

# NARRATIVE-BASED RESEARCH AND PSYCHOSOCIAL PRACTICES IN JAPAN

■ MASAYOSHI MORIOKA

<https://orcid.org/0000-0001-6367-0069>

Ritsumeikan University

■ KAKUKO MATSUMOTO

<https://orcid.org/0000-0003-4888-2092>

Mukogawa Women's University

■ KOICHI HIROSE

<https://orcid.org/0000-0001-9216-0252>

Aichi University of Education

## ABSTRACT

The aim of this study was to investigate how the narrative mode of thinking creates therapeutic meaning in psychosocial practice in Japan. The main question of research guide was how the narrative mode of thinking can facilitate reconstructing the self. The idea of the Japanese psychologist Hayao Kawai was reviewed. It was indicated that his idea was examined according to the movement of the narrative turn in the field of the practice of human science. The methodology of this study was based on the analysis on the clinical vignette in the field of psychological counseling and the social support for delinquents by group music therapy. Next, the personal life story of a Teacher was analyzed in this study. The point of analysis was focused on the act of meaning making and the semiotic activity of the narrative process. In this point, the Japanese cultural concept of *ma* was examined, the boundary transitive zone. The concluding remark was that the semiotic activity of meaning was generated and forms the dynamism of tension around opposites. Personal narratives were created in the boundary transitive zone.

**Keywords:** Narrative. Semiotic activity. Boundary zone. Life story. Psychosocial support.

## RESUMEN INVESTIGACIÓN BASADA EN LA NARRATIVA Y PRÁCTICAS PSICOSOCIALES EN JAPÓN

El objetivo de este estudio fue investigar cómo el modo narrativo de pensar crea un significado terapéutico en la práctica psicosocial en Japón. La pregunta principal de la guía de investigación fue cómo el modo narrativo de pensar puede facilitar la reconstrucción del yo. La idea del psicólogo japonés Hayao Kawai fue revisada. Se indicó que su idea fue examinada de acuerdo con el movimiento del giro narrativo en el campo de la práctica de la ciencia humana. La metodología de este estudio se basó en el análisis de la viñeta clínica en el campo del asesoramiento psicológico y el apoyo social a los delincuentes por parte de la musicoterapia de grupo. A continuación, se analizó la historia de la vida personal de un profesor. El punto de análisis se centró en el acto de hacer sentido y en la actividad semiótica del proceso narrativo. Este punto fue examinado el concepto cultural japonés de *ma*, la zona de frontera transitiva. La observación concluyente fue que la actividad semiótica de significado fue generada y forma el dinamismo de la tensión en torno a los opuestos. Se crearon narraciones personales en la zona de frontera transitiva.

**Palabras clave:** Narrativa. Actividad semiótica. Zona de frontera. Historia de vida. Apoyo psicosocial.

## RESUMO PESQUISA DE BASE NARRATIVA E PRÁTICAS PSICOSSOCIAIS NO JAPÃO

O objetivo deste estudo foi investigar como o modo narrativo de pensar cria significado terapêutico na prática psicossocial no Japão. A principal questão do guia de pesquisa foi como o modo narrativo de pensar pode facilitar a reconstrução do eu. A ideia do psicólogo japonês Hayao Kawai foi revista. Foi indicado que sua ideia foi examinada de acordo com o movimento do giro narrativo no campo da prática da ciência humana. A metodologia deste estudo foi baseada na análise da vineta clínica no campo do aconselhamento psicológico e do apoio social aos delinquentes pela musicoterapia de grupo. Em seguida, a história de vida pessoal de um Professor foi analisada neste estudo. O ponto de análise foi focado no ato de fazer sentido e na atividade semiótica do processo narrativo. Nesse ponto, foi examinado o conceito cultural japonês de *ma*, a zona de fronteira transitiva. A observação conclusiva foi que a atividade semiótica de significação foi gerada e forma o dinamismo da tensão em torno dos opostos. As narrativas pessoais foram criadas na zona de fronteira transitiva.

**Palavras-chave:** Narrativa. Atividade semiótica. Zona limítrofe. História de vida. Apoio psicossocial.

## Introduction

In this study, the authors investigate how the narrative mode of thinking creates therapeutic meaning in psychosocial practice in Japan. The act of story making through reconnecting personal life events according to personal plots helps the subject share his or her experience with others. This narrative practice can recover a sense of agency. How can it facilitate reconstructing the self?

To guide this question, we first introduce an example from psychotherapist Hayao Kawai, who was the first psychologist to conduct narrative-based research and practice in Japan. Next, the authors present two approaches for examining the meaning-making process in narrative practice. The first is from the micro point of view and focuses on semiotic activity within the narrative process. The second is from the macro perspective of the personal life story.

To connect the two viewpoints above, we introduce some core ideas from psychology based on the theory of narrative mode thinking according to Jerome Bruner. Next, we introduce some related concepts on personal narrative and biographical research that are culture specific to Japan. The authors will focus on the act of meaning making and the semiotic activity of the narrative process, which is considered to be rooted in specific cultures. In particular, we examine the concept of *ma*, meaning a boundary zone or potential space in which the meaning-making activity is generated. We discuss the potential for these concepts to develop a narrative approach in reference to clinical vignettes based on limited materials in the fields of psychotherapy, counseling, and psychosocial support.

## Theory of narrative mode thinking

### Beginning from an episode of Japanese psychotherapist Kawai

For introduce some related concepts on narra-

tive culture specific in Japan, the author would like to shortly review the phase of introduction on psychotherapy in Japan, mainly on the clinical psychologist Hayao Kawai (1928-2007). He had introduced the sand play technique of Dora Kalff (1904-1990), Jungian analyst in Switzerland. The sand play technique is now one of popular therapeutic methods in Japan. The sand play technique is associated with rock garden for Japanese people. Kawai translated sand play technique into “Hakoniwa 箱庭” therapy in Japanese that means miniature garden. This translation has been as a help to accept and promotion of the technique. The sand play technique is now one of popular techniques of psychotherapy in Japan.

One of key concepts of Kawai’s psychology is “Monogatari物語” which means narrative or story. Kawai had concentrated on the concept of narrative or story in the all of his academic life. Kawai was concerned the significance of narrative stance very early since 1960’s. Of course, he was influenced from Jungian approach deeply, but gradually he developed original narrative psychology. Kawai’s psychology has a basic orientation for the active amplification on the image of narrative content. His analysis had further developed into the works of Monogatari of Japanese Heian-era.

Kawai’s deep concern for narratology was related to his consciousness of crisis of human soul concerned with over accelerative development of scientific technology. In his earlier book “An Introduction to Jungian Psychology” (1971), he asked a basic question for readers. For example, a woman had lost her lover because of traffic accident. She asked, Why did he have to die? “The doctor had explained he died because of excessive bleeding. But she could never consent to such an explanation. Scientific explanation was not enough for her question. The science does not have any answer for her question,

“Why?” The meaning of a life of an individual as human being cannot be put explanation by science. In other word there is other reality that cannot accept a scientific explanation. Kawai confronted the basic question on the meaning of individual life. This radical concern for meaning of life necessarily has to develop and connect to narrative and dialogical stance.

Narrative is useful for understanding the reality that cannot be given enough explanation by science. Narrative has basic function of connecting the divided items such as mind and body, I and other, man and woman, I and the world and life and death. These include hard conflict and split that cannot easy to resolve. Narrative is framing the subject’s experience. The subject of mean-act is constructed and shaped through his/her narrative. The subject is generated with telling act in which connects event to event. It is a kind of retrospective act but generates his/her future.

Kawai remarked the characteristic of narrative in the layers of psychic structure. It will generate therapeutic outcomes if one focuses on the dialogical aspect of the clients’ narrative which includes multiple layers of personal and collective myth psychology of Kawai. The materials of narrative are made of not only various events accompanied with man’s life situation but also made of parts and fragments of dreams and fantasies. And also, they consist of psychic impressions which are evoked in accompany with therapeutic relationship. These materials can be linked and generate contingent story mediated by therapeutic situation. A story begins at this moment in which one event is linked to another. One can discover new relationship among the materials that has been still fragmental and floating. This discovery may be expected to get a therapeutic meaning for the client.

Psychology of Kawai has been made a point on the linkage among the materials that has

deep therapeutic meaning. The new outcome of therapeutic meaning is facilitated by the action of personal meaning making which is supported by therapist’s response. However, Kawai’s therapeutic stance and perspective include not only personal relationship but transpersonal which generates therapeutic rich meaning and image. His approach seems to be original and characteristic in the various narrative based approach.

“To give another expression my job is a storyteller. Because every client attending to my office will not get therapeutic change as far as they cannot understand themselves to their satisfaction if not, they make assure for their lives. They must discover their own stories for getting comprehensible for their lives. My job is a support for their task.” (KAWAI, 1998, p. 32)

This therapeutic stance is meaningful for recovery the sense of agency senses of his subjective being. Kawai had been continuously criticized these approaches that it would be go wrong if personal conscious effort should be dominant for using a conscious narrative smoothing to make enplotment between the events. Therapeutic meaning would not to be generated from rational conscious understanding of story. Kawai attached importance to appreciate the images and emotional experiences evoked from the story and to listen deeply the uniqueness of the story.

### **Act of personal meaning making**

Following remarks can be considered according to the indication of the practice of Kawai. The narrative approach is clearly based on the particularity of the act of personal meaning making. The basis of the narrative approach is that the very similitude of a story is derived from the concreteness and truth included in the unique life history of an individual. The authors focus on the individual’s life history as the basis of clinical narrative practice, and

the particularity of the narrative appears in the personal theme of this life history (MORIOKA, 2016). A life history is authored by a unique person who has his or her own proper name.

The theory of the narrative approach has been elaborated in its theoretical frame of reference in terms of speech acts and reality construction. Nevertheless, the orientation of the narrative approach has not yet been clarified in psychological clinical practice, except for the school of narrative therapy (WHITE and EPSTON, 1990). Recently, the tendency has arisen for narrative-based practice to shift from psychotherapeutic practices to a social practice of ethics that involves coauthoring a concrete description of the story of another's suffering (CHARON, 2008).

The discourse of a life history is made not only in the third person but also in the first person. The first-person description is thus potentially appropriate as the basis for a concrete research method of human science. In medical practice, the medical staff first traces the cause of a patient's illness; this causal point of view is universal in medical practice. However, there are many differences in how people experience their own illness because each person experiences his or her own illness through their own life context (KLEINMAN, 1988). The therapist attempts to listen to the illness narrative to determine how it can explain the patient's lived experience. The disease has a significant meaning in the patient's life history, and it will emerge with various meanings in the patient's life.

## Basic viewpoint of Narrative based approach in the psychological field

### Constituents of narrative

The characteristics of narrative-based approach in the psychological field is both uni-

versal and local. This approach to psychosocial supports has developed amid a search for a way to best use the effects of the act of storytelling in clinical practice settings. What is common to narrative approaches is that a conversation is created in order to search together for answers. The participants, whether they are therapist and client, friends, or family members, cooperate in letting a conversation evolve in order to explore the meaning of an event, neither participant holding knowledge of answers or outcome.

In treatment, therapists set aside the attempt to foster change. Above all, they are interested in understanding their client's reality and in trying to enter his or her unique world of experience. During treatment therapists suspend value judgments as they place themselves in the person's words and world. There is no single reality; through active conversation, *reality is co-constructed*. The perspective taken is that constructed reality changes according to how the other relates to it.

We particularly discuss the clinical listening process following the frame of thought on narrative mode according to Bruner (1986, 1990). The concept of narrative in the practice is located at the crossroads of clinical practice and human science. However, it is necessary to investigate how the practice of listening to a personal life history is to be meaningful, genetic and useful for psychosocial practice, especially on the recovery of the sense of self and on the link between elder and future generations.

According to Bruner, the fundamental form of narrative is "One of the most ubiquitous and powerful discourse forms in human communication is narrative." (BRUNER, 1990, p. 77-78) presents four crucial grammatical constituents in the language form of narrative. The first constituent states that if narrative can be effectively carried out, it requires a means for emphasizing human action or agentivity, action

goals controlled by agents. According to the second, narrative requires a sequential order to be established and maintained, events and states must be “linearized” in a standard way. The grammatical subject-verb-object (SVO) order is mastered first in most cases. Children start early on mastering the grammatical and lexical forms of these sequences.

The third constituent is sensitivity to what is canonical and what violates canonicity in human interaction. Early readiness is to mark the unusual and to leave the usual unmarked to concentrate attention and information processing on the offbeat. The very act of speaking is an act of marking the unusual from the usual.

The fourth constituent is the narrator’s perspective: it cannot be, in the jargon of narratology, “voiceless;” voice or perspective must be included. Thus, the narrative approaches the perspective of the subject. Any story inevitably has a narrative voice that causes events to be seen through a set of personal prisms. These four grammatical/lexical/prosodic features provide the child with narrative tools. From the genetic viewpoint, they are concerned with early infant behavior principally indicated by crying and other affective expression, and by stress levels and similar prosodic features in early speech. An additional remark on the unique point of narrative is that subjunctive stories are easier to enter, easier to identify with. Bruner (1990, p. 55) states that narrative is located in the domain midway between the real and the imaginary, and that humankind will go “meta” on received versions of reality.

The basic form of narrative is useful for description in complex fields of practice such as medicine and clinical psychology. According to the narrative form, we can obtain another viewpoint on a person’s illness or disability as that person’s own lived experience. It is easier to live with alternative versions of a story than with a scientific account. Narrative is a frame of

reference that can connect even contradictory heterogeneous items. The function of the story is to find an intentional state that mitigates or at least makes comprehensible any deviation from a canonical cultural pattern (BRUNER, 1990, p. 49).

Narrative is socially constructed as both self to self and self to other dialogue. There is a fluid interchange between characters of narrative organization. These characters have their own voices. One character can be re-voiced in the therapeutic situation. We have a possibility for exploration on the dialogical foundation for narrative based approach for psychotherapy. Telling one’s own story essentially needs to be listened carefully. Telling and listening are inseparable each other. Internal listener is generated in telling one’s story in which he gets a position as an internal audience. Telling is not simple utterance. The characters in the story narrated are actively imaged and made up clear figures in the deep listening relationship.

Authors try to elaborate on the possibility of the narrative form in the field of psychosocial practices in this study, from the viewpoint indicated by Bruner, who posits the narrative as a means for human agency and indicates the narrative voice as personal prisms.

### **Culture shapes our conduct**

We must note the cultural behavior as responsible for meaning making and reality construction (BRUNER, 1990; VALSINER and VAN DER VEER, 2000; ROGOFF, 2003). Culture is shared and internalized in one’s mind, forming a cultural representation. This representation may regulate human behavior. Potential cultural activities guide our ordinary practices and provide structures the of life. Cultural representation is based on meaning-making activities. We must investigate and deepen cultural activity. Culture has its own semiotic regulatory effect on the human emotional experience.

The authors applied semiotic activity to supportive practice within the context of conflict in human relationships. They attempt to make some suggestions on the constitution of subjectivity and its connection to the cultural meaning-making process. Cultural activity is not only internalized in one's mind, but it is also generated by our subjective practical actions.

Generally, it is worth noting that the original activity of culture works toward the regulation of conflict between the self and others. In conflicted human relationships, how can we arrive at a solution? Culture may allow one to prepare to cope with the conflict. Culture shapes an individual's conduct in this instance. The term "conduct" refers to culturally informed behavior. Conduct is not an observable behavior but may be a historical and practical concept. Semiotic mediation takes a central role in providing an interpretation of particular conduct. We can represent unique stories based on conduct.

The constitution of subjectivity is deeply connected to cultural semiotic activity. Subjectivity usually has a standardized risk in modern global society. If we attempt to explore our deep subjectivity, we can discover the "dance" between the general and the particular. This provides an occasion to overcome social contradictions by producing and reconstructing our own subjectivity, which includes various components, from pre-personal and proto-symbolic levels to transpersonal collective levels.

## Related culture-specific concept in Japan

### **Semiotic activity in the boundary zone of *ma***

Morioka introduces the original Japanese concept of space-time called "*ma*" (間) (MORIOKA, 2011). The Japanese consciousness of space has

a characteristic feature. Space is not empty but holds entirely everything. *Ma* determines that a space exists between one thing and another and a time between one moment and another. The notion of *ma* includes both space and time. Typically, regarding the culturally specific concept of *ma*, Ryoanji Garden is the primary style of the Japanese rock garden. There are only stones and rocks—only empty space. This space may provide an intersubjective area. The participants in the garden project their psychic reality into the area. This is the aesthetic of *ma* that generates a virtual and dense reality.

The unique Japanese word "*ma*" has multiple meanings. It can imply a space between two things, or it can indicate a space between one moment and another. *Ma* is a concept that includes intervals of both space and time. The word "*ma*," when it is pronounced "*aida*," is also used to describe the quality of interpersonal relationships. The notion of *ma* indicates the creative, lively tension between one and the other (KIMURA, 2005). If this tension diminishes, *ma* is lost. The process of talking and listening creates a unique *ma* between two people. It seems to be a narrative action for facilitating internal dialogue in the psychic space of the client.

The form of the dialogue in Japanese culture may differ from that of Western culture. It can be said that internal dialogue is dominant in Japanese culture. The preverbal realm of *ma* is also important for grasping meaning-making activities in the narrative process. Language is always connected to a preverbal realm and a realm that transcends language—that is, it is connected to situational contexts and environmental factors.

In the clinical setting, we can present a clue for understanding the peculiarity of relationships of social phobia using the notion of *ma*. It seems that social phobia cannot remain naturally *ma* when faced with the other, for whom



he or she feels a nonacceptable desire. A rigid barrier is consequently constructed when faced with the other. If he or she can flexibly experience an exchange through the boundary zone (*ma*), new conversational realities will be fruitfully realized. *Ma* is to be understood as the shared reality of an intersubjective sphere (BOTZ-BORNSTEIN, 2004).

The relational concept of *ma* may be concerned with the boundary zone (A and non-A) field in which meaning is constructed and reconstructed (VALSINER, 2007). Different systems can coexist in the boundary zone of *ma*, in which a fuzzy zone of semiotic potential activity can be realized. We can possibly develop a new analysis by acknowledging the non-said fuzzy field of opposites. In general, human beings' conduct occurs through something to do with in such dynamism as known/unknown and familiar/unfamiliar, where tension arises. The dynamism within the tension is one of general principles of the meaning-making process. It is worth noting that cultural activity presents two aspects regarding boundary formation.

### **Story generated in the transitional boundary zone**

The author created a minute sketch of my counseling practice for a family. Parents came to our office due to the severe domestic violence of their son. In the first session, the mother entered the room first. I observed at the beginning that the parents sat side by side on the seat. Suddenly, the mother moved to the corner of the seat, separated from her husband, and she placed her bag between them. I felt a little perplexed due to the unintended face-to-face meeting with the husband for the sake of her subtly changing her sitting position.

This conduct expressed an implicit story of the relationship in the family through the interaction in terms of territorial behavior. The space was differentiated and reorganized by

the couple. They made their own meanings in the space with another. These subtle actions of appropriation may be invisible but will be recognized through a narrative or by listening to their story. The process of grasping one's own place cannot be understood through the ethological viewpoint of territoriality that is analogical to animal behavior. Sometimes the space appears filled with affection, and it is symbolized as an object or a thing. We can consider this process as a practice for defining space in ordinary life in which the acts of meaning and narrative actions are dominant.

The boundary phenomenon arising between two people constructs a cultural meaning. The boundary zone constructed by affective meaning making creates a collective historical-cultural construction. This process of construction is the main theme of the recovery of subjectivity. A boundary fundamentally divides space and creates an inside and an outside. It excludes someone or something on the outside. The boundary indicates the limit of oneself. However, paradoxically, it is possible to say that at the boundary itself, he or she can receive the sphere of the non-self. The boundary may become a potential space.

The internal story and drama of a person can develop in the movement of this transitional zone. Story is generated in the boundary zone, and it is a noteworthy matter that a family story is often spoken *in a moment* in the therapeutic setting. The present moment is an essential component of therapeutic communication. It also happens to be a component that is easily forgotten in practice. The things that occur in the present moment can provide a therapeutically important catalyst; this is a point that is stressed throughout various approaches to psychological support, counseling, and psychotherapy. Interestingly, even without referring to Carl Rogers' classic theory, one can identify "the present moment" as a key aspect



of therapy merely by examining more recent approaches (ROGERS, 1951).

To encounter the present moment, it is essential to have a sense of the copresence of the other person, with whom one maintains a responsive relationship. There are situations when what the therapist utters and hears is not as important as one's awareness of the other person's copresence itself. For the other, a client's response cannot be prospected clearly. It is necessary to have a tolerance toward the uncertainty and to maintain a stance that suspends our prospected consideration. Contingently, an expression of hesitated conduct could be generated that has not yet become a story in the meaning making of the other.

**Contact with the Non-A**

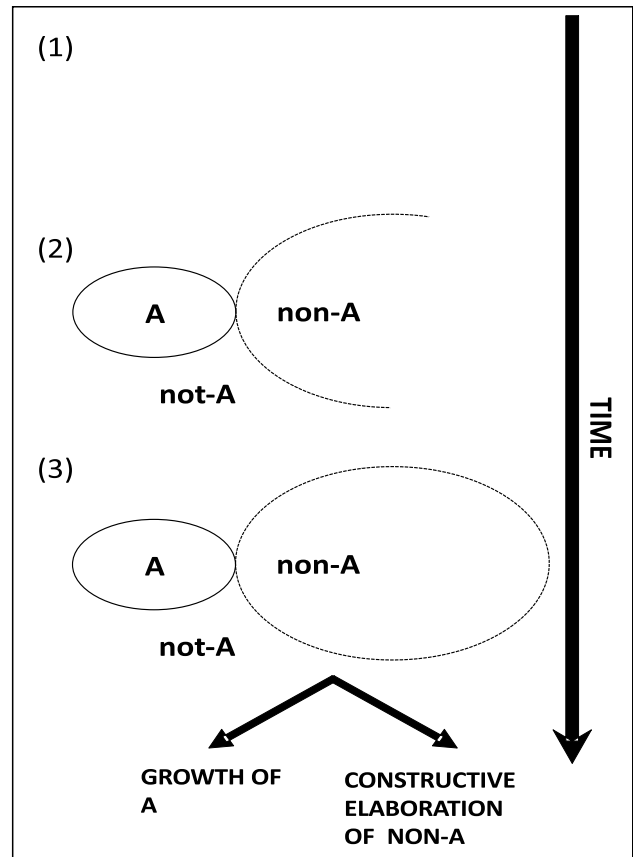
Self-reconstruction is facilitated by the narrative in which constructed a dialogue with the other (therapist). The subject (client) has a sense of transition in his denied events through retelling of the events. The subject can accept a sense of the tonic and the somatic change accompanied with the performance of talking his/her experience (MORIOKA, 1994, 2002). The sense of tonus which maintain one's posture forms the basis of self-construction and mind-body relation.

Limited in a human relationship a person (A) has a tension which they may feel a subtle sense of difference when he/she meets another. The non-A field appears at the part of the other and that indicates possibly the field sharing with the other. Fundamental tension increases between A and non-A. We can articulate some levels in the principle.

The non-A field may simply be supporting our being. The non-A field is both horizontal and vertical. In contact with non-A at the here and now setting, a fuzzy field of opposites emerges (JOSEPHS et al. 1999) (Figure1). This fuzzy field is creative and a potential space

where both A and non-A are experienced at the same time. This fuzzy field appears especially in memory and affect, and it includes an ambivalent emotional experience that is usually a therapeutic moment, for example, in a group music therapy session setting at a juvenile prison (MATSUMOTO, 2005, 2016).

**Figure 2 - Feel pain A and non-A**



A 10-time music therapy was adopted in a group of 6 male inmates. We use pseudonyms to protect the juveniles. One member of the group; Ken's crime was inflicting bodily injury resulting in death. At first, Ken was ignored and treated lightly by the other group members, Ken wrote a negative impression in the questionnaire following the third session: "I will get them back next time!"

In the seventh session, Ken talked about his own meaningful music; "See You" by "Kuroyume (Black Dream)". After the police caught him, he tried to get this song to his girlfriend through his parents as a way of expressing himself to her. He said she was the first person that he had ever met to whom he could express his emo-

tions. He vowed to reform for her sake. After hearing this, one of members Jun spoke to him for the first time.

**Jun:** We had been in love nearly for a year when I was arrested. I had the same feelings as Ken. I am not living in society because I find myself here...*I understand Ken's pain, too.*

**Ken:** *I didn't feel any pain, because I believe in her.*

**Jun:** You chose that song because you felt uneasy and were in pain, didn't you? If not, I think you'd never have thought about that song, Am I right?

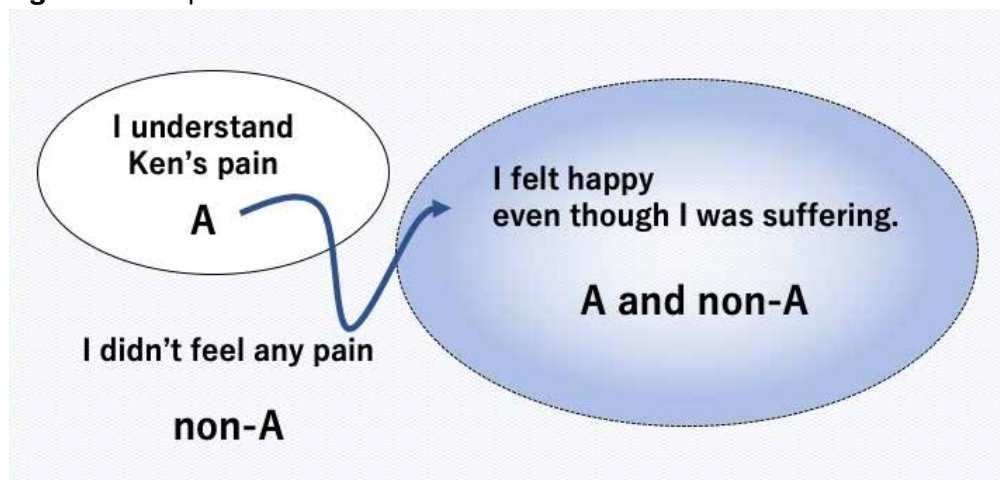
**Ken:** *Yes, I felt happy even though I was suffering.*

**Jun:** Actually, it was harder to live after splitting up. I know that Ken decided to get along with her without saying Goodbye, well, I think...

**Ken:** This song is one which both she and I enjoyed not only in good times but in bad times too. But now, we are far apart from each other and I guess she might be suffering. Even if we're living apart, she might wait for me. So, I sent this song to have in place of me.

**Jun:** Did you send it to her with a letter? I wonder if she might think sending this song means splitting up. (MATSUMOTO, 2016, p. 91-92)

**Figure 2 - Feel pain A and non-A**

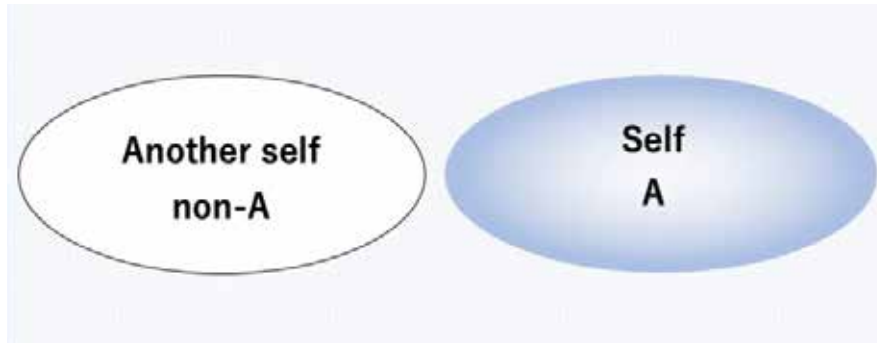


One of group members Jun showed empathy for Ken as he had experienced the same emotions, and they were in the same situation: being incarcerated in the prison, cut off from their loved ones. Ken seemed to be in denial. He didn't feel pain (non-A) at the same time he felt pain (A) (Figure2). He was happy with his relationship with his girlfriend but was suffering because he could not be with her. But, finally, Ken was able to express his simultaneous feelings (Figure2). The group members held a moment of tension in fuzzy field (A and non-A). Later in the session, the topic changed from girlfriends to being out of control. Ken remembered a time in his childhood when he was confronted with a bully and finally lost control and beat him up. He doesn't remember

much about the fight until it was over, and the bully was badly beaten and bleeding heavily. He continued by talking vividly about the fight for which he was arrested.

**Ken:** At this time, I saw another personality "doing something". I could not stop him even if *I didn't feel pain* or hear anything. I could not understand what was happening to me. So, when I was a junior high school student, I was surrounded by 5 or 6 opponents and bullied. The next thing I remember was when I regained consciousness in the hospital.

Ken felt as if another entity possessed him, and felt no pain, but was helpless to stop the fight until the opponent was severely injured. He was dissociated from reality and felt like a mere observer in the fight (Figure 3).

**Figure 3.** Another Self

Ken wrote down the following impression in the questionnaire following the seventh session:

'I was very impressed by the enormous power of music.'

'Although I felt it was difficult to talk at first, now I feel a bit relieved.'

'I realized these members in my group thought a lot about my situation.'

This shows that session # 7 proved to be a breakthrough for Ken, and indeed, the rest of the group, as they showed empathy for Ken. They began to interact more constructively with each other than seemed possible at the beginning of the session. Finally, a creative and supportive moment was produced.

Non-A is paradoxically not only immediately cooccurred in parallel with A as a field of meanings, but it implies a yet-to-be-differentiated field of meanings-to-be or a *meanings potentiality* (Josephs et al. 1999). This A and non-A field allowed an associative and affective field for the groups share field.

## Turning point in the life story

### Turning point in the life story of professions as part of the boundary phenomenon

Recently, the culture of school itself has become unsettled in Japan. It has many social contradictions, and the common activity of culture is not sufficient in the workplace. These phenomena are not rare in recent times. They

demonstrate that people have a diminished capacity to accept the sense of strangeness and novelty and their differences from others. They tend to create barriers and exclude otherness. We must take on an attitude of not rushing to create gaps or focusing on differences arising between us and the other. We must attempt to engage in dialogue despite feelings of discomfort, anxiety, and fear, the effects of which are not merely negative. When we can obtain form from our "culture," we can share the personal effects of it and generalize it.

School counselors who enter the field of education support pupils and students and cooperate and collaborate with other supporters of education, including teachers. Among supporters of education, cooperation and collaboration with teachers is more important than anything else. A teacher's support may become much more important in certain cases. In the modern educational scene, teachers who repair the imperfections of education policies and play an active role will bring about new solutions and approaches based on their inner motives while remaining aware of the system's contradictions. Although they fulfill their duties without an authority and out of their irresistible passion, their activity is not overseen by the education board. Various obstacles standing in their way spoil and threaten their mental health.

Most teachers do not dwell on consulting medical institutions for their unbalanced men-

tal health. However, in their lives or the workplace, they are thought to need mental health support that differs from the provided medical services. The narrative practice connects the support that is currently lacking. Therefore, such narrative practice is required.

## Case of a teacher: Ms. Tanaka

### **Here the author will present a case of the narrative practice applied to a teacher**

Ms. Tanaka is a woman in her early 60s. She is interested in psychology and investigated educational counselling in her early days of teaching. She made a positive commitment to undergo a training course offered by the Q Prefectural Board of Education, which had recruited her and spectacularly upgraded her skills and abilities in educational counselling. She was given a special duty (guidance counselor) at her high school and sufficiently demonstrated her abilities during that time. She was the first person to take on that position, and she handled the duty like a professional and was promoted to another workplace. In her late 40s, she built a network of organized support at her new school during the first half of her new position. She devoted herself to the duty like she had at the previous school. She was thanked by the coworker who collaborated with her, and she acquired wide trust. However, during her latter half of her employment, the vice principal was transferred and implemented a management system with an old political style. They directed a critical look at educational counselling, abolished that post, and moreover, limited her duty while casting a suspicious glance at her. They gradually strengthened the education management, mentally cornering her and driving her toward having a hostile relationship. Finally, they induced her to move to another workplace. She then entered her 50s. Her last workplace was a special school where all the

contradictions within the education system of the Q Board of Education accumulated. The contradictions at the school were very significant. The problem became so troublesome that it was absolutely impossible to deal with privately. She appealed to the committee for a solution to the problem, but this proved to be in vain. She developed a psychological condition close to burnout and retired a year before her intended retirement age.

During our interview, she reflected on that time and spoke about her motivation that had made her devotedly involved in the troubles of her students. The following details her feelings:

A multifaceted and complicated factor got entangled in the consultation of the students. I was able to touch not only the inside or psychic reality of the students but also various external factors in real world directly. And I often learned there were a lot of solvable cases when I really wrestled with them. Even if I worked hard on those problems, I might not necessarily lead one correct answer. That's why I found it creative and challenging. It was powerful charm that only a teacher could experience. If I were a counselor, I might not have experienced it. I felt it was worth doing. So, I was really thankful that I was a teacher and not a school counselor at that time.

This narrative could be a turning point in the life story of her profession. Based on the interview, the author knew that she had faced challenges not only in her job duties but also in her personal life in the past. When the author asked her the reason she did not burn out and how she was able to sustain herself, she chose her words carefully, as follows:

When I worked on a problem-solving with a student, I was often able to get a hint for the solution of my own problem in parallel with the student's one. That is why I was able to make it through a challenging period in my personal life.

### Narrative practice for self-recovery

In Japan, educational counselling has developed within the teaching culture, although the thought of counselling was planted within teachers by the GHQ after World War II. Teachers were requested to help students develop individually and, at the same time, to instruct students collectively. Various allocation methods were possible in terms of how they allotted their time and energy for groups or individuals based on the nature of their locality and the spirit of the times. In the district where Tanaka had worked, the counselling method declined and was replaced by psychological counseling. So she went along with this trend and learned psychological counseling. For financial reasons and others, the teachers' psychological counseling declined, as well as the counselling commonly used by school counselors.

In the context of the region and the times, Tanaka had difficulty with the educational counselling and became depressed in a psychological condition that was close to burnout. Today, people of various educational support professions, including school counselors and school social workers, cooperate and collaborate under the policy of "the team of school." Educational counselling has developed into such a modern form, but teachers in the intermediary phase of the transitional period are denied and removed from their positions. Therefore, it is thought that her maladjustment was caused by a social problem and is likened to social pathology.

What was it to have her narrative promoted with the accompaniment of a therapist when she had been disappointed? At the beginning, the content of her narrative was as follows: the know-how of building a team system in educational counselling, her difficulties with her new creation, the succession to the next generation, etc. Recalling her various memories, such as her difficulties creating her team

support systems, she felt relieved and did not withhold the expression of her feelings. She did not mind expressing her educational considerations or her pride. She also broke the silence about the tacit consent between teachers, which was an accompanying hesitation of having a similar profession. The determining factor of such a process is not simply a formality of the interview technique.

It is thought that the therapist met her in the state of a human person as a whole. He did not conduct himself in the manner of a medical expert who was making a psychological assessment but, rather, met her like *Ich und Du* ("I and thou") in the domain of *das Zwischen* ("the between") (BUBER, 1923) at that time. He was able to listen to a narrative story without fixing the role of the therapist and the client in narrative practice. He met her in the domain of "the between" (*ma* or *Aida*), which is relevant to the concept of "negative capability" (KEATS, 1817) or "impersonality" (ROGERS, 1951), not only in the clinical psychological interview but also in narrative practice.

When an interviewee speaks it is of deep interest and out of respect for him or her. It is a passion to listen to his or her life. In addition, it is necessary to accompany him or her to the place where they lead the interviewer. So, interviewers always need to have a readiness to accompany him or her. In some cases, the therapist may be in danger of transforming themselves through narrative practice. The strength of an interviewer (therapist) is a tacit premise for narrative practice. It can be naturally imagined that this is the reason they jointly build a new life story. In this way, it is thought that soul making could be carried out in such a transitional boundary zone.

### Conclusion

In this study, the authors investigated an embodied understanding of narrative practice. By



elaborating the related culture-specific concept in Japan, especially *ma*—the boundary zone—it could be indicated that the action of boundary making has the potential to create new connections within personal life events. It is worthy to explore how self-representation is progressively constructed in the boundary zone (MORIOKA, 2005). The authors could indicate, through some clinical vignette, how meaning-making semiotic activity is generated and forms the dynamism of tension around opposites. Personal narratives can be created in the boundary transitive zone. Narrative practice can be applied to space and potential space where meaning making is activated. It facilitates cultivating one's inner sense of self. A sense of agency can be recovered by expressing him or herself.

In terms of recovering spontaneous living responsiveness, one can obtain the power to live in the present moment and become a being in the future. The past cannot be altered; however, the meaning of past experiences may vary through dialogical practice. There is a latent resource in one's own life history for transforming negative experiences into positive ones. One may transform past events' meaning with the support of a carefully attentive other in the present moment. This is precisely the moment during which spontaneous living responsiveness emerges. We cannot forget that the living experience and the sense of agency remain in the hindsight of the personal story.

## References

BOTZ-BORNSTEIN, Thorsten. **Place and Dream: Japan and the virtual.** Amsterdam: Editions Rodopi, 2004.

BRUNER, Jerome. S. **Acts of Meaning.** Cambridge, MA: Harvard University Press, 1990.

BUBER, Martin. **Ich und Du.** Leipzig: Insel Verlag, 1923.

CHARON, Rita. **Narrative Medicine: Honoring the Stories of Illness.** New York: Oxford University Press, 2008.

JOSEPHS, Ingrid E., VALSINER, Jaan & SURGAN, Seth E., The process of meaning construction: Dissecting the flow of semiotic activity. In: Brandtstädter, Jochen & Lerner, RICHARD M. (Eds.), **Action & Self Development.** Thousand Oaks, CA.: Sage. 1999. p. 257-282.

KAWAI, Hayao. **Jung Shinrigaku Nyumon** [An Introduction to Jungian Psychology]. Tokyo: Baifukan, 1971.

KAWAI, Hayao. **Monogatari to Kagaku** [Narrative and Science]. Collected works of Hayao Kawai. v. 12. Tokyo: Iwanamisyoten, 1995.

KEATS, John. **The Letters of John Keats**, ed. by H E Rollins, 2 vols (Cambridge: Cambridge University Press, 1958), i, p. 193–4. December 1817.

KIMURA, Bin. **Kankei tositeno Jiko** [The self as relationships]. Tokyo: Misuzushobo, 2005.

KLEINMAN, Arthur. **The Illness Narratives.** New York: Basic Books, 1988.

MATSUMOTO, Kakuko. Meaning construction and its transformation in narratives about "Important Music of Oneself": Introduction of music therapy into group counseling for juvenile delinquent. **Japanese Bulletin of Arts Therapy**, Tokyo: Japanese Association of Arts Therapy, 36-1/2, p. 95-103, October 2005.

MATSUMOTO, Kakuko. Meaning construction and its transformation in narratives about music with a personal meaning., In SATO, Tatsuya., MORI, Naohisa., & VALSINER, Jaan (ed.) **Making of The Future: The Trajectory Equifinality Approach in Culture Psychology.** Charlotte, NC: Information Age Publishing, pp. 88-103, 2016.

MORIOKA, Masayoshi. **Monogatari Tositeno Mimesis: Jiko no Henyo to Mimesis.** [Clinical Interview as Narrative: Mimesis and Transformation of the Self]. Tokyo: Shinyosya, 2002.

MORIOKA, Masayoshi. **Utushi Rinsyou no Shigaku** [Transition and Reflection: Clinical Poetics]. Tokyo: Misuzusyobo, 2005.

MORIOKA, Masayoshi. Voices of the self in the therapeutic chronotope: Utushi and ma. **International Journal of Dialogical Science**, Radboud University Nijmegen: International Society for Dialogical Science, 3, p. 93-108, October 2008.

MORIOKA, Masayoshi. Creating dialogical space in psychotherapy: Meaning-generating chronotope of ma. In: HERMANS, H. J. M. & GIESER, T. (eds.), **Handbook of Dialogical Self Theory**. Cambridge, UK: Cambridge University Press, 2012. p. 390-404.

MORIOKA, Masayoshi. How to create ma—the living pause—In the landscape of the mind: The wisdom of Noh theatre. **International Journal for Dialogical Science**, Radboud University Nijmegen: International Society for Dialogical Science, 9, p. 81-95, May 2015.

MORIOKA, Masayoshi Remembering: A Story of Loss and Recovery of the Self. **Jung Journal: Culture & Psyche**. San Francisco: The San Francisco Jung Insti-

tute, 10-1, p. 1-8, March 2016.

ROGERS, Carl. Ransom. **Client-Centered Therapy**. Cambridge Massachusetts: The Riverside Press, 1951.

ROGOFF, Barbara. **The cultural nature of human development**. New York, NY, US: Oxford University Press, 2003.

WHITE, Michael. and EPSTON, David. **Narrative means to therapeutic ends**. New York: Norton, 1990.

VALSINER, Jaan. **Culture in Minds and Societies: Foundations of Cultural Psychology**. Thousand Oaks, CA: Sage. 2007.

VALSINER, Jaan. and VAN DER VEER, René. **The Social Mind: Construction of the idea**. New York: Cambridge University Press. 2000.

Recebido em: 17.06.2019

Aprovado em: 04.08.2019

**Masayoshi Morioka** Ph.D. Ritsumeikan University. Professor, College of Comprehensive Psychology, Ritsumeikan University, received Ph.D. from Kyoto University. His main field is the narrative-based approach to psychotherapy and researching the common factors of therapeutic conversations. Another concern is the cultural-historical approach to human character formation and the mind-body problem, both in the East and universally. Clinical Psychologist. E-mail: [mmt21306@pl.ritsumei.ac.jp](mailto:mmt21306@pl.ritsumei.ac.jp)

Ritsumeikan University, 2-150, Iwakuracho, Ibarakishi, Osaka Prefecture. Telephones; +818049720034

**Kakuko. Matsumoto** Ph.D. Mukogawa Women's University. Clinical work for juvenile delinquent, young and elderly prison inmates with special needs. Associate professor at Mukogawa Women's University. Ph.D. from Nara Women's University. Registered Music Therapist (Japan), Certified Clinical Psychologist, Certified Art Therapist, Certified Public Psychologist. E-mail: [kakukom@mukogawa-u.ac.jp](mailto:kakukom@mukogawa-u.ac.jp)

Mukogawa Women's University, 6-46, Ikebiraki-cho, Nishinomiya-shi, Hyogo Prefecture. Telephones; +81798459851

**Koichi Hirose** Ph.D. Aichi University of Education. Narrative practice to teachers, committee member of city's education board. Trainer for candidates of the clinical psychologist. Professor at Aichi University of Education. Ph.D. from Kyoto University. Certified Clinical Psychologist, Certified Public Psychologist. Studying the construction of agency from the various viewpoints in human science. E-mail: [youngian@aecc.aichi-edu.ac.jp](mailto:youngian@aecc.aichi-edu.ac.jp)

Aichi University of Education, 1, Hirosawa, Igaya-cho, Kariyashi, Aichi Prefecture. Telephones; +81566262725