positions can be generated. This is the core moment for explaining how the therapeutic change occurs.

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