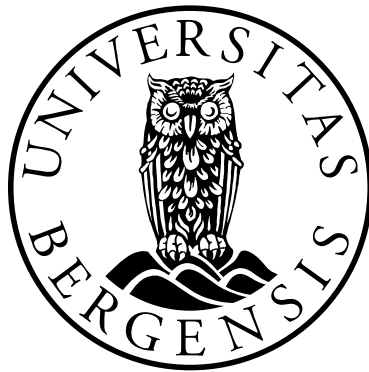


Norwegian Psychomotor Physiotherapy and Embodied Narrative Identity

A theory generating study

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Scientific environment

This research was carried out at the Faculty of Medicine and Dentistry, the Department of Global Public Health and Primary Care, the Physiotherapy Research Group, and the Phenomenological Research in Health Sciences, at the University of Bergen.

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Abstract

The aim of this thesis is to explore and develop the theoretical underpinning of Norwegian Psychomotor Physiotherapy (NPMP). In the first part (Paper I, II & III), the theoretical grounds for this physiotherapy treatment approach are analysed from their historical origin. The theoretical assumptions derived from this were used to analyse patients' experiences in the second part (Paper IV & V). Thus, theoretical assumptions were illustrated and challenged from a clinical perspective raising new questions, which demanded further theoretical extensions.

- The theoretical part is based on hermeneutic text analysis using the methods of investigation of sources. Texts written by the Norwegian psychiatrist Trygve Braatøy, a primary source for the theoretical assumptions in NPMP, were analysed in the light of Løgstrup's philosophy of sensation. In Paper I the functional meanings of muscular actions emerge as ambiguous in interdependent tension between posture and movement. NPMP emerges as a treatment involved with the existential challenge of withholding and expressing oneself. Paper II explores how muscular tension, sensation, awareness and understanding interact. Paper III elaborates on the embodied foundation of expressing oneself in everyday language.
- The first clinical study, a case study, explored the experience of one patient's 10 yearlong treatment processes. Analysis of enacted narratives emerging during these clinical situations revealed the significance of a narrative perspective. They pinpointed the meaning of time, in relation to muscular tension, posture, movement, sensation and understanding, as aspects of narrative identity.
- The narrative perspective was further expanded in the second clinical study, which was based on focus group interviews, exploring how patients make meaning of their experience with NPMP. When explored in relation to

narrative genre, NPMP emerged as a journey of transformation where time and trust are foundational. Embodied changes are associated with narrative identity and finding one's own voice, as well as the urge to speak out and reflect on significant experiences of the past. It is a process, which seems to challenge peoples experience and concepts of control.

This thesis opens up a theoretical underpinning, where the comprehensive perspective in NPMP is seen as an embodied treatment affecting the tension between the spontaneous, interwoven presence of life and, the distancing function of the individual person's existential struggle to become him or herself. Muscular, postural and respiratory transformations, the essential issues in NPMP, emerge as processes which involve patients' narrative identity on an embodied sensuous level. The notion of control is challenged in these processes where trust emerges as essential, and each patient's cycle of treatment will be of different lengths. Embodied transformation of muscular and sensuous traces of past experiences may evoke reminiscences, which demand to be expressed and, open speech requires attentive listening. NPMP is understood in the light of an existential journey of transformation, with a potential vitalising capacity.

List of publications

The present thesis is based on the following original papers, which will be referred to by their Roman numerals:

- I. Sviland R, Martinsen K and Råheim M. (2007) Hvis ikke kropp og psyke – hva da? (If Not Body and Mind – Then What?). *Fysioterapeuten*: 23-28.
- II. Sviland R, Råheim M and Martinsen K. (2009) Å komme til seg selv - i bevegelse, sansning og forståelse (To Come To Onself – In Movement, Sensation and Understanding). *Matrix*: 257 – 275.
- III. Sviland R, Råheim M and Martinsen K. (2010) Språk – uttrykk for inntrykk (Language – Expressions of Impressions). *Matrix*: 132 – 156.
- IV. Sviland R, Råheim M and Martinsen K. (2012) Touched in sensation – moved by respiration. Embodied narrative identity – a treatment process. *Scandinavian Journal of Caring Sciences* 26: 811–819.
- V. Sviland R, Martinsen K. and Råheim M To be held and to hold one's own: Narratives of Embodied Transformation in Treatment of Long Lasting Musculoskeletal Problems. *Medicin, Health Care and Philosophy*. (first revision).

Contents

Table of Contents

Scientific environment	2
Acknowledgements.....	3
Abstract.....	4
List of publications.....	6
Contents	7
1. Introduction	10
2. Norwegian Psychomotor Physiotherapy (NPMP).....	11
2.1 NPMP: A clinical treatment approach.....	11
2.2 NPMP: The beginning.....	13
2.2.1 Bülow-Hansen’s therapy: Long term sensuous interaction	17
2.3 Braatøy’s background and theoretical contribution to NPMP.....	19
2.3.1 Themes in Braatøy’s thinking relevant to the underpinning of NPMP.....	22
2.3.2 Previous research in NPMP	23
2.3.3 Research aims and research questions.....	27
3. Theory.....	30
3.1 Løgstrup: Phenomenology of Sensation.....	31
3.1.1 Time: A sensuous perspective	31
3.1.2 From actual space to fictional space	33
3.1.3 Mediation in sensation and understanding: Clarification and ligation.....	35
3.1.4 The singular universal	37
3.2 Ricoeur’s philosophy	38
3.2.1 Contextualizing Ricoeur	39
3.2.2 Narrative time	41
3.2.3 Analogy, narratives, metaphors and fiction.....	42
3.2.4 Ricoeur and the three Mimesis.....	44
3.2.5 Narrative identity.....	45
3.2.6 The narrative structure of identity.....	49
3.2.7 Ethical implications in Ricoeur’s narrative theory	51
3.2.8 Life and stories.....	52

3.3 Cultural shaping of meaning: core narratives and particular stories	53
3.3.1 The mimetic discussion	54
3.3.2 Narratives in illness and healing.....	57
3.4 Inviting Braatøy, Løgstrup and Ricoeur “to the same table”	58
4. Methodology, method and material	61
4.1 Ricoeur’s perspectives on hermeneutic interpretation	62
4.1.1 Language in speech and text.....	62
4.1.2 Text interpretation: What is a text?	64
4.1.3 Distance in hermeneutic interpretation	66
4.2 The theoretical part: Papers I, II & III. Text analysis	67
4.2.1 Interpretation and recontextualization	67
4.2.2 Material.....	68
4.2.3 The investigation of theoretical and historical sources	69
4.2.4 Analysis: Strategies for understanding the source and as practical craft.....	70
4.3 The clinical part: A case study and a focus groups study	72
4.4 Paper IV: The case-study	72
4.4.1 From journal notes to research material.....	73
4.4.2 Analysis of enacted emerging narratives in Ingrid’s clinical plots	75
4.4.3 Ethical considerations	76
4.5 Paper V: The focus group study	77
4.5.1 Recruitment and participants	78
4.5.2 Performing the focus groups	79
4.5.3 Analysis of focus group interviews	80
4.5.4 Ethical considerations	83
5. Findings: The theoretical underpinning of NPMP	86
5.1 The theoretical part	86
5.2 Clinical studies	88
5.3 How this thesis contributes to the theoretical underpinning of NPMP	90
6. Discussion	93
6.1 Methodological considerations	93
6.1.1 Reflection on recontextualizing Braatøy’s Texts	94
6.1.2 The case study. Whose story is this?	96
6.1.3 The multiplicity of voices in the focus group study	97
6.1.4 The ethical dilemma of time: a driving force	99
6.1.5 Validity	100

6.2 What are the findings of this thesis?	101
6.2.1 The universal in the particular	102
6.2.2 The singular universal and the existential in NPMP.....	104
6.2.3 The bridge: Clinical practice and philosophy	105
6.2.4 Embodied narrative identity	107
7. Final reflections.....	110
Source of data	111

1. Introduction

The aim of this thesis is to expand on the theoretical underpinning of Norwegian Psychomotor Physiotherapy (NPMP) and, to explore NPMP in encounters between patients' experiences and treatment processes and the theoretical perspectives developed in this thesis. It is a physiotherapy approach developed for the treatment of musculoskeletal ailments resulting from the stress and strain of everyday life in a borderland of physical and emotional suffering. It may be described as a practice in a breach between a medical and a psychological field, and knowledge from either side is basic to this practice. However, NPMP is physiotherapy and, as such, it is based on the common knowledge of physiotherapy in general. Despite this, NPMP also differs from general physiotherapy and, is often criticised for lack of theoretical foundation.

I have practiced NPMP since 1986, when my post-graduate education was completed. My motive for entering academia was to contribute to this field of physiotherapy. With this thesis I wished to bring NPMP into a wider context and current debates and, at the same time clarify and further develop the theoretical grounds of this original Norwegian treatment approach.

To give a brief outline of this thesis, Chapter 2 gives a picture of what NPMP is, its genesis, previous research in the field, and the general aims of this thesis and specific aims of each paper. In Chapter 3, I lay out the theoretical basis of this thesis, with emphasis on perspectives that have not comprehensively come forth in the articles. Although theory and methodology are entwined in this thesis, I have described the methodology in Chapter 4 together with the different methods and materials of the research studies. Chapter 5 presents the findings for each paper, before presenting a summary. Chapter 6 concerns methodological considerations and, discussions of what kinds of knowledge and understanding this thesis contributes, before the final reflections of Chapter 7. Three different ways of empirical investigations and the theory encompass perspectives drawn from philosophers and theorists of extensive work. For these reasons the thesis is rather long, for this I must apologize.

2. Norwegian Psychomotor Physiotherapy (NPMP)

In this chapter I will present the background for this thesis. I will first depict NPMP as a clinical practice. Then a sketch is given of how this treatment approach came into being, in the collaboration between the Norwegian physiotherapist Aadel Bülow-Hansen (1906 – 2001) and the Norwegian psychiatrist Trygve Braatøy (1904 - 1952). This is the backdrop for understanding why Braatøy's thinking is so foundational to the theoretical underpinning of NPMP and therefore also to this thesis. Subsequently, an account for the historical context of Braatøy's life and work is portrayed. Previous research is briefly outlined before the aim of the thesis and research questions are presented.

2.1 NPMP: A clinical treatment approach

NPMP is physiotherapy a treatment approach for musculoskeletal and psychosomatic conditions, a clinical practise in a borderland between somatic and psychological ailments. A medical doctor may refer patients to this therapy for a variety of reasons, ranging from symptoms of everyday stress and strain to much more dramatic emotional overload. Some of the indications are muscular tension and/or pain, headaches, migraine, fatigue, respiratory problems like asthma, as well as mild forms of anxiety and depression. If anxiety and depression are of a more severe kind NPMP is usually combined with psychotherapy. That is also the case in for example treating anorexia, posttraumatic disorders. Clinical experience and research show that conditions patents are referred to NPMP for often are complex. When the patients come to NPMP ailments have more often than not lasted for a long time (Breitve et al., 2008). However, there is wide variation. NPMP is usually practiced in private clinics, but is also practiced in and adapted to psychiatric contexts of hospitals or outpatient departments.

NPMP is a hands-on physiotherapy, and the main tools are massage and exercises, which is tuned in to the patient's rhythm of respiration. The aim is to transform muscular tension patterns of movement, respiration and posture in order to improve

function, by reducing inhibiting tension and stimulating the freedom to stretch out and open up. When posture lacks resilience, therapy will seek to improve flexibility. If the case is that posture is unstable and movement too flexible, therapy will seek to improve stability. The main focus is how posture and movement inhibit the freedom of spontaneous breathing and how this may be improved.

Characteristic of the NPMP approach is that local symptoms are always assessed in relation to the global tension pattern. Even if symptoms are in the neck, it may be considered necessary to focus on tension patterns in the lower limbs. This is considered important in order to improve balance as a prerequisite for improvement of the symptoms of the neck. On the other hand, tension in the neck may prevent good function of the back or the lower limbs. Changes in one part may influence the function and conditions in other parts of the body. In other words NPMP always encompasses treatment of the body as one whole functional unit. Furthermore, muscular tension and symptoms are considered within the context of the patient's life situation, as well as to what extent symptoms may be understood in relation to past experiences. It is essential that the therapeutic intervention is continually adjusted to the patient's reactions, and capacity to integrate changes. Therapy will thus be a balance between releasing tension and freedom to breathe on the one hand, and stabilizing by giving support on the other. The latter may be both in a muscular physical sense and in empathic listening. (Bunkan and Thornquist, 1991; Øvreberg and Andersen, 1989; Bunkan et al., 1982; Bunkan, 2001)

The proceedings of the NPMP treatment will vary from patient to patient. Therapy and assessment go hand in hand, and are continually adjusted. However, an initial assessment is usually based on the combination of a case history and an examination of body functions, where the main focus is to comprehend the preconditions for the patient's possibility to change. The body examination encompasses assessing posture, movements of respiration, active functional movements, passive movements, ability to give in to gravity as well as palpation of muscular qualities and tension, autonomic reactions and how the assessment is experienced by the patient. How the body adapts to changes of positions in standing, sitting and lying with particular focus on

respiration is considered to give indications with regards to flexibility, resources and capacity to change. In the beginning therapy is usually on a weekly basis. As the patient's tension pattern improves, his or her capacity to recognize tension and capability to adjust and let go of such reactions, therapy may become less frequent, perhaps every second week and once a month. NPMP is a restructuring process on several levels, and both patient and therapist must accept that it takes time, and requires surrender to change. Unpleasant bodily-emotional reactions may surface, and the process demands the patient's participation in a continuous collaboration. It may also be important that the physiotherapist has an open line with the patient's doctor. Although some patient's may be helped within a shorter timespan like half a year, three years is more common, and others may need more time. It is reasonable to assume that the timespan of the therapy will largely mirror the severity and complexity of the patient's situation and condition. However, many factors may influence this picture, factors not clearly seen by either of the parties in the first phase of treatment. (Bunkan and Thornquist, 1991; Øvreberg and Andersen, 1989; Bunkan, 2001)

2.2 NPMP: The beginning

NPMP unfolded in the collaboration between the physiotherapist Aadel Bülow-Hansen and Trygve Braatøy from 1946 to 1952 when Braatøy died. Aadel Bülow-Hansen qualified as physiotherapist in 1923. Her first job as physiotherapist was to give massage to sleepless women in the evening in their homes. She worked in an orthopaedic hospital, Sofies Minde, from 1927-1945. Children with poliomyelitis came to this hospital from far away, without their parents. They were in pain, but the pain was in the stomach and not where they had been operated on. This puzzled Bülow-Hansen and initiated questions, which were going to become clearer for her later on: the connection between emotions and muscular tension. Parallel to working in the hospital, she had patients in her own private practice. Many patients diagnosed with occupational myalgia were referred to her. She developed collaboration with professor Seyffarth, a central figure in the musculoskeletal field of medicine in

Norway at the time. He brought attention to the combination between muscular tension and posture. He was however not so interested in the role of respiration in relation to muscular function, which was Bülow-Hansen's core discovery, while working with occupational myalgia. She presented her ideas in the society for neurologists in 1946, where Trygve Braatøy was in the audience. He became very enthusiastic. He had been using relaxation in his psychotherapy treatment and was interested in the relation between respiration and muscular tension, but had never met a physiotherapist who took this into account. This was the beginning of a very fruitful collaboration. Bülow-Hansen gave up her work with Seyffarth and joined Braatøy at the psychiatric wards of Ullevål Hospital in Oslo (Øvreberg and Andersen, 1989; Bunkan et al., 1982; Bunkan et al., 1968/1978)¹.

In the collaboration with Bülow-Hansen, Braatøy was interested in two main issues: What emotions can be released by working with massage and posture, and how can physiotherapists contribute in the psychotherapeutic context? "Muscular deadlock" was already a phenomenon Braatøy was concerned with (see paper I). Braatøy taught Bülow-Hansen that the back muscles are the largest miming muscle in the body. He also showed her the meaning of standing safely and literally on one's own feet, and the importance of this prior to releasing tension in the rest of the body. In this collaboration she also discovered the profound implications of fully extending the knees. Ability to extend the knees was understood as prerequisite for free respiration. Furthermore, fully and freely stretching the body as a whole was always associated with respiratory release, and this is still the ultimate aim of the treatment. However, releasing respiration may also be a very vulnerable point for some patients. Braatøy emphasised how respiration is spontaneous. To passively allow the freedom of breath may however feel somewhat frightening for some, Braatøy and Bülow-Hansen discovered, and this is why many people are afraid to wait until it happens by itself. As soon as they breathe actively they are in control. Liberating change does not go with controlled breathing. The metaphor of the everyday phrase "to be inspired" was

¹ Since there is a historical perspective to this thesis, the original first edition will be put before the publication used in this reference, as in the example 1968/1978.

interesting in relation to this, Braatøy thought. Bülow-Hansen and Braatøy worked together by treating the same patients, discussing their work. They also experimented by Bülow-Hansen treating Braatøy. In Bülow-Hansen's experience Braatøy's approach was different from all the other doctors' of that time. (Bunkan et al., 1982; Øvreberg and Andersen, 1989; Bunkan et al., 1968/1978)

Psychiatrist Nils Houge took over Braatøy's patients and the collaboration when Braatøy died. With him and Toralf Hødal, a general practitioner, Bülow-Hansen formed a triangle which continued to develop the work Bülow-Hansen and Braatøy had started. It was of major importance that Hødal took interest in Bülow-Hansen's work. This broadened her experience with patients suffering from recurrent musculoskeletal tension and pain, who were not related to psychiatry. Bülow-Hansen underscored that this was the patients, which was most likely to benefit the most from NPMP, although the indications for this therapy was not definite. Asthma and dyspnoea, rheumatic, orthopaedic and neurological conditions were also seen to benefit from it. (Bunkan et al., 1982; Bunkan, 2001; Bunkan et al., 1968/1978; Ekerholt, 2010)

Interested colleagues surrounded Bülow-Hansen. They learnt from observing her work, by her tuition, and also experiencing on their own bodies being treated by her. They established a centre in Oslo, both for practicing the treatment and for training physiotherapists who wanted to learn. However interest spread throughout the country. Bülow-Hansen often visited colleagues who took interest in her work. Since Bülow-Hansen did not present her work in systematic writing colleagues filmed her while she demonstrated her work with patients, and they interviewed her. In this way films and text material were produced, showing and describing how she worked and why she did what she did, mainly for teaching purposes. These followers of her work contributed profoundly to make Bülow-Hansen's work available. Berit Heir Bunkan has been a leading figure, and Gudrun Øvreberg in collaboration with Tom Andersen have equally contributed to document and systemize Bülow-Hansen's treatment method. In 1974 NPMP was accepted as a physiotherapy method of the national health system with a specific financial rate. The group became member of the

Norwegian Physiotherapy Society. Training was structured in an educational system of courses, combined with tuition based on the master-apprentice model and personal experience by receiving treatment. All this finally led to an exam. In 1994 the teaching of what we today call Norwegian Psychomotor Physiotherapy became part of the public system of education at the University College of Oslo and Tromsø. Since 1950 training has gradually evolved and today it is taught as a clinical master at the University of Tromsø. (Øvreberg and Andersen, 1989; Bunkan et al., 1968/1978; Ekerholt, 2010)

Bülow-Hansen has also inspired therapists who developed their own approaches. Lillemor Johnsen developed integrative respiratory therapy (Intergretterpirasjonsterapi) and Aud Storaas generated her own Psychiatric Oriented Physiotherapy. Gerda Boyesen, a psychologist inspired by Reich, also became physiotherapist and one of the colleagues surrounding Bülow-Hansen in the 50ies. She developed psych-peristalsis and later contributed to biodynamic psychology and psychotherapy. Kirsti Monsen, originally physiotherapist and teacher of NPMP, became psychologist and developed Psychodynamic body therapy. Together with Jon Monsen she ran courses on affect theory and psychotherapy. Bülow-Hansen's work has also influenced the general education of physiotherapists in Norway. (Bunkan et al., 1982; Monsen, 1989)

Bülow-Hansen has always emphasised the collaboration between the physiotherapist, general practitioner and psychiatrist when relevant. This presupposes engagement from all parts. The development of a systematized method for treating psychosomatic conditions in the footsteps of Braatøy and Bülow-Hansen has no counterpart within the medical profession. There are however several individual doctors, psychiatrist and psychologists who collaborate with NPMP therapists in the treatment of individual patients. It appears that the responsibility for the heritage from Bülow-Hansen's and Braatøy's work has been undertaken by physiotherapists, who have further developed their treatment approach and established a specialisation within physiotherapy with a formally approved education.

2.2.1 Bülow-Hansen's therapy: Long term sensuous interaction

When asked why patients don't lose faith even if therapy draws on in time, Bülow-Hansen answered that it is because the patients somehow become so much part of what is going on. She emphasised how important it is not to push faster than their capacity to change. If we are too fast we risk that the process stops, or that the patient has to go on a sick leave. The aim is self-help in the long run. She also rejected the idea that patients became dependant on her (Bunkan et al., 1982)

Øvreberg and Andersen (1989) descriptions based on video and live observations and interviews of Bülow-Hansen's work emphasise the sensuous bodily based interaction between patient and therapist, in dynamic action and reception. How far the patient allows changing to occur depends not only on the patient, it is no less dependent on how the physiotherapist acts. Bülow-Hansen is described to relate to the patient literally and figuratively with a cautious and respectful distance providing space for the patient to feel free and independent, simultaneously she was close enough to assist the process of change. This is especially reflected in the way she used her hands. The massaging hand acted firmly and directly in an almost invasive way, yet prepared to immediately let go in the right moment. The other hand usually rested somewhere else on the patient's body, all the time receiving information. Just like the eyes this hand attended to the respiratory response and thereby informed the massaging hand when to hold or let go. (Øvreberg and Andersen, 1989) A patient has described the experience of being treated by Bülow-Hansen as follows:

“...how she worked with her hands, and how she constantly paid attention to my breathing motion. She listened with her hands, her eyes alert. She was totally present, all the same she always knew when to step aside, so that I could find my own way – and she saw where I went. The nature of her response during therapy enabled me to have faith and courage to make my own decisions. However, she was responsible for the ‘framework’ around me and that made me feel assured and safe” (Ianssen, 2012: 6).

The sensitivity of the hand is closely associated with its openness, according to Bülow-Hansen.

“The hands openness is associated with the physiotherapist’s respiration. The sensitivity of her hands increases with the freedom of her breath. The chain of connections does not end here, because the physiotherapist’s freedom of respiration improves I relation to the opening of her eyes. Open eyes open the hand. Both prodding fingers and gaze are uncomfortable, whereas calm, firm and open hands have the same effect as calm, open and warm eyes, they are trustworthy and reassuring“ (Øvreberg and Andersen, 1989: 17 my translation from Norwegian to English).

To develop our sensibility, sensitive hands and alert eyes, is of utmost importance, according to Bülow-Hansen. The more nuanced we can sense the better we can ascertain when to stop. The better we develop intuition and sensation the more challenging problems we can try to help, because we will know when to stop, she claimed (Øvreberg and Andersen, 1989).

When asked about her capacity to grasp coherence and connections she put this down to not having read and learnt too much. “Frankly speaking, I believe there is too much emphasis on theory these day” (Øvreberg and Andersen, 1989: 8 my translation from Norwegian to English). Her explicit rejection of theory may not be as clear-cut as this citation suggests. It may reflect opposition against a tendency to turn to theory at the expense of practically and clinically gained wisdom. This is quite in line with Braatøy’s ideas, although he was explicit about learning not only by doing clinical work, but also by reading; he was a literate and a scholar, as well as a practitioner.

At first glance the intentions of my study, namely to expand on the theoretical underpinning of NPMP, may seem antagonistic to Bülow-Hansen’s attitude. She may well have been adverse to it. However, times have changed. NPMP is now encompassed in the academic field and research. The question is not whether we need theory or not, but rather what kind of theory is called for. However, her emphasis on sensation and interaction, and her opposition towards abstract theory is well worth remembering. Her attitude may even, intuitively, have influenced my theoretical angle when choosing to think not only with Braatøy, but also with Løgstrup’s phenomenology and Ricoeur’s philosophy, which was part of a practical and ethical turn in philosophy.

Büløw-Hansen was very much inspired by Braatøy and vice versa, and Büløw-Hansen's contribution to NPMP is as primary as Braatøy's. Analysing interviews, films, and her quite scarce written work, as primary source, would certainly be pertinent and fruitful to the theoretical foundation of NPMP. However, documents from Braatøy's work and thinking are far more extensive. His writings provide us with considerable clues to follow for expanding on the underlying assumptions, which underpins NPMP. I therefore turn to Braatøy. In order to better comprehend his way of thinking, I will first present some of the context in which he developed his perspectives. This provides background for the hermeneutic interpretation of his texts, which is presented in paper I, II and III, and used as theoretical perspective in the two clinical studies.

2.3 Braatøy's background and theoretical contribution to NPMP

Braatøy was born in 1904 and died in 1953. He became a medical student in 1922 and took his medical degree in 1929. His professional and societal contributions evolved in a century marked by two wars and a post war period of profound changes in society in general, and also within medicine and psychology. There were major developments in the fields of neurology and psychiatry and in the borderland in between. During the late eighteenth century the famous neurology professor and psychiatrist Charcot (1825 – 1893) described conditions like Multiple Sclerosis and Amyotrophic Lateral Sclerosis, but he also studied hysteria and hypnosis at a time when Freud was his student. Charles Darwin (1809 -1898) had developed his theories of evolution (Gyldendals Store Norske Leksikon), and the Russian psychologist Pavlov (1849–1936) was rewarded the Nobel Prize in "Physiology or Medicine" in 1904 "in recognition of his work on the physiology of digestion, through which knowledge on vital aspects of the subject has been transformed and enlarged" (Nobelprize.org.)

Impulses from both Pavlov and Darwin had inspired the behaviorist movement, which emerged as a reaction to the prevailing idea within psychology of the 18th

century that human awareness could be scientifically studied through introspection. The American psychologist J. B. Watson (1878–1958), the founder of behaviorism, defined psychology as a purely objective science, and part of natural science, which purpose was to predict and control behavior. Behavior was explained in terms of classical and instrumental conditioning (stimuli-response theory). In 1932 Cannon (1871-1945) presented how the hormone adrenalin controlled the sympathetic nervous system, and the fight and flight patterns as emotional stress reactions. Since the turn of the century, Freud (1856 – 1939) had developed psychoanalysis, which had strong influence not only on psychotherapy, but also on upbringing and education of children, discussions on morals, religion and arts. The ideas of logical positivism developed during the 1920 in and around The Vienna Circle, claiming that science must be objective; free of values and norms. They also claimed that the scientific method of natural sciences was the only true scientific method (Gyldendals Store Norske Leksikon).

The tension between natural science and social science and humanities, which turned into the vivid positivism debate during the 60's was already evident in Braatøy's days. Influence from all these ongoing debates is reflected in Braatøy's writings. In his opinion philosophy had been set aside, influence from experimental science was strong on medical psychology, and the pressure for practical results was high. The fast development of knowledge had led to lack of reflection on historical context and connecting lines between different directions in this field. His aim was to bridge the diverging positions by searching for what they have in common. The backdrop of a developing welfare state of post-war Norway has also made imprints on his discussions.

Psychiatrist, psychoanalyst and author Trygve Braatøy is considered one of the most significant doctors in Norway in the previous century, a progenitor of humanistic and patient-centered medicine (Vollset et al., 2004) He engaged in public debates on social and political matters. His passion for arts was pronounced and influenced his professional perspective. He underscored the significance of the quality of patient – therapist communication for the therapeutic outcome. He saw psychotherapy as a

duet between therapist and patient, which has rhythm, tempo and not to forget the important pauses. He also compared the job of the psychoanalyst with that of the second violinist in the orchestra, which was to tune into the patient in tone and tempo. His writings display the profound importance he attributes to literature as a source for understanding human life and suffering². Braatøy's first book *The circle of life* (1929/1954) was published the year he finished his medical studies. This book is an analysis of Knut Hamsun's works through the lens of psychoanalysis. It is considered the first psychological literary analysis in Norwegian literature critic. In this book Braatøy displays that he at the age of 22-23 already knew Freud's works in and out, and to such a depth that these insights of the human mind had become an organic part of his own thinking. Braatøy's capacity for deciphering symbols and dreams allowed him to "ice dance with another master, which he also had studied in and out – Knut Hamsun" (In the introduction by Sigurd Hoel in Braatøy, 1929/1954: 4, my translation from Norwegian to English)

During his medical training Braatøy spent five months immersed in neurological studies at Clinique Charcot in Paris, as Freud also had done. However, he soon specialized in psychiatry. Between August 1931 and March 1932 he and Nic Waal went to Berlin for psychoanalytic training. They became Norway's second and third medically trained psychoanalyst. For eight months Otto Fenichel supervised Braatøy. In 1934, Braatøy's dissertation: "Männer zwischen 15 und 25 Jahren. Mentalhygienische Untersuchungen mit besonderer Berücksichtigung der Schizophrenie," was accepted after a long and critical debate. To use a sociological or even political perspective to understand these mentally ill men, which he had done, was highly controversial. The public defence was in March, and he was finally accepted as a specialist in mental and nervous illnesses in August.

From 1945 to 1953 Braatøy was senior consultant at the psychiatric wards of Ullevål Hospital. In this period he also served as a training analyst at Menninger Institute in

² Citations from literature are extensive in Braatøy's work. He was particularly interested in Norwegian authors like Øverland and Ibsen but also Kafka, Hemmingway, Koestler and Faulkner, and Shakespeare is frequently appearing to illustrate his points.

Topeka in USA (1949 – 50). He renounced his position at Ullevål Hospital because he wanted to have time and space with his patients in his psychiatric practice in Oslo, and for writing, investigating and reflecting on his work with his patients. Alas Braatøy died, only 49 years old, he was not able to pursue this plan for long (Koch, 1998).

The young Braatøy was famous for his in depth knowledge of Freud's writings, but the somewhat dogmatic young Braatøy is described to have become more detached and more broad-minded (In the introduction by Sigurd Hoel in Braatøy, 1929/1954). Braatøy (1947/1979) criticised Freud for giving up the use of his hands in the therapeutic process, when he turned his back on the patient's body and converted to free association. He also disagreed with Freud on explaining hysterical paralysis. Freud's opinion was that hysterical paralysis expressed the patient's imagination of paralysis. Braatøy however, saw the phenomenon as a functional disturbance of somebody who was afraid of using the specific body part. He insisted that in order to understand this physical symptom it had to be seen in light of emotionally embodied perspectives.

2.3.1 Themes in Braatøy's thinking relevant to the underpinning of NPMP

Braatøy's thinking is referred to in research and presentations of NPMP. With this thesis I wish to expand on the theoretical underpinning by drawing on the theoretical heritage emerging from a comprehensive interpretation of Braatøy's literary work. Based on a comprehensive interpretation of Braatøy's thinking in master-thesis in the history of ideas it is argued that Braatøy's ideas hold a holistic view with major revisions to modern understanding of humankind, however not fully paradigmatic (Koch, 1998). With a different angle of interpretation, I wished to open up Braatøy's theories and expand them through the spectacles of Løgstrup's philosophy.

My focus for a comprehensive interpretation of the literary work of Braatøy, which is regarded most relevant to NPMP, is his concern with function. He particularly addresses how muscular functions regulate not only biomechanical movements, but

also emotional and socio-cultural life. It is from the angle of malfunction and muscular deadlock that he saw nervous and psychosomatic sufferings, which encompasses phenomena like awareness, memory and human expression. I further wish to pursue his claim that general research knowledge is valuable when it is seen in coherence with the patient's biography. Moreover I will explore what is at stake when he insists that literary style is required, which he claimed to be the most valuable contribution Freud has provided us with.

In Braatøy's opinion symptoms must be investigated both from body functions and the historical context of the patient. When turning to do clinical investigations, it seems pertinent to pursue a narrative approach, since it may provide scope for the individual and historical perspectives, characteristic of his understanding.

2.3.2 Previous research in NPMP

Bülow-Hansen's had a clinical and dynamic approach to assessing her patients. She was continuously assessing while treating. Assessment and therapy were entwined. Much endeavour had been made since the early days of NPMP to construct a reliable and valid instrument of assessing muscular tension patterns. Bunkan and Sundsvold developed two different instruments. In 2003, Bunkan presented a psychometric evaluation of The Comprehensive Body Examination in her doctoral thesis at the University of Oslo. The same year Kvåle (2003) presented measurement properties of a Global Physiotherapy Examination (GPE), which was a further development of Sundsvold's original assessment method. Currently, Bunkan and Kvåle are collaborating to combine the two body examination instruments into one sound and valid examination (Friis et al., 2012; Kvåle et al., 2012).

Mølstad et al. (1989) developed an instrument for clinical examination as a tool for assessing short-term dynamic psychotherapy and comparison with psychological tests. She emphasised sensing muscular tension pattern, movements and how this is related to emotions and the importance of contact with one's own body. This is in line with the foundational ideas in NPMP (Bunkan and Thornquist, 1991), which underscores coherence between body and, emotions and how the body is central to

being “me”. Mølstad et al. (1995) found correspondence between better body function and improved psychological tests particularly related to improved self-confidence.

Aabakken et. al (1991; 1992a) investigated 152 patients who came to NPMP and found that 80% were women, the majority presented long-term pain and tension as their main symptoms, and this was often combined with anxiety or depression. In a prospective study of outcome (Aabakken et al., 1992b), based on self-report, 72% reported that symptoms improved after 6 - 12 months therapy. In a descriptive study Breivite et al. (2008) support that women seek NPMP therapy more than men. 82 % of 60 patients in their study were women with long-term musculoskeletal ailments. These patients reported four times more depression and subjective health complaints compared to 66 non-patients. They suffered from sleep disturbance (85%), anxiety (69%), low quality of life (63%), depressive symptoms (59%) and fatigue (57%). In a subsequent prospective intervention study, (Breivite et al., 2010), 40 patients received NPMP for 12 months and 20 were on a waiting list. After six months, intervention was associated with reduced depression, anxiety, insomnia, fatigue and improved quality of life and was further improved after twelve months of therapy.

In a randomized control study Anderson et al. (2007) showed that after a cognitive behavioural program follow up group therapy based on NPMP principles may enhance improvements of symptom and increase chances of returning to work. The findings were however not statistically significant. NPMP principles were also used in group therapy offered to patients suffering from dizziness (Kvåle et al., 2008). Group sessions took place weekly for nine weeks. Patients were tested before and after treatment with a muscular assessment instrument PGE and Vertigo Symptom Scale questionnaire. The study showed significant improvement of respiration, range of movement and self-reported balance. In a prospective single group follow-up study, improved flexibility and relaxation ability, and reduced pain intensity were reported in 9 out of 12 patients with long-lasting low back pain, after receiving 12 therapy sessions of individual NPMP over a period of four months (Alstad et al., 2011).

Ekerholt and Bergland (2004; 2006; 2008) investigated patients' experience with NPMP in relation to initial assessment, massage and breathing. In this qualitative study, ten patients were interviewed three months after they had completed NPMP treatment. They found that the NPMP assessment is not just a tool for the physiotherapist, but represents a potential for the patients to understand their symptoms (2004). Subsequently, NPMP therapy had brought forth experiences of the ambiguities of pleasure and provocation; losing and gaining control; intra- and interpersonal dialogues. Massage seemed to promote relaxation and perception of and reflection on oneself (2006). Sensing one's own breathing was experienced as incomprehensible and disparate, but could also give rise to enhanced feelings of mastery and could support patients' own understanding of how their well-being was influenced by internal and external forces (2008).

Steinsvik (2008) explored her own physiotherapy practice from a first person perspective with a critical view on a dualistic paradigm and physiotherapy practice, as a place for mechanical repair where the role of the therapist is to mend broken bodies. She claimed that this paradigm is problematic, particularly in therapy processes where absence and alienation characterises the patient's body experience. Steinsvik points towards phenomenological perspectives on the lived body as an alternative frame of thinking.

Øien (2010) explored change over time with regards to what kind of knowledge patients with chronic muscle pain developed about themselves during individually tailored long-term NPMP treatment. With a longitudinal multiple case research design, the treatment processes were investigated from the patient's perspective, the therapist's perspective and the influence of the therapeutic relationship. Øien et al. (2007) described processes implying awakening of the body together with growing varieties of self-narratives characterised by a gradual shift from being detached, towards becoming more in touch with one's own body. Øien et al. (2009) also identified four patterns of change connected to movement, breath reflection and transference of therapy experience to their life outside the treatment. Change varied from limited to considerable, and the way patients perceived their bodies emerged as

predictive to change. In a third study Øien et al. (2010), identified patterns of negotiation in challenging treatment situations characterised by breaks in otherwise fluent communication. Communication seeking common ground emerged, but also ambivalence and insecurity, as well as moments of impatience and disagreement. The physiotherapists' sensitivity in the moment and capacity to negotiate, as well as the capacity of both parts to bear the situation, offered opportunities for change.

Thornquist (2006) also has investigated communication in physiotherapy. How physiotherapists view the body, how they approach the body and made space for patient participation was investigated. This study compared physiotherapists educated as manual therapists, psychomotor physiotherapists and physiotherapists holding no speciality, treating patients at home. It was demonstrated that guidance from a biomedical understanding of the body or the assumption that the body is the centre of experience and field of expression, had implications for what information was considered relevant or not. It was emphasised that professional groups don't necessarily speak with one voice, however NPMP emerged as a practice offering patients more space for participation, and as representing a break with Cartesian dualism.

The aim of the doctoral thesis of Dragesund (2012) was to develop a self-reported questionnaire reflecting the phenomenon of body awareness for evaluative and assessing purposes in the treatment of patients suffering from long-lasting musculoskeletal pain. The phenomenon was first explored in focus groups, two groups with patients waiting for NPMP, and two groups with patients receiving NPMP. Body experience ranged from being totally stuck in pain to coping quite well with chronic pain. All but one of the patients receiving NPMP treatment experienced sensing in a more differentiated way, and feeling more grounded and present in their own body. Their knowledge had also increased about how one's own feelings, life situation, and daily activities influenced muscle tension, movements and respiration. This new body awareness was described as essential for coping with their pain (Dragesund and Råheim, 2008). The following articles highlight the development and validation of the Body Awareness Rating Questionnaire (Dragesund et al., 2012).

2.3.3 Research aims and research questions

The studies outlined above, in various ways draw on underlying assumptions in NPMP, influenced not at least by Braatøy's thinking. More or less explicitly, underlying assumptions touch upon the body-mind problem. In line with Braatøy, Houge stated in 1968 (Bunkan et al., 1968/1978) that if we are to understand muscular tension, which is not related to mechanical or organic changes, we must leave behind the dualistic view on human life, where the physical and the psychological are seen as separate entities. Only by seeing that they are two sides of the same can we help these patients. To dwell on and develop the theoretical underpinning of NPMP is an important endeavour in itself.

Engelsrud (1985) introduced Merleau-Ponty's phenomenological philosophy to Norwegian physiotherapy. Since his philosophy is particularly concerned with the phenomenology of the body, aiming at overcoming the dualism between body and mind, the lived body and the world, his thinking is relevant for NPMP. His philosophy is often used as a theoretical perspective in clinical NPMP studies. Thinking with Merleau-Ponty has contributed to the reflection on and deeper understanding of the subjectivity as incarnated, and the experiencing body subject inhabiting its world that is central to the underpinning of NPMP. To go with Merleau-Ponty in this thesis had been a relevant choice.

However, my encounter with Løgstrup's phenomenology spontaneously and intuitively triggered my curiosity. His way of laying out phenomena seemed to communicate immediately with my clinical experiences, and it seemed like a familiar yet unknown way of thinking. He seemed to shed new light on some questions that were lingering in my mind, but were not yet explicit. To pursue Løgstrup's perspective on sensation seemed like a possibility to grasp some implicit aspects of NPMP that needed to be made more explicit. Thinking with Løgstrup in relation to the theoretical underpinning of NPMP was not previously done. Since new perspectives can make new understanding possible, initially it seemed both relevant and interesting to turn to Løgstrup. In the genesis of this thesis the theoretical

perspective was extended in and by the process. Initially Ricoeur's philosophy was a source for methodological inspiration, but in the clinical studies his narrative theory offered theoretical perspectives that could further enlighten aspects of NPMP from a new angle.

The aim of the thesis

The overarching aim of the present thesis is developing the theoretical underpinning of NPMP. To accomplish this, a threefold aim is as follows: First it is the aim to investigate if and how Braatøy bridged the unfortunate divide between body and mind, so foundational in modern thinking, and what consequences for the understanding of musculoskeletal ailments and tension patterns his thinking enclose. Secondly, Løgstrup's and Ricoeur's thinking, and the narrative approaches of Mattingly and Frank, are new perspectives brought into the field of NPMP. It is part of the aim to explore in what way these new theoretical perspectives may contribute to further development of the theoretical foundation of NPMP. At last, theory developed in the thesis is used as theoretical perspectives in clinical studies, where new questions may arise. The aim is to try out the potentials of new understandings in the encounters between theory and empirical material.

Research questions in Papers I, II and III:

- What are the underlying assumptions in Braatøy's thinking?
- How do basic phenomena in human existence laid out by Løgstrup, illuminate Braatøy's perspectives?

Paper I:

- Does Braatøy's understanding of the moving body transcend the divide between body and psyche in relation to muscular tension and nervous reactions? If so, in what way?
- In what ways does Braatøy's understanding of the interaction between muscular functions of posture and movement hold existential meanings in light of Løgstrup's notion of unifying opposites?

Paper II:

- In what way does Braatøy's understanding of embodied awareness unfold in light of Løgstrup's phenomenology of sensation with the distinction between awareness in sensation and awareness in understanding?

Paper III:

- In what way does Løgstrup's understanding of language as expression of tuned impressions illuminate Braatøy's embodied perspective on language?
- In what way may everyday language express multiple shades of meaning, and help clarification of embodied emotional conflicts?

Research questions in Paper IV

- How does the encounter between theoretical perspectives and empirical material developed from an NPMP treatment processes open up for new understanding a patient's experiences?
- How do patient experiences challenge and give relevance to this theory?

Research questions in Paper V:

- How do patients' particular stories about going to NPMP tap into core narratives? Do they also tap into phenomena of existential/ontological character? If so, in what ways?
- How do experiences from NPMP weave into the plots of these patients' stories, their identity and their struggle to heal?

3. Theory

The main theoretical contributors to this thesis are Knud E. Løgstrup, Paul Ricoeur and Trygve Braatøy. Braatøy's thinking provided material for the theoretical part as well as theory for the clinical studies. Since his perspectives are presented in some depth in the theoretical papers, I will not further elaborate on them in this chapter.

I will first outline Løgstrup's phenomenology of sensation. Since aspects of his philosophy were laid out to some detail in the first three theoretical papers,³ I will in this chapter, present themes, which became important in the analysis of the two clinical studies, where there was less space to elaborate on philosophy. This will encompass his understanding of time, fictional space, clarification and ligation of sensation and the singular universal. Secondly, Ricoeur's hermeneutics are portrayed. The third section is devoted to Ricoeur's narrative theory before moving on to the fourth section, which deals with cultural shaping of meaning and narrative genres. In section five, I reflect on bringing together thinkers from different fields, traditions and times to the same table.

³ Løgstrup's dynamic thinking, characterised by what he calls unifying opposites, runs through papers I, II and III. The notion of unifying opposites as opposed to divisive opposites expresses interdependence between some diverse and foundational phenomena. The tension between them is essential to life. Paper I elaborates on the existential dimension of coming to oneself in bearing, in the shaping of movements, emotions and spontaneity. Paper II draws upon his expounding on human life as interwoven in sensation, the mind as the actual tuning in sensation and his outlining of how awareness emerge in the interchanging shifts between sensation and understanding. Paper III departs from his understanding of language as tuned expressions of tuned impressions, in shifting movement between sensation, clarification and open speech. Properties of the language, and how particular experiences may be expressed in nuanced language. Løgstrup's concept of sovereign life utterance and self-orbiting emotional cognition are also touched upon in the theoretical papers, and became further displayed in the clinical studies of papers IV and V.

Sovereign life utterances such as trust, vulnerability, hope, guilt, shame, compassion, mercy and open speech are spontaneous phenomena, which unfold in the interdependent space between people. Løgstrup insists that they are not qualities of the individuals. They belong to life itself and support and open us to life. In self-orbiting cognitive emotions, on the contrary, we become trapped.

3.1 Løgstrup: Phenomenology of Sensation

Although Løgstrup was a philosopher and a theologian, I read him from a philosophical perspective only. Løgstrup himself claims that ethical, philosophical and ontological phenomena, which are universal, must be discussed in a universal manner (Løgstrup, 1987/1993: 163). There is nobody, Løgstrup says, that he learnt more from than Lipps⁴, who he studied under for one year (1931-32) in Göttingen. My reading of Løgstrup is coloured by my intention to use his insights in the analysis of Braatøy's thinking and phenomena of significance in clinical practice in NPMP. Thus the emphasis I put on aspects of his writing may seem less central to other readers of his philosophy.

3.1.1 Time: A sensuous perspective

In Løgstrup's fourth book on metaphysics, he unfolds his analysis of time (1978/1995). Change and movement make us aware of time, because these phenomena evolve during time. Something comes into being, persists and disappears again. Duration of time however is different from the change that is taking place. Løgstrup discusses time in the ambiguity of retention and irreversibility. Retention is related to human awareness whereas irreversibility, on the contrary, relates to destruction. Awareness of the duration of time relates to how impressions are imprinted in our memory. This, which he has derived from Augustin, is further discussed with Husserl's concept of retention and also, with Heidegger who brings this concept into being-in-the-world (Løgstrup, 1978/1995; Christoffersen, 2010).

Although Løgstrup accepts retention as an aspect of time, time seen as originating in human awareness is insufficient in his opinion. Human life depends on time, and not the other way around. This is a question of life and death and, human life depends on limited time. Rather than thinking in terms of a divide between body and soul,

⁴ Lipps (1889-1941) completed his studies in biology and medicine. He also studied philosophy under Husserl at the same time as Heidegger and Wittgenstein. For non-German readers, Lipps's work is mainly accessible through Løgstrup's writing according to Andersen in Birkelund R. (2002) Eksistens og livsfilosofi [Existence and Philosophy of Life]. København, Danmark: Munksgaard Danmark AS.

Løgstrup follows Grundtvig on this. Death is related to destruction of body *and* soul, and Løgstrup thereby holds on to the sensuous world also within his understanding of time (Christoffersen, 2010; Løgstrup, 1978/1995: 32).

We know of duration of time as it extends between past, present and future. But how can we know that the past will not return, that time has one direction only? According to Løgstrup, we cannot get around the irreversibility of time. We can experience how things change, disappear and annihilate, but we do not directly experience the irreversible time. What we do, however, is to revolt against the ever-present irretrievable time, which constrains us. This insurrection⁵ against destruction is our effort to liberate ourselves from this constraint, and it is in the insurrection that we get our experience of time and become aware of it. The genesis of time is independent from human awareness. Not only do we get to know about time through insurrection, it's through this that we give structure to time in our awareness and existence, Løgstrup claims.

Løgstrup argues that the awareness of destruction is opposed by what seems everlasting. Events and things have different time characteristics. He illustrates this in the difference between a torch and a flash of light. When Løgstrup distinguishes between duration and spacious timelessness, we can see how the torch has a kind of spacious timelessness that the light flash does not. Although things may wear with time and, some things sooner than others, there is an immediate experience of difference. The flash of light exists in the spur of a moment, but the torch is likely to be there tomorrow and perhaps even next year. The timelessness we are provided with in spatial sensation helps our insurrection against time, in that it makes us forget the destruction implicit in the passage of time. Places have similar effects on us. In the vista of a landscape we forget its time. The timelessness of a landscape, even if it may change somehow, the fact that this place will be there tomorrow and for generations to come, allows us to have a 'time out' in relation to the irreversibility of

⁵ Løgstrup uses the word "opstand" which I translate as meaning insurrection. It refers to our attempt to counteract the passing of time and resistance against death by retaining and holding back on sensation.

time. Hence the profound point he makes is that space-related timelessness supports our insurrection against destruction. It is not an illusion but it is not eternal: “The destruction and awareness of time sign up too obstinately for us to be able to forget that we are forgetting” (Løgstrup, 1978/1995: 36, my translation from Danish to English).

Christoffersen⁶ has suggested that personal identity may act in a similar way. Although people change over time, some things remains the same. He gives the example of his mother as she changed quite dramatically at the end of her life, but still for him, her identity as his mother did not change with it (Christoffersen, 2010). We might also assume that the identity of being a mother is everlasting, even if the child changes from infant to adult and perhaps even becomes a parent him/herself.

The past is present in us in two distinct ways. Drawing on Husserl’s concept of retention, Løgstrup describes this as a kind of resonance with awareness in sensation of impressions. The actual sensation has passed, but the resonance of the bygone is withheld. This occurs in continuity with the initial impression, and it will gradually ebb out with time (Løgstrup, 1978/1995: 22). In memory, however, there is discontinuity, a gap between the time of the impression and the time in which we are in as we are remembering. This is a reproduction of something with awareness of the distance in time (Løgstrup, 1978/1995: 23). Løgstrup’s distinction⁷ here appeared to be illuminating in the analysis of Ingrid’s struggle with her past experience, which were manifested in her body and in sensations in present time (Paper IV).

3.1.2 From actual space to fictional space

As we have seen, in Løgstrup’s thinking sensuous space supports our insurrection against the irreversibility of time. The actual space with all that we may sense, so

⁶ Svein Aage Christoffersen, a Norwegian professor in theology with particular interest in professional ethics.

⁷ To sum up: Resonance refers to a prolongation of a sound as it gradually fades. Retention implies that the sensation of this sound is no longer present yet is retained in continuity with the resonance and beyond it. In reminiscence however, there is no continuity, the sensation is reproduced by memory. Thus to reminiscence encompasses awareness in distance in time.

conducive to the human mind, recharges our energy and provides us with somewhere to live our lives and also, tools for us to live by. Actual spaces may be confined, or open and wide. In sensation we are without distance, although we may move around and direct our gaze in different directions. With the insurrection against irreversible time, the actual space somehow replaces time, so that time is given space. Spatial sensation thus opens up a space for us in time. This is a space where sensation and understanding collaborate. It is a space, which emerges as we use language that provides us with the distance and freedom that sensation alone cannot provide. In this fictional space, there is room for marvelling and spontaneous notions, fantasy and stories, and reminiscences creatively supporting coherence. Here we can bring the past into present, and also imagine the future (Christoffersen, 2010; Martinsen, 2012: 122).

The interdependence of sensation and time is evident in Løgstrup's explanation of reminiscence, induced or triggered by sensation in present time. This phenomenon was described in paper II, and discussed in relation to Braatøy's understanding of how nervous reactions can be elicited. In the analysis of Ingrid's experiences, in paper IV, these interdependent phenomena are drawn into the discussions.

The idea of a fictional space emerged in Løgstrup's philosophy of sensation in *Width and Pregnance* (1976: 13-15) and is extended in *Creation and Destruction* (1978/1995: 38- and 118-). When sensation stretches into fictional space, clarification is aided by language. Language creates distance. In the interplay between sensation and awareness by language, understanding and reflection is possible. The fictional space is not an intracranial space equivalent to a mental space. It opens and is opened by spaciousness in *actual* spaces and rooms. This is illustrated by how the structured whole and the gestalt of a melody presupposes a fictional space, so that we can hear melodies as we sense the unfolding tones in the room where it is being played. Tuned sensations, moods, thoughts and emotions may unfold in the fictional space. The tension between space and time may be demonstrated in how sovereign life utterances will widen the space, and thereby support insurrection, whereas orbiting

cognitive emotions will narrow down and constrict the possibility of insurrection (Løgstrup, 1976; 1978/1995; Christoffersen, 2010).

Sovereign life utterances are spacious. They swing out in embodied action, according to Løgstrup, and make us move and act in the world as we are moved by impressions. Orbiting cognitive emotions, on the contrary, constrict this freedom of motion and action as we are trapped in grinding self-circling repetition, where other impressions may not be given space. In this entrapped state, these thoughts and emotions elicit reactions, but may not be acted out in a way that allows them to calm down (Løgstrup, 1978/1995: 40-41). In my reading, when thoughts and emotions are trapped, freedom of movement and breath may be equally constricted by muscular tension. Orbiting cognitive emotions, which enclose fictional space, also enclose the body. To be trapped in one's own thoughts and emotions is thus to be trapped in one's own body. Sovereign life utterances like trust, compassion or sincerity, on the other hand, can support and open embodied life to other people and the world. Although the fictional space feeds on sensation, we are moved by all kinds of impressions, not just good, but also cruel and detrimental. The motion of interaction between impressions in sensation and understanding may be seen in relation to a clarifying process, but also as to how impressions may be restrained.

3.1.3 Mediation in sensation and understanding: Clarification⁸ and ligation

Løgstrup insisted that we are without distance in sensation, and that we have access to the world in sensation. He develops the notion of clarification as mediating between the world with which we are interwoven, and the understanding we develop, where distance grants human life some freedom and a sense of independence. Language aids to clarify meanings in impressions, when we are moved in shifting

⁸ I translate Løgstrup's word "tyding" as clarification, and read this in relation to how we may understand our selves, each other and the world. Løgstrup distinguishes between this kind of clarification and religious clarification. This distinction is explicit when he says, after laying out clarification in open speech as a typical universal feature in a certain kind of conversation: "If we now turn to the religious global clarification...." 1978/1995 p.73 and later continues "Unfortunately there is no symmetry but an immense difference" (my translation from Danish to English). I relate to clarification on a philosophical basis only.

interplay between sensation and understanding, searching for words that may help us discern impressions (see paper III). Access to the world by clarification is primarily informed by tuned sensation. We become aware through consonance and resonance, whereas interpretation is far more reflecting the individual's contribution.

Clarification is analogue; something is so similar in two phenomena that I can grasp one with the other. Løgstrup illustrates this with a situation where the sovereign life utterance of open speech is at stake. I may believe something when a person tells me this one day, as I may believe something else he may tell me on another day, and perhaps even another matter the next time. The stories told may be very different, but his utterance and my attitude are of the same kind. There is something in the way he is telling me and how I relate to his telling which is analogue, and also inseparable. My clarification of him is related to the openness of his story and relates to the trust I have in the truth of his recounting his tale. My attitude clarifies his story as true; the clarification is creating its own analogy. Clarification constitutes life existentially and is trustworthy, sometimes with great certainty other times far more uncertain, according to Løgstrup (1978/1995: 73). This illustrates clarification of reciprocity between people. In my understanding, we relate to ourselves in a similar way in order to grasp our own tuned sensation, reminiscences, moods, emotions and thoughts. This may of course involve other people, or the world not present in the immediate situation.

Life is vulnerable to death, disease and accidents. It is because we are already in the world, always entangled with what we encounter, in tuned sensation that we are vulnerable to what happens to us. Nature is equally gruesome and good. It is as destructive as it is healing. When life is cruel and disheartening, sensation is tuned accordingly. When overwhelmed by destructive, cruel and disheartening forces the entwined state of being may be interrupted. Løgstrup insists, "the human mind feeds on and heals by the world in its nature – however the relation may be ligated" (1983a: 15, my translation from Danish to English). Ligation refers to an act of binding or tying up, which may be done to an artery to prevent bleeding, and it is a procedure performed after birth to the umbilical cord. In physiotherapy, this has concrete

connotations to how muscular tension actually reduces blood flow by constraining the blood vessels. Analogue to ligation muscular tension may constrict the free flow of spontaneous breathing by restraining the freedom of motion, and may thereby affect sensation in a very concrete way. This is touched upon in paper II.

Løgstrup illustrates this metaphor by referring to John Donne's poetic portrayal of the hopelessness of a man suffering from lost love, where impressions of blossoming spring fail to heal his sadness. In his state of emptiness and despair he neither hears nor sees, his relation to the world is ligatured.

3.1.4 The singular universal

Løgstrup's claim is that "the general" is what we can say about everybody, "the universal" is what is the same in everybody on an ontological level (1978/1995: 131). He criticises a tendency to turn things upside down. If we see the particular as an example of the general, the general gets considered as the real thing. If we see the concrete as an example of the abstract, the particular has no enigmatic meaning what so ever (1978/1995: 121). If we follow Løgstrup's argument that the abstract logic is made more real than the concrete, the absurdity becomes evident.

The singular in a phenomenon exists in its typical way, and the particular exists in a certain time and space. The particular can be identified in the time-space system, whereas the singular is related to description and understanding. Løgstrup illustrates the difference through two distinct conditions of amnesia. A person may recognize the street as a street, and the streetlights as streetlights, a house as a house and a passing person as a passing person, but he may not know in which town he is and where he is coming from. This loss of biographical and geographical memory has affected memory in its particularity. However, when amnesia affects the singular, a person may not recognize a street as a street and a streetlight as a streetlight. (Løgstrup, 1978/1995)

Epistemologically, Løgstrup argues that if the universal is present in several individual exemplars, we may subsume the exemplars and thereby the universal has

been used, or rather confused, as a general concept. The general and particular belongs to categorisation and subsumption. Løgstrup argues that acquisition of understanding is related to the universal in its singularity. Understanding is required in order to see this dimension within the variations of the particular and individual. (Løgstrup, 1978/1995)

We must distinguish between the particularity given to all, that exists by time and space, from the singularity which one existence has in common with another existence in extended singularity. An individual person is constituted by what is particular to this person and by what they share with all other exemplars of their kind. What can be said about all the exemplars in one group refers to the general. What is ontologically the same in everybody is universal, and is consistent with the singular. (Løgstrup, 1978/1995)

The singular universal is present in the individual exemplars, but is not constricted by time and space. On the contrary the singular is extended in time and space. It is only through the singular that the universal can exist. What is at stake here, is that the particular and individual must be seen as constituting the universal and typical. Typical universal features, which repeat themselves, as were illustrated above in Løgstrup's example of open speech, emerge through clarification and analogue understanding (1978/1995: 72).

How the particular and individual relates to the universal and typical is a core methodological issue, and essential with regards to the clinical studies.

3.2 Ricoeur's philosophy

Ricoeur (1913-2005) was known for his dialogues with different disciplines on their philosophical and scientific theory, and for a capacity to bring together theories and concepts that might seem contradictory. He struggled to overcome the profound conflicts of modern culture: the polarity between natural science and technology on one hand and humanities and ethics on the other. This polarity has brought explanation and understanding into conflict. Ricoeur's focus is to unite the two ways

to wisdom in our search to understand the pact between freedom and involuntary aspects in human life. His inspiration reaches from Aristotle, Plato, Augustine, Kant and Hegel to Husserl, Heidegger, Gadamer and Habermas. But he is also known to mediate between Anglo-Saxon and continental philosophy, as well as possessing profound knowledge of his contemporary humanistic topics within psychology and psychoanalysis, literature theory, history linguistic science, rhetoric, aesthetics, ethnology, theology (introduction by Kemp and Kristensson, Ricœur et al., 1992). He develops his philosophy by grafting critical hermeneutics into phenomenological thinking, and he thus represents one of the varieties within the movements of hermeneutics and phenomenology.

I will in the following briefly present the context in which Ricoeur developed his philosophy as a backdrop for his narrative theory. I will then portray his concept of narrative time followed by analogical thinking in narratives, metaphors and fiction, which leads to his discussion of how narratives mediate time through the three mimeses. Consecutively, I present opposing positions within the narrative field with regards to the mimetic discussion. This has relevance to the positions of Mattingly, whose narrative thinking was included into my research in the two clinical studies and, Frank's narrative contribution in the paper V. The next step of the presentation is how Ricoeur extends his narrative theory to the question of identity, leading up to the narrative structure of identity. Finally, I reflect on how Braatøy, Ricoeur and Løgstrup, the three major theoretical contributors to this thesis, interrelate.

3.2.1 Contextualizing Ricoeur

Ricoeur followed Husserl's concept of intentionality as always being awareness of something. Together with Merleau-Ponty, Ricoeur paved the way for French interest in Husserl. However, when Merleau-Ponty focussed on embodied perception in the ambiguity between the subjective and the objective, Ricoeur explored the voluntary and the involuntary in human action. For Ricoeur, phenomenology was not sufficiently comprehensive to grasp the involuntary, embodied and contextual prerequisites of existential and acting human life. This was his reason to supply

phenomenology with hermeneutics, where he interrelates traditional hermeneutics and critique of ideology for reciprocal enrichment (introduction by Kemp and Kristensson, Ricœur et al., 1992). Symbols have double meanings, the apparent and the hidden, in which there is an infinite surplus of meaning that needs interpreting. To understand the boundaries of human existence and action, philosophy depends on the detour of symbols expressed in myths and literature. Immediate awareness, as in intuition, is distinct from reflection, although intuition will have the character of masked reflection. Symbols, language and the world are tightly woven together. Freud had demonstrated that we do not have immediate access to ourselves, this calls for a hermeneutic of suspicion. Nietzsche and Marx had also demonstrated this need for suspicion. The *Cogito*, as the foundation of all knowledge, has been degraded. In Ricoeur's words, we are left with The Wounded Cogito (Ricœur et al., 2002).

Readers of Ricoeur seem to agree on the phenomenological foundation in his thinking. Ricoeur's thoughts cannot be justly understood without recognizing the shaping influence it receives from Husserl's phenomenology. Ricoeur also never abandoned his existential commitment during his life. Ricoeur discussed linguistics with the structuralists, without leaving the phenomenological perspective. In a discussion with neuroscientist Changeux, on what makes us think, Ricoeur clarifies his point of departure: "I will use the generic term 'phenomenology' to designate the philosophical tradition I represent in this discussion in each of its three branches – reflective, descriptive, interpretive" (Changeux and Ricœur, 2000: 5). He refers to:

- 1) Reflective philosophy, inspired by Jean Nabert, emphasizing acting, thinking and feeling.
- 2) Phenomenology, inspired by Husserl, focussing on the intentional dimension of theoretical, practical, and aesthetic life.
- 3) Hermeneutics, in line with Dilthey, Heidegger, and Gadamer, stressing plurality of interpretations, which Ricoeur associated with the reading of human experience.

Ricoeur's work moves between action-text and text-action. In the sixties and seventies, his focus moves from action to text, after which he seems to return from text to action by bringing his work with texts into the world of time and action (Ricoeur et al., 1992). The relevance of discussing how Ricoeur's narrative philosophy is rooted in phenomenology is related to how he sees human existence as embodied. This is clearly expressed in his work on the self and narrative identity (Ricoeur, 1992). Human life is embodied and earthbound. My own body is an aspect of the self and, its selfhood and narratives are variations around this physically conditioned experience mediating between ourselves and the world. This mediating function in the structure in being-in-the-world expands the bodily expression of selfhood to cover the corporality of the world, since the world is bodily inhabited. "The Earth here is something different, and something more than a planet; it is a mythical name of our corporal anchoring in the world" (Ricoeur, 1992: 150).

3.2.2 Narrative time

Narrative theory is about time. Several philosophers have contributed to narrative theory. I follow Ricoeur's substantial contribution and his expounding on time and narratives. Ricoeur is indebted to Husserl's and Heidegger's existential analysis of time, as Sartre, Merleau-Ponty and Derrida have been (Kemp, 1995: 102). Ricoeur acknowledged Husserl's and Heidegger's exploration of existential subjective time, at the same time as arguing that this analysis widened the gap between philosophy and empirical sciences, by polarizing the objective concept of time in natural sciences and the phenomenological subjective time to absolute opposites. Ricoeur upholds the distinction between the eternal objective time of the universe on the one pole and, human subjective time on the other, thereby clarifying and widening the gap between the two concepts of time. Through this he opens up for a fertile connection between subjective and objective time. "On a cosmic scale our lifespan is insignificant, yet this short timespan we act on the stage of the world is the scene of any question of meaning" (Ricoeur, 1999b: 166, my translation from Norwegian to English).

The connection between subjective and objective time comes forth through the way in which the two poles are articulated in narratives. In the bridging of the opposites, by humanising objective time, a new dimension of time emerges. Ricoeur calls this the narrative time or historical time. He emphasises how experienced time is inscribed in objective time by three narrative connectors: the calendar, the sequence of generations and the trace. By dating personal experience or events remembered within a society, calendar time re-inscribes experienced time in the cosmic time in the sense of astronomic time. The second connector relates to the biological fact that the living continuously replaces the dead. Mediation between generations is related to how we affiliate with a generation of our own and several generations, which all exist in the same time. This concurrency of the in-concurrent, allows coherence between individual and communal memories; I can remember from my childhood how my granddad shared memories from his childhood. Thus the generation sequences mediate between experienced time and biological time (Ricoeur, 1999a).

The third narrative connector Ricoeur expounds on is the most relevant in my research. Ricoeur here departs from the field of history, which is based on recognition through traces like documents and monuments. Traces risk destruction and depend on preservation. They have dual time references; a trace is a present physical remnant of something, which no longer exists. Traces replace the past. Historical or narrative time “combines experienced time in its virtue of mortal time with the cosmic time whose infinity takes no account of us,” Ricoeur claims (1999a: 166, my translation from Norwegian). In NPMP muscular functions and sensuous experiences are considered to be steeped with past life experiences. In the case study, paper IV, this notion of traces was used to explore delusive embodied sensations and massive muscular tension in light of Ingrid’s particular life experience.

3.2.3 Analogy, narratives, metaphors and fiction

The past is different from the present. However, rethinking the past can be seen as re-enactment of the same. Ricoeur suggests thinking of historical time in terms of analogy; to see something of the past *as* ... allows us to unify what is different yet the

same, accordance without repetition. In analogical terms we may describe the reality of the past, which once *has been*. Ricoeur had elaborated on The Rule of Metaphor before he moved on to Time and Narrative, and they form a pair. Analogy is foundational both to mediation of time in narration through the plot, and to mediation of pertinence of meaning in metaphors. To see *as...* is the common soul of metaphors and narratives according to Ricoeur (1999a: 175). They both synthesize the heterogeneous and thereby generate semantic innovation. Ricoeur emphasises the metaphoric scope of *as*, which means seeing something *as* something else.

Ricoeur's concept of vivid metaphors belongs to the discourse, but also encompasses a semiotic and semantic level. It discloses unrevealed meanings of the world through eliminating the normal reference of language. The transitional meaning of vivid metaphors is thus a reinterpretation of the world, providing a break with current meaning using creativity and innovation of language. This creative mirroring of similarities brings about confrontations of opposing meanings. For example, when Ingrid, in paper IV, describes her body as "a swelling dough," the similarity must be in her experience of her body, yet the ordinary meaning of the word "body" is rather in conflict with what we associate with a swelling dough. Her vivid metaphor is thus creatively helping our insight into her lifeworld, where her experience of her body is different from what we usually relate to a body experience. Thus it is not a common analogy. It is however, the combination of content and expression that creates the full meaning of the metaphor. The meaning of the condensed comparative thoughts, which the metaphor creates, depends on the context where the metaphor is expressed, and it has capacity to transcend the literal language. Dead metaphors are metaphors that have become a standard saying in everyday language leading to communal associations expressing cultural community. Vivid metaphors, however, can never be trapped in a standard meaning of common language. Understanding metaphors is a model for poetic interpretation, which reconstructs surpluses of meaning. When Ricoeur puts a parenthesis around the world, it is in order to re-describe the world on a different level, and in the tension between sameness and difference, new meaning may emerge. Discovering similarity depends on creative fantasy, and redoubled references have the capacity to portray possible worlds, which are opened up to us.

Redoubled references are a poetic illustration of human historical existence, in Ricoeur's thinking (Rendtorff, 2000).

While history depends on narrative connectors of traces, fiction turns to fantasy in order to generate imaginative variations in the bridging of the two poles of time. The distinction between fiction and history is not clear-cut, however. The two genres borrow from each other. Difference means that they may both seek something "real". We may discover something about life through reading fiction, not just through reading documented historical literature. The invisibility of the past necessitates fantasy also in historical documentation. The history of the Holocaust is not complete by recounting the number of corpses. In portrayals of suffering victims, fiction and history merge. Fiction on the other hand is a kind of as-if-history. The potential "real" past somehow merges with the "unreal" possibilities of fiction. Ricoeur insists on the intersection between history and fiction in the refiguration of time, that we can discover or create. Ricoeur's concept of refiguration will be expanded on in the following, as one of the three folds of his mimetic theory (Rendtorff, 2000).

3.2.4 Ricoeur and the three Mimesis

Ricoeur explored transmission between time and narratives by elaborating on Aristotle's idea of Mimesis. He shows how a story is both grounded in the situation, which is being told, and at the same time connected to the interpretation of the reader as it is acquired. I will present a brief outline of his threefold Mimesis:

- Mimesis I (prefiguration)
- Mimesis II (configuration)
- Mimesis III (refiguration)

Mimesis I is the prerequisite of all narration. In my understanding of Ricoeur, this represents the phenomenological basis of all narration. A plot is rooted in the pre-understanding phase of everyday action. The practical reality has in itself shape and coherence, and implicit understanding is already communicated in signs, norms and rules putting the past, present and future in relation to each other. This pre-narrative

structure of experience inspires us to narrate, and by narrating we humanise time, and clarify context and relations.

Mimesis II is the shaping of the story, where events are put into coherent plots. This configuration may be seen as a tool for exploring possibilities in existence. A story takes shape in a dialectic process between the two dimensions of explanation and understanding, a dynamic of disorientation and reorientation, stabilisation and destabilisation. To configure a story requires the capacity to use the language to express meaning, give direction, and create coherence in the relation between all the factors involved. With a certain genre or style, this dramatization will contribute to explaining a course of historic events. We may, according to Ricoeur, explain something by telling a story (Kristensson Ugglå, 1994).

Mimesis II acts as communication between Mimesis I and Mimesis III, and involves the strategy of the narrator, the actual structure of the story and the listener's/reader's strategy. The plot of the story is thus connected with human existence as the reader/listener is affected by the story as it is acquired. The mimetic process is fulfilled in the act of the communication process and thus includes the capacity of the recipient to follow the story. The narrative act exists in the intersection between the world of the narration and, the world of the reader. The narrative has the capacity to shape the recipient. To follow a story, we do something with it, but at the same time it does something to the reader. Mimesis III implies that we are both receptive and active in the act of reading, and acquisition involves what Ricoeur calls a refiguration of our own existence as we acquire the world of the text.

3.2.5 Narrative identity

Ricoeur illustrates the profound meaning of storytelling by the ambitions of psychoanalysis to remedy illness through developing coherence in the patients' fragmented life stories (Kristensson Ugglå, 1994). Identity is neither about the body nor the brain, and thus is not a question about biology or psychology. "It is not the sameness of the body that constitutes its selfhood but its belonging to someone capable of designating himself or herself as the one whose body this is" (Ricoeur,

1992: 129). Ricoeur underscores that identity is about the fact that somebody is in possession of his or her body and experiences. Corresponding to the fact that thoughts belong to a thinker, we cannot evade the mineness of our body and experiences. The body is mine, and it is one body among others, and the historical dimensions and human rootedness on this earth are difficult to describe in impersonal terms, according to Ricoeur (1992: 132-136). Our corporeal condition, experienced as the existential mediation between the self and the world is invariant in life. Ricoeur continues:

”In so far as the body as one’s own is a dimension of oneself, the imaginative variations around the corporeal condition are variations on the self and its selfhood. Furthermore, in virtue of the mediating function of the body as one’s own in the structure of being in the world, the feature of selfhood belonging to corporeality is extended to that of the world as it is inhabited corporeally” (1992: 150).

The Earth has existential significance beyond being a planet as our corporeal anchoring in the world. Narratives, fictional as well as historical, are grounded in this earthbound and corporeal constitution. Although the reflecting subject indirectly relates to him/herself and thus has capacity to create a certain distance to the self, mineness is irreducible. This foundational earthbound embodied perspective on identity opens up for, relating the embodied experiences of NPMP to identity, in the two clinical studies.

Ricoeur both objects to the structuralists and poststructuralists dissolution of identity, and the Cartesian idea of a “cogito ergo sum” identity (Kristensson Ugglå, 1994). Identity is about who we are. This third position, developed by Ricoeur, encompasses four theoretical angles: philosophy of language, philosophy of action, narrative philosophy and ethics. Four questions are raised (Kemp, 2001: 30-31):

Who speaks (embodied perspective)?

Who acts (intentionality)?

Who is telling a story about herself (narrative identity)?

Who is responsible (care and responsibility)?

If we ask *what* a person is, the answer will tell us about that which is persistent in time, sameness (*idem*). If we ask *who* this person is, the answer will refer to a lived context, which can be recounted, selfhood (*ipse*). Personal identity is related to acting in time. It is through the question of duration in time that Ricoeur makes the distinction between identity in sameness and in selfhood. Narrative identity bridges these two poles in dialectic interaction, thus keeping both sedimentation and innovation within the concept of identity.

Ricoeur explains that the pole of sameness implies that the unique is recognised as the same over and over again. The physical identity of a person may be simple to identify within a short time span. However, uncertainty grows with distance in time. Growth and aging increases the difficulty we may have in recognizing a person as the same. Despite changes from childhood to adulthood, we still claim this person to be the same. Time encompasses distance, change and discrepancy and thereby threatens identity. Despite this, to the discerning sustained resemblance usually suffices to confirm identity. A person's genetic structure can be said to remain the same throughout life, even though the transformation from infant to old person is tremendous (Ricoeur, 1992).

Going to the other pole of identity, Ricoeur asks if there are answers to the question *Who am I?* with corresponding continuity in time? Whether selfhood exists as something persisting over time is more difficult to answer, because the two poles in this polarity entwine. Character is the invariable pole of the person, which expresses "the set of lasting dispositions by which a person is recognized" (1992: 121). Habits deposited in the character will mark this character with sustaining features. These characteristics will conceal the preceding history, which formed the acquired habits. In turn they become features by which we recognize somebody as the same. Habits that have become permanent character traits mask the experiences that formed the foundation of the development of these habits. The two poles of identity, on the one hand, sediments of habits as sameness, and on the other hand underlying experiences as the basis of selfhood. Habits provide the character with history. The temporal

dimension of habitual inclinations inserts the character into the narrativity of personal identity.

To recapitulate: Sameness, *Idem* or *what* a person is, covers up the history that shows how habits came into being, which is what Ricoeur calls Selfhood or *Iipse*, that is *who* this person is.

The distinction between selfhood and sameness is about innovation and sedimentation in dialectic interaction. Habits and acquired identifications, that is to say, the person's dispositions, provide stability for the character. This secures uninterrupted continuity during change and also permanence in time. We cannot speak of what a person is without relating to who this person is. The character is in fact the *what* in the *who*. The question is *what* covers *who*? The history of a person is compressed within the stable pole of their character. The pole of selfhood however portrays "diversity, variability, discontinuity, and instability" (Ricoeur, 1992: 140). What sedimentation has contracted, narratives can unfold. In many narratives, the self seeks its identity in shifts between brief actions and the connectedness of life (Ricoeur, 1992: 115). The genesis of the identity emerges from their history.

Ricoeur clarifies how identity in selfhood is distinct from identity in sameness, by analysing friendship and faithfulness to keeping one's word. Identity expressed in the fidelity of a person to keep the commitment of a vow displays another model of permanence in time. Fidelity to a vow is about perseverance. To hold one's word discloses independence, and *to hold* is a dimension exclusively asking for *who*. To keep one's word is a challenge in time. Opinions or wishes may change, but to keep a promise has the ethical foundation, that mirrors the trust the other has to one's fidelity. By putting the character up against the independence of a promise, Ricoeur creates "an interval of sense". The interval is opened by the two poles of temporality "the perseverance of character and the constancy of the self in promising," (1992: 124). Narrative identity oscillates between the two poles of this interval, between two limits. The lower limit expresses the confusion of *idem* and *ipse*, and the upper limit where *ipse* poses its identity without the support of *idem*.

If, as Ricoeur insists, identity is grounded in the body as one's own, sameness and selfhood must be embodied likewise. How identity oscillates between the embodied experiences of these two poles is explored in the clinical studies of this thesis.

3.2.6 The narrative structure of identity

We do not have direct access to a person's identity, and identity can only develop through communication (Kristensson Ugglå, 1994). A person is not an entity distinct from his/her experiences. On the contrary, it is in the construction of a story about these experiences that the narrative identity comes into being. Selfhood is the storytelling pole of identity both generating and masking the character of a person. We are narrators of our own story, and narration and identity are intertwined. Aspects of identity correspond with the structuring of narratives. "It is the identity of the story that makes the identity of the character" following Ricoeur (1992: 148). When understanding events retrospectively by structuring a story, these events become necessary parts of the story. An acting person develops his/her identity through transferring events into a plot. The teller defines the events by this structuring. When we portray our experiences, the story shapes our identity. Thus narrative identity is structured as a plot of the story. The structuring of the plot is central to the narrative composition. Thus we can understand narrative identity in light of the mediating function of mimesis II, the configuration, between mimesis I and III (see pct. 2.2.4).

Every narrative composition comprises antagonisms between fragmenting and unifying forces. The plot performs diverse mediations between events and temporal unity, disparate actions and intentions, causes, opportunities and the sequence of the story as well as unity of temporal form and chronology. Thus the plot of the story unfolds in the dialectic tension between the discordant components of action and concordance of the story, which Ricoeur calls "a synthesis of the heterogeneous" (1992: 141). The capacity to create a coherent story from these diversities depends on imaginative variation. Vast variations are possible in the configuring process. Identity is not static. On the contrary, it is continuously changing, in a spiral motion driven by the tension between life as lived and life as told. It is a process moving in two

directions: from life to story and from story/narration to life (Kristensson Ugglå, 1994: 446), a driving spiral force in the creation of identity.

The kind of person frequently appearing in folklore and fairy tales can easily be identified and re-identified as the same. The opposite extreme is a person, who no longer has a character. This corresponds to the loss of narrative configuration, in a non-narrativistic version of identity. Traces of this kind of identity loss can be found in modern literature, according to Ricoeur, where the pole of self-consistency (selfhood) has lost support from the stabilizing permanence of the character of the person. Between these extremes, identification of a person can be impaired by changes in the sameness of a person without its disappearance, as authors like Dostoyevsky and Tolstoy have explored. The dissolution of narrative form is parallel to the loss of a person's identity. Ricoeur is critical as to how the technological dream has made human life interchangeable with the brain. Identity loss where selfhood has lost its embodied constitution can be found in some modern literature, where literary fiction portrays imaginative variations on the invariant (Ricoeur, 1992). Contrary to that, this thesis explores how NPMP may contribute to narrative identity from the embodied perspective.

Ricoeur writes about oneself as another. But where is the *other* in this? The dispositions of a person are related to their acquired identifications, and this is where the *other* comes into the composition of sameness, according to Ricoeur. It encompasses a person's "identification with values, norms, ideals, models, and heroes" which the person recognizes itself by (1992: 121). This recognition of oneself in something/somebody else, brings otherness into identity. We develop loyalty and gradually fidelity to heroes, norms and values. When elements of this loyalty and fidelity are incorporated into the character in independence, they develop as character traits by which we recognize the person, Idem. This is a process where evaluative preferences are incorporated into the traits of the character, which define the moral aspect of character. It occurs through internalization by transferring the effect of the other from the outside to the inside (1992: 122). As we have seen, the ethical dimension is omnipresent in Ricoeur's reasoning for a narrative identity.

3.2.7 Ethical implications in Ricoeur's narrative theory

Is it possible to ethically defend the abolition of the self as a way of making us less self-centred and more oriented towards the common good? Ricoeur uses Parfit⁹ to raise this question. To answer this Ricoeur asks another question: "For really, how can we ask ourselves about *what* matters if we could not ask to *whom* the thing mattered or not?" (1992: 137). What matters or not, is foundational to selfhood and the caring of the self. He continues to ask, "if my identity were to lose all importance in every respect, would not the question of others also cease to matter?" (1992: 139).

A narrative has a double vision, retrospectively by looking back on the practical field and forward towards the ethical. There is no ethically neutral narrative, according to Ricoeur. However "narrative theory can genuinely mediate between description and prescription only if the broadening of the practical field and the anticipation of ethical considerations are implied in the very structure of the narration" (1992: 115).

The ethical claim manifests itself on three levels. On a personal level identity is based on self-respect and integrity. On the relational level we are committed to care for other people. On a societal level the ethical perspective is based on the justice of institutions. In a narrative sense personal and ethical identity is about the capacity to imagine a coherent story based on the events of an incoherent life (concordant discordance). In the continuous refiguration of the hermeneutic process, the individual will always be confronted with alternative ethical perspectives, which may have a corrective influence. The dialectics between the self and the other, between the diversity and consistency, thus supports the *idée* of the ethical identity of an individual as a continuously changing identity (in introduction by Hermansen and Rendtorff, Ricoeur et al., 2002).

⁹ Derek Parfit (1942-) is a British philosopher who has taken particular interest in problems of personal identity rationality and ethics. He is currently Emeritus Senior Research Fellow at All Souls College, Oxford and visiting Professor of Philosophy at New York University, Harvard University, and Rutgers University.

3.2.8 Life and stories

Is there an unbridgeable gap separating life as lived and stories as recounted, in other words between fiction and life? To answer this question it must be recognised that the process of configuration is not completed in the text but in the reader. This is essential in Ricoeur's theory and it is this, which makes reconfiguring life by narrative possible, or that relates to the capacity of narratives to transfigure the experience of the reader, he claims. He continues: "The sense of the significance of narration stems from the intersection of the world of the text and the world of the reader," (1991a: 26).

Interpretation is mediation between man and the world (referentially), between man and man (in communication), and between man and himself (in self-understanding). Ricoeur's hermeneutic is placed in the intersection between configuration of the story and the refiguration of life. This brings his perspective beyond linguistic analysis of the isolated text. The act of reading reconciles narratives with life, because reading is a way of living in the fictive universe of the work. "Stories are recounted but they are also lived in the mode of the imaginary" (1991a: 27).

To what extent may we say that life is lived and not told? Ricoeur's answer is "Life is no more than a biological phenomenon as long as it has not been interpreted" (1991a: 27). Narratives try to imitate the pre-narrative capacity of life and experience of action and suffering in a creative way. The structure of action and the structure of a story both unify heterogeneous phenomena. We understand what action and passion are through multiple means of expressions that are available to us. Thereby we can distinguish mere physical movement from action, and psycho-physiological behaviour alone does not tell us whether tears express happiness, or grief. The plot of a story and the conceptual network of human action, are of the same order of practical wisdom in understanding action and passion as in a narrative understanding. Action is also symbolic mediation, which must be interpreted in a context. A raised arm may be a gesture of saying hello or hailing a taxi. Ricoeur claims that life shows us that there are stories not yet told, which demand to be told. Narrating is a secondary

process, which is grafted on to how a person is entangled in stories. The gist of this, is that narrative fiction is innate in self-understanding in real life. Life can only be understood through stories. Life recounted comprises all the structures we find in the narrative. And time, is both concordant in its cosmic sense, proving stability and, discordant in the human sense with its instability. Referring to Augustine, Ricoeur relates future to expectation, past to memory and present time to attention (1991a: 27).

Similar to identity literature must be understood in the tension between innovation and sedimentation. Literature is both informed by and in, a narrative tradition, which is always being challenged by new stories. Ricoeur claims that we learn to become narrators of our own story, in a never-ending process of reinterpreting ourselves. We can apply narrative voices from cultural sources to our self-understanding, but we never become our own author and, this is the great difference between life and fiction, in Ricoeur's theory (1991a: 27).

3.3 Cultural shaping of meaning: core narratives and particular stories

I have in the previous section mainly been concerned with how stories emerge from life, a means to make sense of experience foundational to human life. In the following section, my focus turns towards how individual experience depends on cultural trajectories, narrative templates in order to find meaning, the cultural aspect of shaping meaning. Still drawing upon my reading of Ricoeur and his mimetic theory, I also introduce contemporary researchers in the narrative field. Paper IV in particular was deeply inspired by Mattingly's work with emergent narratives (Mattingly, 1998; 2000). In Paper V the narrative perspective was widened by both Mattingly's and Frank's elaboration on narrative genres (Mattingly, 2010; Frank, 1995), where I also compared their concepts on core narratives, which seem to hold many similarities. Frank (2010) published his book on socio-narratology the same year as Mattingly (2010) described narrative genres in clinical borderlands. They both refer to the

mimetic discussion. Mattingly refers extensively to Ricoeur, Frank, however does not.

I will first give a brief introduction to the mimetic discussion, which reveals that there are diverse viewpoints regarding the relation between experience and narratives, where Mattingly and Frank seem to have a somewhat different stances. I then turn to narratives in illness and healing, where individual experiences in the particular stories are seen in relation to the impact of culturally shaped core narratives of medicine and health care.

3.3.1 The mimetic discussion

There are opposing views on the power of narratives in human life. The realist, also called the mimetic stance, assumes a natural correspondence between life as lived and life as narrated. Narratives are alleged to imitate, or mirror action and experience. Objections to the notion that narratives represent experience, the anti-mimetic stance, are raised from structuralist, postmodern and performative positions. Lived experience is formless and plotless, has no narrator with an authoritative view, and we do not know the ending. It is also objected that narratives are not about past experience, but about intertextual meaning in the world of texts. Or rather, claimed by some, the meanings of narratives emerge in the performance itself. The focus is thus on the event of narration as contextual and relational. Meaning is co-constructed in social interaction between the speaker and listener.

Aristotle is generally referred to by the representational position. In line with Ricoeur, Mattingly argues for a more subtle reading of Aristotle. Plotted stories are more than sheer imitations. The plot is a structuring device, which allows diverse events and actions to be presented as a firmly compacted coherent whole with a beginning, a middle and an end, where one thing leads to another. Aristotle realised that lived life is far messier than plotted stories. This compacted artifice, where one thing follows because of the other, proposing causality, allows us to contemplate the deeper truths of the nature of action and experience. Causal connections allow a moral reading and

a perspective on past events. Narratives thus look back, from the sense of an ending (Mattingly, 1998).

When Mattingly develops her analysis of the structure of lived experience in therapeutic emplotment, she takes a third position “which rejects both naive realism and the variety of anti-mimetic positions now predominant” (1998: 25). For this purpose, she draws on literary criticism and the hermeneutics of structure of action and phenomenology of experience, as expressed by Ingardsen, Gadamer and Ricoeur (1998: 15). Structure of lived experience is more than one thing happening after the other, in her opinion, and that makes the opposition between narration and experience less evident.

Mattingly calls for a theory of emergent meaning, which must: recognise the place of cultural scripts but also, the importance of immediate contexts; acknowledge the powerful role of discourses in shaping meaning, but also, attend to non-linguistic action; account for the public meanings shared by cultural groups but also, offer a means for interpreting private meanings, the ‘inner landscape’ of an individual’s motives, desires, beliefs, and emotions (1998: 44). Mattingly’s claim is that stories are not a naive mirroring of reality, but they emerge from reality as interpretations of reality, they are as Ricoeur says analogue to reality.

Mattingly later (2010) intertwines her narrative framework with a phenomenological approach and calls this her narrative phenomenology. With this theoretical lens her intention is to open an existential window in order to “offer ‘concrete universals’: that is, particular people and events that paradoxically, in their very concreteness, imaginatively reveal something about the struggles of many people, including ourselves” (2010: 8). This has clear connotations to Løgstrup’s notion on singular universals (see pct. 2.1.4).

My reading of Mattingly is somehow diverse from that of Frank, when he honours her discussion on mimesis, as if she takes an anti-mimetic position. Frank writes: “The anthropologist Cheryl Mattingly rejects the mimetic understanding of stories most clearly, reversing temporality to put stories before experience” (Frank, 2010:

21). His reference here is to Mattingly's presentation of what she calls the "dramatic" claim, that there is no such thing as experience, referring to Hayden White (Mattingly, 1998: 33). I do not recognize this as her own position.

Although Frank declares reciprocity between life and story as they imitate each other, the core premise of his socio-narratology is that stories often shape, rather than simply reflect, human conduct (2010: 22). His focus seems to be more on how stories act, thus displaying the prospective capacity of stories rather than the retrospective aspects. We think with stories. Stories get under our skin where they effect how we perceive and think. They teach us what we look for and evaluate, and what to ignore. Stories act as partners and a framework that shape our desires and goals. They interfere with our lives but also help us to deal with our troubles. Stories are built on narrative templates, which offer various narrative resources, and how things happen in consequence of another. Stories teach people who they are. Frank emphasises that sustaining an identity is never final. Although Frank does not refer to Ricoeur, his idea seems to correspond with how Ricoeur explains that the narrative self, is taught by culture and continuously re-interpreted, in light of cultural stories in an everlasting tension between sedimentation and innovation. Ricoeur's point that narrative models will also be under continuous pressure by the innovation of new particular stories seems less prominent in Frank's socio-narratology.

My interpretation of Mattingly is that she is close to Ricoeur, which in my field of clinical practice appears to be both a meaningful and productive stance. Although my understanding of the relation between experience and narratives may be somewhat divergent from Frank, his contribution to narratives in illness and healing holds perspectives, which I find fertile to think with. He catches some kernel issues as in this citation:

"Life is primarily a condition of vulnerability. Holding one's own is a response to vulnerability; sometimes this response is spontaneous, other times it can be strategic and reflective. Storytelling is an act in which people hold their own, but also, the stories that people know set the parameters of what they can imagine as their own to hold."(Frank, 2012: 46)

3.3.2 Narratives in illness and healing

When trying to understand a patient's experience from a treatment of a suffering body, through a body therapy like NPMP, we are faced with some challenges. A therapist depends on sensing the communicating body of the patient, within his/her own body and, through expressions of posture and gestures. However, action and experience is always preverbal. Searching for words in order to clarify and express what has made the impressions, is required (Sviland et al., 2010). Embodied life will always be in excess of the articulated, and the body can ultimately "only be apprehended through all the senses of another body," as Frank declares (1995: 142). Yet we depend on verbal communication to grasp what is at stake. How can we develop a poignant and salient language in order to verbalize the inarticulate?

Disease and illness interrupt life and may threaten the basic narrative, disturbing narrative coherence of a person's life story and identity. Frank presents loss of temporality as essential to stories wrecked by illness, when the "present is not what the past was supposed to lead up to, and the future is scarcely thinkable"(1995: 55). Telling stories may be a way to repair what has been wrecked "a way of redrawing maps and finding new destinations" (1995: 53)

Both Frank (1995; 2012) and Mattingly (2010) emphasize the role of narrative resources when plunged into dramas of illness and healing processes. From somewhat different positions they have both proposed some culturally shaped core narratives, in relation to illness and healing. If these core narratives interact with patients particular stories similar to basic narratives, the kind of core narratives available to a patient may be crucial to a person's capacity to deal with illness and, to the narrative identity emerging from his or her particular story.

Frank explains: "A narrative type is the most general storyline that can be recognized underlying the plot and tensions of particular stories. People tell their own unique stories, but they compose these stories by adapting and combining narrative types that culture make available."(1995: 75). Identifying types of illness narratives may encourage closer attention to an ill person's own stories. As "listening devices" they

may help sorting out the narrative threads the illness story is woven by (Frank, 1995: 76).

3.4 Inviting Braatøy, Løgstrup and Ricoeur “to the same table”

In this thesis Braatøy, Løgstrup and Ricoeur are the main theoretical contributors. As such, I have invited them to join me at my table. Since they belong to the world of texts they cannot speak together, it is only through my interpretation that communication may occur around this table. How pertinent is it to bring together perspectives of such diverse people as Braatøy, Ricoeur and Løgstrup? These main theoretical contributors belong to the world of texts. It is only through my interpretation of their texts that encounters between them can take place. Intersecting lines of thought may facilitate associations and some communication of ideas. However, it is in their uniqueness and divergence that they may supplement each other and spark off ideas, which may hold the possibility of seeing something new.

All three were born between 1904 and 1913. Braatøy died in 1952, Løgstrup in 1981 and Ricoeur lived until 2005. They lived in Europe through the two world wars and the post-war resurrection. Løgstrup and Braatøy experienced Nazi occupation. Ricoeur was a French officer and was taken prisoner by the Nazis. Their work and thoughts evolved in a common era, and are presumably influenced by the communal spirit of thoughts of these times. Løgstrup and Ricoeur clearly have explicit common references to the phenomenological movement, and both had discussions with structuralism. However, Løgstrup belonged to the Danish existential tradition. He was influenced by Grundtvig and had disagreements with Kierkegaard. Ricoeur belonged to the French philosophical tradition. However he also visited Denmark and collaborated with scholars like Kemp¹⁰. Ricoeur refers to Grundtvig in an article (1984). Despite overlapping references Løgstrup and Ricoeur have diverging

¹⁰ Peter Kemp is currently professor emeritus at Aarhus University, Department of Education.

philosophical projects. Løgstrup contributes to this study from the angle of sensation, Ricoeur from the angle of action and narration. As philosophers they lay out foundational aspects of human lives.

Although reference to philosophy is omnipresent in Braatøy's texts, I have found no explicit traces of knowledge of the phenomenological movement, except one footnote where he refers to Bergson¹¹. Braatøy frequently uses the term phenomenon and he also uses the phenomenological phrase "to return to the thing itself", these ideas may have been lingering in the spirit of his times.

As a medical doctor and psychiatrist, Braatøy's concern was with the patients whose lives were trapped in conditions where essential aspects of their lives had become severely hampered. Medical practice differs profoundly from philosophy. The same words may to some extent be used in both fields, but have different meanings. For example, sensation in medicine usually has a physiological reference. In Løgstrup's philosophy, however, sensation is neither constricted to, nor primarily influenced by medical preconceptions.

Dialectics is ever-present in Ricoeur's way of thinking. Making distinctions between what seems to be the same, or making bridges between what seem to be opposite positions, and thereby illuminating a third position, or even a more foundational dimension. Løgstrup displays a way of thinking which he calls unifying opposites¹². His emphasis is not on the third dimension, but rather on the tension and interdependence between the opposites that are related. Common to both of them is the dynamic way of using distinctions. Ricoeur does not seem to think thesis, antithesis merging into a synthesis, rather more like Løgstrup, he insists on the polarities as mandatory to uphold. It is by upholding them that infinite variations are

¹¹ Bergson is claimed to be a predecessor of Husserl's phenomenology and Heidegger's existential philosophy. He also influenced philosophers like Marcel, Merleau-Ponty and Levinas according to Kemp in Birkelund R. (2002) Eksistens og livsfilosofi [Existence and Philosophy of Life]. København, Danmark: Munksgaard Danmark AS.

¹² Unifying opposites are phenomena which are different yet interdependent. By keeping each other in check, they give life to life. Examples of such phenomena in Løgstrup's thinking are respect for the untouchable zone and open speech, or sensation and understanding.

possible. His thinking in polarities appears in his discussion on distance and presence, sedimentation and innovation, facts and fiction, objective and subjective time. Also sameness and otherness are portrayed as different phenomena, yet intimately entwined, and one cannot be understood without the other, in the world of the text and the lived world. It also applies to ipse and idem, the author and the reader, oneself and the other. He also emphasises the ambiguity of the sensuous and the cultural. However, he does not dwell on the sensuous side of this matter, but takes it as a precondition. Løgstrup on the other hand, does indeed dwell on sensation.

In the theoretical part of this thesis Braatøy's thinking is interpreted in light of Løgstrup's unifying opposites. A kind of dynamic thinking emerges in Braatøy's understanding, especially in the dynamic muscular regulation of emotions. I draw upon the dynamic thinking of all three in the analysis of the empirical material in the clinical investigations. Sensation and understanding, movements of impressions and expressions, bearing and movement, fact and fiction, identity in ipse and idem, the individual and cultural, the particular and the singular, sums up some of them.

4. Methodology, method and material

The methodology of this thesis is to some extent interwoven with its theory. The theoretical perspective of Løgstrup's phenomenology of sensation also provides methodological implications, particularly for the case study. Ricoeur's hermeneutics are foundational to all the studies, as the main methodological approach to analysing historical texts, and text analysis comes into the clinical studies as well. Ricoeur's narrative, which is part of the theoretical backdrop for understanding ailments and healing processes of musculoskeletal conditions in NPMP, is also the basis for the methodological approach in both clinical studies. Mattingly's enacted approach to narratives offered methodological means to the case study, but also importantly contributions to expanding the theoretical perspective. Her work with narrative genre combined with that of Frank. Frank's contributions on illness stories supplied the fifth study with theory, but also methodology.

This thesis is built both on a theoretical and a clinical part. This demands different approaches of investigation. Yet all the studies are tied together by Ricoeur's philosophy. The three papers of the theoretical part are extensions of my master thesis, where the material was historical texts. The method is the investigation of historical sources and the text analysis is based on Ricoeur's hermeneutic understanding of what a text is. The clinical part of the thesis is twofold. The material of the case study (Paper IV) is a journal from my own clinical practice, notes written by me as the therapist. Analysis is inspired by Ricoeur's narrative theory, and extended by Mattingly's approach to narrative clinical research. This material reflects how meaning is created and unfolds in action, and is told in plotted stories in the setting of therapeutic interaction. The material of the focus-group interview study (Paper V) is produced from oral group discussions. Ricoeur's and Mattingly's narrative thinking inspires the analysis, and Frank's elaboration on narrative genres expands the theoretical perspective and methodology of this paper. Ricoeur's thinking leaves a trail through all the studies.

Characteristic of Ricoeur's critical hermeneutics is his emphasis on distance. The distinction between speech and text is an essential question in his philosophy, and is an important backdrop for understanding his perspective on interpretation in the tension between phenomenology and hermeneutics. This thesis is based on interpretation and analysis of texts all the way through, in the theoretical part as well as in the clinical studies. However, these texts have different status in the various studies. In the theoretical part, in Papers I, II and III, historical texts are the primary source. In Paper IV, text (journal notes) is a product of transformation from action and interaction in a clinical context. In Paper V, text is a product of transcription, a transformation from speech to text. In the following, Ricoeur's perspective on hermeneutic interpretation is presented before I approach the theoretical part and the clinical part of this scientific work in more detail.

4.1 Ricoeur's perspectives on hermeneutic interpretation

I will first elaborate on the relation between language in speech and text. I will go on to look at Ricoeur's understanding of what a text is, before I portray the profound meaning of distance.

4.1.1 Language in speech and text

Ricoeur's discussion of speech and text is entrenched in his understanding of discourse, where somebody is saying something, at a given time, to somebody about something. The transition of speech to text is about the subject's relation to his discourse and speaking partner. The speaker's attitude to the discourse is trajectory by his/her voice, whose sound is expressed by the breathing body of gestures and postures. There is a sensuous aspect to human communication where our body is implicated in the production of meaning, as well as the cultural dimension. There is also an ethical implication to the subject's involvement in his discourse. The subject is responsible for what he is saying. Secondly, the discourse is trajectory by face-to-face interaction in the situation. Conversation facilitates questions, answers and reciprocity of meaning. The third aspect of the subject's relation to the discourse,

which is different in speech and text, is that the situation of physically being at the same place at the same time facilitates that, what is referred to, may become co-referenced. We can, for example point at the thing we are talking about, or demonstrate the direction of movement and so forth (Ricoeur, 1984).

In the transition from speech to writing all the ephemeral aspects of speech, such as tone of voice and gestures, disappear. The speaker's intentionality and the embodied other, is detached. However, the necessity of the dialogue has not disappeared. Since a text cannot answer a question, the logic has changed into interpretation. While the situated dialogue in flesh and blood can show and point towards what we are talking about, the written text depends on clarifying reference purely by describing (Ricoeur, 1984).

In order to elaborate on how speech is omnipresent in the text, Ricoeur asks: What is analogue to voice in speech in relation to a text? The process of reading something in a text produces a pact between the author and the reader in which the reader is effected by the author's visions by accepting or questioning them. Ricoeur proposes that a text may be assimilated as speech when the question, which the text attempts to answer, can be found. To understand a text is therefore to participate in the dialectics of questions and answers within the text, which constitutes the style of the text. This style displays the characteristics of the questions, the answers and how they are brought together by the text. Analogue to the voice in speech is thus the style of the text. The vocal voice expelled by the breath of life is distinct from the narrative voice of a text as a written voice, which is without breath and an expressive body. Yet it is a voice, which calls upon the reader. Ricoeur consequently argues that reading is more like listening than seeing and, that also, writing may allow us to hear vivid voices (Ricoeur, 1984).

When arguing for the presence of speech in text, Ricoeur's point supports his position by referring to Grundtvig's care for the vivid speech. Interestingly, since Grundtvig also influenced Løgstrup.

4.1.2 Text interpretation: What is a text?

Following Ricoeur, a text is grounded in a context of speech in real life. With the intention to say something, a discourse is put into writing. The text refers to the world through language. Interpretation is the reader's way into this world.

In the transformation of discourse from speech to text and its relation to the world, the relation between author and the recipient changes dramatically. This process also detaches the text from the world. It is left hanging in the air, so to speak. In this sense it becomes autonomous. Ricoeur depicts a three-headed autonomy, with three angles of distance. There is distance to the author's intention, which means that the text can be viewed in its own authority, detached from the author. Secondly, there is distance to the cultural and social conditions in which the text is produced. A text is thus decontextualized from its initial context in time and place. During reading it is thereby free to be recontextualized with any other texts, which replace the original context. The third angle of distance relates to the recipient. The text can be read by anybody who has access to it and is able to read and, in this way the text creates its own public (Ricoeur, 1999b).

Ricoeur brings the model of linguistic analysis into narrative theory, and expands Dilthey's concept of interpretation, which was derived from understanding only. Dilthey rejected explanation since it belonged to natural sciences and strict causality. With the development of linguistics that belonged to the scientific field of language, Ricoeur found that this offered a kind of explanation, which could be brought into the humanistic sciences without compromising its integrity. In Ricoeur's opinion, interpretation through understanding and interpretation through explanation must be seen as complimentary in modern hermeneutics. The two approaches are confronted with each other in the dialectic of reading. This bridges the tension between the intuitive and, the demand for valid knowledge in human science (Ricoeur, 1999b).

Structural analysis of the text implies that meaning in a story is embedded in the order of the elements. How they relate to each other, and how they are integrated in the story as a whole. Dramatic units with shifts and continuations unfold the narrative

logic. Through dissolving internal interdependent relations of elements in the text, the structure of the text may emerge. Thereby the text has been explained, but not interpreted (Ricoeur, 1999b).

To understand means to follow the path of the thoughts that the text opens up, and to be driven into the world of the text. Reading represents actualisation of the possibilities of the text, through interpretation. To acquire a text through interpretation is characterised by grasping the meaning of it. This will not only develop in the readers' reflections, but also at the same time in their understanding of themselves. In the acquisition of a text, interpretation of the text and interpretation of the self merge. This is how the cultural distance between the reader and the text is transcended (Ricoeur, 1999b).

Ricoeur moves beyond hermeneutics as a method of understanding the author, or the reader, by turning towards the text itself. He also rejects the French structuralists' attempt to "murder" the author. We cannot disregard the ties between the author and the text. The author is present in the text, which in turn, refers to the person who created it. This person, however, is not the focus of the interpretation. It is when the reader understands him/herself better, or in a potentially new way, that interpretation is completed. Existential meaning is mediated and affects the reader existentially. In this concrete reflection, self-understanding thus takes a detour via the cultural signs that shape the self (Ricoeur, 1999b).

Ricoeur integrates opposing approaches of interpretation in, what he calls, "the hermeneutic arch". Explanation is a necessary interval between naive and critical interpretation, or between superficial and in depth interpretation. Ricoeur builds this bridge on three pillars: the text itself, the semantics derived from structural analysis and acquisition. In continuous confrontation and reconciliation, acquisition is no longer coincidental. It is in this process that the meaning of the text emerges during reading.

4.1.3 Distance in hermeneutic interpretation

It is essential for Ricoeur to argue for a concept of interpretation, which upholds the possibility of preventing preconceptions from eclipsing our interpretative commitment. Because affiliation is relational, and relation requires both presence and distance, critical reflection is possible in the space emerging from the tension between involvement and distance. The two poles of Ricoeur's hermeneutics, understanding and explanation, reflects a hermeneutic position, which focus on ascertaining the soul of the author and, the structuralist position, which is limited to reconstructing the structure of a literary piece of work. The human capacity for critical reflection is, in Ricoeur's opinion, characterised by the functions of distance in human experience, which positively generate meaning (Ricoeur et al., 2002).

Ricoeur identifies four levels of distancing relating to his notions on the interpretation of events of actions and speech, and of texts, as described above (pct. 3.1.1 and 3.1.2). The first distance is between the act of speaking and the meaning, which emerges. Here the intentionality of the language implies that something is done by the act of speaking, e.g. somebody gives an order: "Shut up!" This order does something to somebody, it may provoke anxiety or obedience. This is an energetic mode, which can be identified at the spur of the moment of the event, and re-identified and repeated as meaning. The second distance is produced by the genre and style of the literary piece of work, and in the dynamic between understanding and explanation. Style reflects choices made by the author. To understand a text, however, is to clarify the discourse of the piece, which emerges from its structure. This involves grasping the practical transition between the complex events of the configured¹³ text as a whole, and of the meaning. The third distance between the intention of the author and the world the text relates to, the autonomy of the text, which implies that a text may in fact transcend the world of the intentional horizon of the author. The distance associated with the world of the text entails potential modalities of existence, and

¹³ Configure refers to how the text is structured, and refers to Mimesis II (see pct. 2.3.3)

interpretation is to clarify the possibilities, which unfold in front of the text. The fourth distance emerges in the relationship between the text and the subjectivity of the reader. It does not involve the author's intention, but relates to acquisition of the reader/listener, as in mimesis III (pct. 2.2.4). The distancing function in acquisition, is to understand the meaning of the text in dialectic relation to the objectification of all the structural aspects of the text. A text unfolds, discovers and reveals its world in front of the reader. The text rather than the reader's preconceptions has a shaping effect. Understanding oneself in front of the text involves the necessary detour of critical reflection (Ricœur et al., 2002).

4.2 The theoretical part: Papers I, II & III. Text analysis

Paper I, II and III are based on interpretation of three texts written by Braatøy, *The Nervous Minds* (1947/1979), *Psychology versus Anatomy in the Treatment of Arm Neurosis with Physiotherapy* (1948/1952) and *The Patient and the Doctor* (1952). They were recontextualized with Løgstrup's phenomenology as the lens to look through. The three papers, which spring from my master thesis, further develop three themes brought to the fore in my original analysis.

4.2.1 Interpretation and recontextualization

When Braatøy's theories of nervous minds, as empirical material, were interpreted through Løgstrup's philosophy, two separate fields of knowledge were intersected. Opening up Braatøy's texts in this way, interpretation may reveal new perspectives, which extend beyond Braatøy's intentions. In addition, my reading is in itself a recontextualization. Braatøy's texts belong to the foundation of my education and the clinical practice I have been involved with for almost 30 years. When text and interpreter are submerged in the same tradition, affiliation is immanent, which facilitates understanding. However, many aspects are diverse. There is distance in time. For example, Braatøy died three years before I was born and his texts address the discourse of his time. His writing style reflects him as an author, but also reflects cultural features of post-war times in Norway. He was a doctor, and I am a

physiotherapist, with different references to position and power. Affiliations and distances are both implicit and explicit. The challenge is to maintain an open attitude to the text, and to confront oneself and one's own habits of thinking.

4.2.2 Material

Three texts from Braatøy's extensive writing were chosen, based on the criteria that they were most relevant to the theoretical underpinning of NPMP.

The Nervous Minds is considered to be Braatøy's most significant piece of work, and is characterised as a textbook on neurosis from 1947, of over 670 pages. In the introduction of the 1979 edition, psychiatrist Kringlen¹⁴ declares that it contains so many principal reflections that it is considered a classic in the field. It was published the year he met Aadel Bülow-Hansen, and reflects the basic thoughts he brought into their collaboration. Braatøy states that he does not address a particular profession.

Psychology versus Anatomy in the Treatment of Arm Neurosis with Physiotherapy (1948/1952) was first published in 1948, in a journal for Nordic Medicine (tidsskrift for Nordisk Medicin). It was made up of two separate articles, the first part was concerned with affect, movement and posture and the other with respiration, affect and words. Altogether, it ran to 20 pages. Here, he expanded his work from *The Nervous Minds*, but now, in an article of a more scientific genre. He now refers directly to Bülow-Hansen and her approach. Within the NPMP society this article is considered his most important work, and was therefore printed in 1982 in an edited book published in homage to Bülow-Hansen's 75th anniversary (Bunkan et al.).

The Patient and the Doctor (Braatøy) is a book of 250 pages, which was published in 1952, one year before he died. At the time, he had collaborated with Aadel Bülow-Hansen for 5 years. In relation to the theoretical underpinning of NPMP, this book is

¹⁴Einar Kringlen (1931-) is a Norwegian professor and researcher in psychiatry, also well known for his textbooks on psychiatry and for participating in public debates.

most relevant to Braatøy's theory of clinical knowledge and science. He characterises it as a polemic on individual medicine and the deeds of doctors.

4.2.3 The investigation of theoretical and historical sources

Braatøy's written texts are historical sources of my professional field. The historical research method of the investigation of sources, or source criticism, provided a practical angle for this hermeneutic interpretation. The information that can be drawn from this research material depends on the nature and character of this material. One has to understand what is actually written in the source, what it means and its context, before the information in the source can be used to answer research questions (Kjeldstadli, 1997).

The three sources are somewhat different genres. Braatøy (1952) comments however, that there is no professional literary tradition in his field of work. His interests were wide: experimental and empirical science, psychoanalysis, philosophy, literature, and arts. His writing bridges all these interests, but his style is mainly descriptive, combining illustrative case histories with reflections on general theoretical knowledge, with the emphasis on clinical judgement. With the rhetorical means of pathos (evoking passion and action), ethos (of fundamental values and attitudes) and logos (of rational thinking) his writing is polemically and expressively revealing his personal attitude, meanings and feelings. Features of essayistic prose with extensive use of citations, allusions¹⁵, irony, paradoxes, metaphors and metonymies¹⁶ mark his style. What was well known in Braatøy's time may not be equally well known in the present time. To follow him in some of his detours is sometimes challenging.

¹⁵ Allusion is a figure of speech, which indirectly refers to a context left open for the reader to connect to. For example when Braatøy (1947/1979), uses the phrase "The spirit is so volatile" (p.17) or "The word is flesh and dwelling in us"(p. 472) there is an implication to philosophy/religion, yet it is for the reader to make the connection and to the meaning implied.

¹⁶ Metonymy hints at a broader meaning by playing at something that is commonly well known. It implies that a larger whole is displayed in the parts. For example, Braatøy (1947, p. 480) uses the phrase "Mr Livingston I presume?" in relation to neuroscience. The story is commonly known, but what Braatøy implies is not so obvious. My interpretation is that discoveries may be rather coincidental.

4.2.4 Analysis: Strategies for understanding the source and as practical craft

To grasp the meaning of a text can be spontaneous, but is also aided by seeing the text as communication of a message. This communication process involves three parts: the author, the content and structure of the text and, the reader of the text. The perspective of reception is about how the text has influence on the recipient. What is the attitude to the reader? Is it soliciting, persuasive or commanding? Attention to the referential functions does not prevent meaning from being both added and reduced, in the process of decoding and deciphering the text (Kjeldstadli, 1997). To grasp the implied meaning in Braatøy's extensive use of allusions and metonymies has been particularly challenging.

Ricoeur underscored how the structure of a text made explanation part of hermeneutic interpretation. It must be emphasised that I have not done a full structural analysis of these texts. My approach to reading Braatøy's texts has been to grasp and interpret coherence in the meaning. The structure of a text will, however, always come into any attempt to try to understand it, and checking out the actual meaning of the words and sentences in light of his context also come into explanation of a text. It is the notions of recontextualization, distancing and acquisition that are the main methodological inspiration from Ricoeur, here. Frank (2012) depicts analysis as a practical craft. He argues for focussed attention rather than using a systematic method for the sake of accountability. The analyst's capacity to grasp what needs to be written about is context dependent. The choice will depend on the material available, but also on selection based on specified value commitments. Thus, there are ethical dimensions to the choices made, that the researcher must be held accountable for. Analysis emerges during the writing process, of discovering how experience, thoughts and ideas may hang together, during the attempt to represent the material in writing and, the process of rewriting as arguments develop. Frank emphasises that such analysis will not present the last word. On the contrary, there is a commitment to create opening to further elaboration. Rather than using a step-by-step method, I follow Frank's concept of analysis as a practical craft, where I have tried to grasp

structures of understanding by reading-reflecting-writing, and rereading-reflecting-rewriting in an ongoing process.

My encounter with Løgstrup's philosophy intuitively gave resonance to my clinical experience. I was of course already familiar with Braatøy's work from my NPMP training. His position and status were irrefutable, but I had found his texts difficult to read. Reading Braatøy's texts after having read Løgstrup, made Braatøy's ideas more available to me. I will illustrate my approach to analysis by explaining how Løgstrup's (1983b) notion of unifying opposites illuminated the dynamic thinking in Braatøy's understanding, when I reread Braatøy's texts. He underscored the role of attitude in emotional regulation, and emotions as movement. This interdependence between different phenomena seemed to relate in the way Løgstrup sees unifying opposites. However, how did Braatøy's muscular perspective make sense in relation to this context? I had to return to Løgstrup(1987/1993), and what he writes about the existential dimension of coming to oneself by finding one's bearing, and to how we are moved by impressions in sensation, where he refers to Lipps. This puts emotional regulation in the dynamic between posture and movement into an existential context. Braatøy discusses how the muscular action of posture is shaped by culture, and how emotional regulation is a sociocultural phenomenon. This pointed towards Løgstrup's (1956/2000) reflections on how a person relates to existing norms of the society, and also to how impressions move us towards expressions, like in spontaneous life utterance of open speech (1983a; 1984). Thus reading Braatøy in light of Løgstrup was a continuous shift of understanding, one with the other. However, it is primarily an interpretation of Braatøy's texts in light of aspects from Løgstrup's philosophy. It has brought forth a structure of thinking in relation to the ambiguous functions of the muscular dynamic between movements and posture. This has also offered an existential base for understanding Braatøy's notion of the deadlock phenomenon, where posture and movements get stuck. It may be claimed that this understanding upholds the everyday perspective, and tones down a psychiatric understanding of the phenomenon.

The most challenging habit of thought I have been confronted with during this process, is to accept that my analysis can take Braatøy's thinking beyond what he already had understood. It felt disloyal and disrespectful. I have repeatedly been forced to realise that interpretation involved taking his understanding out of the discourse he was in, and into a new context, and that the whole point of doing this was to open up possibilities for new understanding. The intention has been to grasp Braatøy's ideas, but also to extend them, which entails the odd combination of loyal disloyalty to his thinking.

4.3 The clinical part: A case study and a focus groups study

How may encounters between individuals' stories about their particular experience from NPMP treatment and the theoretical underpinning of NPMP deepen and/or challenge each other?

These two studies are based on narrative methodology and the notion that narratives can assign causality between events and circumstances and establish existential meaning in a tension between order and creativity (Josephsson et al., 2006). The genesis of the two different kinds of clinical studies, of this thesis, is explained in the following.

4.4 Paper IV: The case-study

The analysis of the story about Ingrid is based on a strategic choice. Ingrid had been my patient for more than ten years when it was decided to use her experience for research purposes. More than anybody she had taught me the profound existential meaning of being a body. Although her experience was unique to her individual life and therapy experience, the assumption was that her experience could bring forth valuable understanding. This could, in turn, illuminate other patients' experiences and NPMP as a therapy approach. It may be argued that Ingrid's experiences are extreme with regards to a life history of suffering, and that her capacity to benefit from

therapy and verbalise her experience was unique. It may also be argued, however, that the exceptional reveals the typical, by making it more exposed. Ingrid's case offered a particular and individual story, which may have potentials to grasp the typical. By using the theoretical perspectives developed in this thesis, her story holds possibilities to deepen, as well as challenge the suggested theoretical underpinning of NPMP.

4.4.1 From journal notes to research material

Ingrid's clinical journal describes her therapy process. It contained comprehensive and detailed descriptions and, was thereby suitable as research material. Although nothing in her therapy seemed to follow any standards, each session would usually start with her telling me what was at stake at the moment and how she felt since the last time we met. I took detailed notes of our opening conversations and of her reflections of how she had experienced the previous treatment. She also often explained some of the issues she was working with in psychotherapy. This served as guidance in my search for ideas as to how we could work together. In line with the NPMP approach, I could contribute to the process by giving her concrete physical experience of what she was struggling to understand in psychotherapy. Notes were generally taken of what kinds of intervention were exercised during each session, and how Ingrid responded to what we were doing. Some notes were made almost word-by-word, as Ingrid verbalised her experiences. Other parts comprised my recounting of what she had explained, with some of my reflections.

However, much of what happened was on a preverbal level, or too comprehensive to be included in the journal. While treating Ingrid, sensing her was the most essential access I had to her experience of the treatment. Sensing her reactions was the major guideline to what we could do. In this immediate experience of her presence and reactions, I could sense how she could freeze in anxious tension, but also how her respiration could become deeper and freer. Gestures, postures and facial expressions were all part of the total impressions guiding me. My attention needed to be highly alert to all her responses in order for me to be able to help her feel safe. Additionally,

I needed to clarify and interpret what I actually experienced. Sometimes impressions were easy to understand, sometimes I misunderstood them. I was uncertain many times when to continue and when to move on to new activities. In this process of clarification I could sometimes sense her body go stiff and alert, immediately telling me that the situation was threatening to her, and that I needed to be more precise with my hands on her body so that she could predict my moves. The process was often aided by Ingrid's ability to verbally explain what she felt. Checking whether my interpretation was in tune with Ingrid's experience was part of the therapy. At times I could tell that something important had happened, at other times she would keep on doing an exercise seemingly undisturbed. Afterwards she might tell me a story of a revelation she had experienced, which had been totally out of reach of my awareness.

Based on descriptions and reflections in her clinical journal of 10 years, a coherent story was created (appendix I). This implies narrative straightening of the journal notes, where choices are made leaving some events out and emphasising others. Some notes were informative, others seemed less important and were left out. Much was repetitive descriptions of what we were doing again and again, but there were also descriptions of moments which stood out as "more narrative" than others. These were moments of revelation that I identified as emergent narratives, as described by Mattingly (1998; 2000).

Ingrid read the coherent story, mainly to ensure that she would feel sufficiently anonymous, but she was also encouraged to comment if the story caught her experience and if additional information was needed. Her first comment was that it was obviously written from a different position. This pinpoints what kind of material this is. As will be discussed in pct 4.4.2, it is *my* story based on the access I had to *her* experience. However, she agreed with my description and choices of moments I had upheld as important, but elaborated on some of them.

This case study is retrospectively looking back at what had already happened over a long time span. A combination of descriptions of what was done, my reflections as

therapist, my recordings of Ingrid's recounted experience and, her comments are analysed in light of theoretical perspectives developed in the thesis.

I have used the term 'case study' in order to pinpoint that the empirical material is about one case, which is one patient's treatment story. The material was created over a long period of time, in a clinical setting. It must be emphasised that I was never a researcher during the 10 years of Ingrid's therapy. However, my pre-understanding as a clinician and researcher is informed directly from the treatment situations, and will contribute to the analysis of the textual research material. To be a researcher on one's own practice raises specific challenges. I will reflect on these later from the methodological angle of the three Mimesis.

4.4.2 Analysis of enacted emerging narratives in Ingrid's clinical plots

Mattingly has brought attention to the structure of action in clinical practices (1998; 2000; 2010). As already indicated, her notion that some stories are enacted more than told, also called emergent narratives, guided the creation of a coherent story from the journal notes. This can also be said to be the first part of the analysis. Mattingly holds that enacted narratives are dramas that may hold the same qualities as well-told tales, with drama, suspense, risks, adventures, surprises, plots and a sense of the whole, "and especially in that sense that something significant is afoot" (2000: 181). In clinical practice such narratives may not be easy to identify and distinguish from the routines of ordinary everyday life. They are unpredictable and may arise accidentally. In Ingrid's journal, moments of experience and narration had been transformed into text. Some of this held drama, suspense, risks, and surprises. Actions were often combined with Ingrid's recounted stories and explanations, where the past was brought into the present in a meaningful way. These were often moments of revelation for both of us. The constructed story was based on such moments of revelation, thus they were the main sources of analysis.

This analysis taps into multiple plots and subplots and several narrative layers in Ingrid's life. There is an underlying story telling Ingrid that she, on the profound

embodied level of existence, is fundamentally wrong. Her present life is situated in a context within a family, at work, with colleagues, friends, and training. All of which are ongoing preconditions for how she engaged in therapy, sometimes as mute background, at other times, explicitly within the therapy room. Parallel to NPMP, a story was unfolding in the interaction with her psychotherapist. Although these two stories continuously entwined in Ingrid's life, it is the NPMP therapy I have access to and wished to analyse. Ingrid's past kept penetrating present time during therapy, but sensations in the here and now also opened up a new space for experiencing present time in a new way. This in turn seemed to restructure some of her past stories, which in turn affected her way of living her present life, and the possibilities of future stories.

Narratives emerged during the actions of therapy, and theory was used to analyse such processes. One such narrative, which Ingrid commented on as a ground-breaking step, is about how she struggled to let go of her shoulder blades. With theory derived from the analysis of Braatøy's texts in light of Løgstrup's phenomenology, her experiences illuminate how the muscular tensions of deadlock can influence the interchanging process of sensation, clarification and understanding, and how this may unfold during NPMP. Since it triggered memories from the past, analysis of her experience also had to encompass time. This shows how the case study not only illustrated theory, but also challenged this theory and generated new perspectives.

4.4.3 Ethical considerations

When I asked Ingrid if she would agree to let me use her journal for research purposes, she had already expressed the wish that other people could learn from her experience. An application was sent to the Regional Committee for Medical Research. However, the committee's response was that the study did not require approval as long as Ingrid agreed and signed an informed written consent (appendix II), which she did. The study was presented for the Norwegian Social Science Data Service (NSD) (appendix III).

As Ingrid was still my patient, it was crucial that writing this article did not interfere with the therapeutic relationship. It was important to make sure that she felt sufficiently anonymous, and that she felt that her story was recounted adequately. At the same time, it was emphasized to Ingrid that although the article would be based on her story, the analysis would be my responsibility and the material would be seen from my theoretical perspective. As such, the article would not be based purely on her experience. It may be debated from an ethical point of view whether it would be right to let Ingrid read the configured story or not. How would she react to my version, could it trigger adverse reactions? She had discussed the plans about the study with her psychotherapist, who had no objections. At this stage Ingrid's psychotherapy was in the process of tailing off. My assessment was that reading my version of the story could contribute both to distance and demarcation of a period, and that this potentially could support her independence and attempt to put something behind her. As mentioned, she read the story, and commented upon it.

4.5 Paper V: The focus group study

Patients' experiences with NPMP were explored by inviting them to share their stories in focus groups. It offered a different angle of investigation, compared to the in-depth insights of the single person's process of the case study. Increasing the investigation to encompass a larger group of patients, who had attended the practice of other therapists, was important to widen the perspective. Through this, more stories could be generated with a wider range of experiences. Also, discussions between the participants could expand and deepen the understanding of their experiences.

The focus group interview is a method where experiences of, and attitudes to, common topics can be investigated. Research material is produced from the combination of group interaction and the thematic focus of the research (Malterud, 2012; Krueger and Casey, 2000; Morgan, 1997; Halkier, 2010). In previous studies this method has been used for exploring patients' experiences of healthcare and physiotherapy (Dragesund and Råheim, 2008; Larun and Malterud, 2011; Steihaug et

al., 2002 ; Sudman, 2009). NPMP experience may be personal and sensitive. In line with what is argued by some researchers (Kitzinger, 2006; Madriz, 2003) group dynamic seem to facilitate openness and mutual support, and also accentuate empathy and empowerment, but also have the possibility of enhancing conflict. The responsibility of the moderators' is a key issue in the matter of how the interaction develops underway.

4.5.1 Recruitment and participants

Seventeen informants, three men and fourteen women, were recruited by seven experienced NPMP-therapists, who asked patients who they thought might be interested in participating. They then contacted me by e-mail or phone. Three focus groups were held that comprised of two groups consisting of six participants, one of five. Mean age was fifty-four, ranging from twenty-six to sixty-nine. They had been referred to NPMP for various ailments such as: burn-out, numbness, dizziness, shoulder-syndrome, post-traumatic stress disorder, muscular tension, breathing problems, depression, anxiety, generalized pain, chronic shoulder-, neck- and/or back- pain, sometimes including pain in their arms or legs. Some problems were related to working conditions, others to accidents, one possibly had a rheumatic disease, and another struggled after a cerebral stroke and cardiac insufficiency.

The inclusion criteria were wide. It was considered that NPMP for 1-3 years would provide sufficient experience for sharing. The selection of informants was dependant on the clinical judgement of the NPMP therapists. They assessed whom to ask, on the basis of whether a group context would be acceptable for the particular patient, or not, and on the premise that they had something to share from the therapy. This meant that patients who had benefitted from NPMP were recruited. This was intended, because we considered this to be a prerequisite to give insights into the potentials of NPMP.

4.5.2 Performing the focus groups

Initially, the plan was to pursue themes that had emerged from the analysis of Braatøy's texts in light of Løgstrup's phenomenology, which had brought forth strong focus on sensation, awareness and understanding in relation to muscular tension, and the existential implications of postural transformation. During analysis of the case study, the narrative perspective had appeared and brought focus to how meaning can emerge in the clinical situation as little narrative plots. How muscular functions are related to time had also come up. The intention was to encourage concrete description of episodes where these themes and others might unfold. The interview guide was planned for this purpose, and to facilitate memories from the therapy situation tasks were prepared where fantasy and images would be involved (appendix IV).

Due to increased interest in a narrative understanding, questions were organised along a timeline, but still holding on to the original interest. We asked how their situation had been at the time NPMP started, how they experienced the first encounter with NPMP, if they had any particular episodes of discovery during therapy, and how they saw their future prospects.

The group interviews were held in a spacious NPMP therapy room, in the top floor of an office building downtown. The atmosphere of the room was neither institutional nor too private. For the purpose of the interview a large table was laid with coffee/tea cups, colorful napkins, and trays with sweets and fruits, on a blue tablecloth. One woman cancelled due to a sick child, otherwise, everybody turned up and arrived in due time, in all three groups. The interviews were recorded.

I acted as moderator and one of my tutors as comoderator. My role as moderator was to lead the discussion, starting with information about the project, informed consent, researchers' duty of confidentiality and, to encourage that shared information was not spoken about to others. Facilitating the discussion implied on the one hand, to encouraging free speech between participants and, on the other hand, to maintain focus on the phenomena of the investigation. The comoderator's role was to observe,

assist in practical matters, and sum up if pertinent and, to keep an eye on everybody in case anybody was overlooked or themes were missed out.

The participants and the researchers introduced themselves before the moderator explained what was going to happen. Informants were asked for descriptions of events, happenings and actions, and moments of revelation were shared. Initial uncertainty developed into an engaged atmosphere in all three groups, where everybody was given space to tell their story and, everybody was empathically listened to with recognition and respect. There was a pronounced willingness to share experiences, which were informative, moving and touching. A tendency to taking turns in the first two groups was presumably due to my way of leading the group. I am aware that my primary focus was very much on making sure that everybody should feel comfortable and included, perhaps at the cost of more in-depth exploration. The dynamic of the third group was, however, more interactive. Here participants commented on each other more freely and I also prompted more freely for nuances and details. The planned visual techniques and tasks were used in the first interview. This was time consuming and it tended to structure the interview at the expense of free interaction. Since the discussions of the second and third interviews were vivid and fruitful, these tools were left out.

4.5.3 Analysis of focus group interviews

Transcription means transformation of the original situation of speech and interaction into text. I transcribed the focus group interviews shortly after each interview, while my memory of the discussion was still fresh. This helped distinguishing who was saying what and, clarifying what was said and the meaning of the words in the context that they were used. Punctuation and notes of sighs, silence, laughter and other expressive sounds were used in order to transform the meaning from the discussion into text (65 pages). The comoderator rewrote the field notes in a more complete form the day after each interview (19 pages). Here, notes were taken on the time and duration of the interviews and, the place and the room was described, as well as who the participants are. Procedure, atmosphere, dynamic and brief notes on

the main topics of the discussion are also described. These field notes served as background description of the study, but were not used directly in the analysis, except in the initial stage.

The material from the focus group interviews held a mixture of small stories, explanations and discussions. There are also recounted experiences in sensation, with reflection on the meaning this had for the person. Except for the small stories, recounts emerged in the discussion one person contributing after the other, thus plots and narrative causality were not always apparent. While working with this study I had taken an interest in the influence of narrative genres in the shaping of stories. This encompassed perspectives from Ricœur (1991), Mattingly (2010) and Frank (1995). When I decided to pursue a narrative perspective in this analysis of how patients recounted their experience of NPMP therapy, this also offered challenges to the analysis. Narrative analysis is not commonly done on research material constructed from focus group interviews. However, Malterud (2012) emphasizes that the goals of the project must guide how to use focus groups.

Indications of central themes came forth already during the group discussions, and was discussed between moderators immediately afterwards. Through the in-depth elaboration on the material through transcription, but also in the field notes these themes came to the surface. Still, I needed to get a better grip on the material. To grasp how the informants made meaning of their NPMP experience, in a more coherent way, I felt the need to follow the storyline of each informant. The material was, therefore, decontextualized and transformed into seventeen particular stories. Each participant's contribution was marked with a particular color, before separating them from the context. When connecting all material of one participant, some comments and some transformation of the text was necessary in order to clarify the meaning in relation to the context. In this construction process, it was surprising to see how persistently the informants told their own story, by keeping trace of and returning to, their storyline during the interview. Although there were responses, comments and some discussions, the main impression was that they all came with a story which they shared bit by bit. How they told their story was obviously shaped by

the situation and the interaction of the group. In a different setting the story would have been different, some topics might not have come out and others may not have been actualized.

Central themes were identified in each story during repeated reading. The next analytic step was to identify, more systematically, common core themes across participants' voices and across the three interviews. Four common themes came through: 1) Time and trust – to be the main character. 2) Embodied narrative identity – Finding one's own voice. 3) To speak out. 4) The paradox of control. Four particular stories were chosen in order to show how these themes unfolded in individual patient's experiences.

With this double focus, the analysis of the study combines two types of narrative inquiry¹⁷ (Polkinghorne, 1995). In the across group analysis paradigmatic reasoning is utilised. Aspects of the data were identified, not as categories, but as issues/themes these informants held as central aspects of their NPMP experiences. The four core themes and the four particular stories illustrate the width and variety of experiences among these seventeen informants, as expressed in the group context. The four stories chosen were particularly informative about the core themes that were important in the group discussions as a whole. Analysed individually, based on narrative reasoning, they tap into how patients developed narrative causality during their NPMP process. Following Polkinghorne's divide between paradigmatic and narrative reasoning, this analysis finally turned into a kind of hybrid between these ways of reasoning.

When working with how patients make meaning of their experience through recounted stories, the concept of narrative genres had come up through reading Mattingly (2010) and Frank (1995). Their description (and critique) of culturally shaped core narratives in medicine and, explorations of the quest and transformation in patient experiences, tuned in with NPMP experiences, as was illustrated in the case

¹⁷ Polkinghorne refers to Jerome Bruner on two distinctive ways of ordering experience. The paradigmatic way refers to classifying instances as belonging to a category or a concept by defining a set of common attributes (p. 9). The narrative way refers to particular and special characteristics, and research organizes material into coherent developed accounts, in emplotted stories. Narrative understanding is based on the means of analogies (p.11-15).

story. To investigate narrative genre seemed relevant and it offered a new angle that could further expand some foundational aspects of NPMP. Frank also pinpointed four body problems in illness: control, other-relatedness, body-relatedness and desire. His attempt to give voice to the bodies and to make body problems explicit concurred with issues relevant to NPMP, in particular, the issue of control. In this context of NPMP, the muscular regulation of control was emphasised in relation to contingency and predictability. In the analysis this helped me identify one common theme, The Paradox of Control, which John's story illuminates. Because Frank's angle was different from mine¹⁸, rather than following him faithfully, I used his four aspects of body problems by discussing them with the theory that had evolved from the previous studies. Thereby some of Frank's thinking was integrated into my angle on NPMP. Episodes and experiences within the configured stories were then analysed in light of theory, similar to how I worked with the case study, but now also from the angle of narrative genre. Here is an illustration of the influence from the narrative perspective in the analysis: Rita offered a story that showed how chaos as a core narrative may unfold during NPMP. Her discovery of tranquility was an episode emerging in this clinical plot. This emergent narrative and moment of revelation appeared to shift Rita's story from the core narrative of chaos, to the beginning of a quest narrative.

4.5.4 Ethical considerations

The Regional Committee for Medical Research Ethics (appendix V) approved of the study, and participation was based on informed written consent (appendix VI). However, investigating personal and sensitive topics by means of focus groups may be debatable (Madriz, 2003; Kitzinger, 2006). Malterud (2012) stresses the value of the moderator's knowledge of the field. As an experienced NPMP therapist I was very aware that the NPMP processes are more often than not emotional and involve sensitive issues, and that moderating the discussion required careful attention to this sensitivity.

¹⁸ Neither Logstrup nor Ricoeur are mentioned. Among Frank's extensive reference are theorists like Kleiman, Lacan, Goffman and Bauman.

It was underscored at the onset of each interview, that all information would be anonymous, and that as researchers we were confined by our duty of confidentiality. It was made clear that we had no right to impose the same duty on them as participants, but suggested that they all treated information with the same confidentiality and everybody approved. They were also informed about the purpose of the investigation. Halkier (2010) underscore the importance of keeping promises. It was made clear that it would be difficult to predict when the final result, the published article, would be available. It was therefore not promised that they would receive a copy.

Despite the sensitivity of the topics, a good atmosphere was developed in all groups. Interaction facilitated openness and mutual support. People listened attentively and respectfully to each other, and seemed to speak reasonably openly. All but one were still in a therapy process, and possible reactions could, if need be, be dealt with in interaction with their NPMP therapist. However, when checking how they felt about having participated at the end of the interviews, feedback indicated that the experience was positive and that it had been interesting. What participants think and communicate just after an interview, however, might later be reversed, adding to the complexity of these issues (Murphy and Dingwall, 2007). One participant however, expressed that it had been an emotional experience and that she was tired. I checked if she could discuss this with her therapist.

The ethical aspects of communication in research are the same as those we are entrenched in, in everyday interaction. As Løgstrup underpins, there is always a tension between open speech and the zone of untouchability (Fog, 2004). Although focus groups potentially may facilitate empowerment, agency and social support (Madriz, 2003; Kitzinger, 2006) the power relations in research interaction cannot be ignored. An interview situation has a dual character. Interviewees explicitly agree to share information about a specific topic, in this case, their experience with NPMP. A more hidden aspect of research interviews is how a situation of openness and trust may make people speak more openheartedly and disclose more than they intended (Fog, 2004). To emphasise that the private and intimate life stories were not the focus

of investigation, was a way of trying to reduce this risk. However, the balance between the researchers' purpose of aiming at rich descriptions of the topics of interest, and safeguarding the participants' integrity in qualitative in-depth interviews are immanent (Fog, 2004). This is no less true for group interviews.

5. Findings: The theoretical underpinning of NPMP

The results are briefly outlined, first in relation to the separate papers; subsequently the theoretical and clinical findings will be summarised. The theoretical perspectives developed in Paper I, II and III, provide theoretical basis for the consecutive two clinical studies. Paper IV is a case study. Paper V is a focus-group interview study.

5.1 The theoretical part

The aim of these three papers was to expand on the theoretical underpinning of NPMP by analysing Braatøy's perspectives on musculoskeletal and nervous ailments in light of Løgstrup's philosophy of sensation. The overarching focus of the investigation is to explore if, and how Braatøy's perspectives overcome the divide between body and mind. The three separate papers highlight foundational understanding in relation to muscular functions, sensation, awareness and language from separate angles. Central to the reflections developed in these papers are some dynamic relations between phenomena that are fundamentally different, but at the same time reciprocally interdependent. Among such unifying opposites are: bearing and movement, sensation and understanding, openness and untouchability.

Paper I:

Hvis ikke kropp og psyke – hva da? (If Not Body and Mind – Then What?)

Sviland R, Martinsen K and Råheim M. (2007) *Fysioterapeuten*: 23-28.

The vantage of interpretation in this paper is the dynamic muscular interaction between the bearing and the mobilising functions of movement. Ailments of muscular tension are seen in light of the ambiguous function of this muscular dynamic. This opens up aspects of these ailments, in relation to a person's existential way of being in the world. When the complex interwoven phenomena of bearing and movement act as unifying opposites they take part in regulation of several aspects of self-expression and withdrawal, including all kinds of physical movements, emotional regulation and social and cultural adaptation. To find one's bearing in posture and attitude is

existentially a matter of coming to oneself in the world. Musculoskeletal and psychosomatic ailments are discussed as conditions of muscular tension where posture/attitude/norms are in conflict with motion/emotion/spontaneity and are no longer acting as unifying opposites. The degree of muscular deadlock will depend on the intensity of the conflict and the duration of it. Muscular deadlock will in various degrees inhibit a person's movement of breath, expressions and emotions, as well as impinge on a person's flexibility of posture and attitude and, how he or she relates to cultural norms.

Paper II

Å komme til seg selv - i bevegelse, sansning og forståelse (To Come to Oneself – in Movement, Sensation and Understanding)

Sviland R, Råheim M and Martinsen K. (2009). *Matrix*: 257 – 275.

The perspective developed in Paper I is extended in analysis of human existence and awareness as embodied and tuned in sensation. Life experiences tune a person's sounding board. The human mind is continuously moved by impressions driving a person towards expression. Fundamentally, human life emerges as interwoven in sensation and, the body as tuned by and with the world. Access to the world and ourselves is derived from clarification of impressions in sensation aided by language. Clarification depends on an open language rich on nuances that accommodates the variations necessary for expressing a person's individual and particular experience. Sensation and understanding interacting as unifying opposites provide distance, which makes it possible to get a grip on oneself and to experience oneself as a separated and independent individual with awareness in sensation and awareness in understanding. Muscular tension is assumed to modulate movement of impressions and expressions, thus intervening in the dynamic between sensation and understanding, so that person's access to the world and him/herself is influenced by muscular tension, which may vary in openness, and muscular deadlock may thus fragment memory.

Paper III

Språk – uttrykk for inntrykk (Language – Expressions of Impressions)

Sviland R, Råheim M and Martinsen K. (2010) *Matrix*: 132 – 156.

With language we may express the sensuous movements of life experience. Impressions move a person towards immediate and spontaneous expressions by movements in breath, gestures, sounds and words. Basically, human openness makes a person vulnerable, at risk of disclosing oneself, but also violating others. This requires that we hold back expressions. This kind of holding back is understood as muscular effort inhibiting expressions in movement of breath, sound and gestures, and is considered to be socially and ethically necessary in extensive variations. The muscular dynamic, where expressions are both unfolding and held back, is an aspect of the interaction between the spontaneous openness and the untouchable, which protects human integrity and social adaptation. This interaction supports us in self-expression and helps us from violating each other's borders. Conditions of muscular tension may interfere in this regulation, and a person may get trapped, circling round the same difficult thoughts and emotions, like experience of violations, pain, or other symptoms.

5.2 Clinical studies

Paper IV

Touched in Sensation – Moved by Respiration. Embodied Narrative Identity – a Treatment Process.

Sviland R, Råheim M and Martinsen K. (2012) *Scandinavian Journal of Caring Sciences* 26: 811–819.

The aim of this study was to explore how theory brought forth by the investigations of Papers I, II and III may help understand what evolved in a particular clinical process in a case study. At the same time this in depth analysis could bring attention to other aspects that may be significant to the NPMP process and, thus contribute to

its underpinning. The narrative approach illuminates that the phenomenon of time is at the core of this patient's condition. Problems related to movements, posture and breathing, and overwhelming body sensations emerged as traces. They were imbued with meaning, tuned and controlled by past experiences. Muscular tension appeared to act as a repetition of past events upholding undermining attitudes infringed upon her by others. Carefully and continuously tuned in with the patient's state of mind, in dramatic shifts and swings, NPMP slowly supported her process of retuning dominating resonance from the past. During attempts to relive inhibiting tensions of muscular deadlock, freedom to breathe elicited frightening sensations as well as great relief. The process of clarification aided her struggle to understand herself and her history in a concrete way, paving the way for emerging changes of embodied narrative identity. This study suggests that NPMP, through changes in muscular patterns may bring about a retuning in sensation and new angles for interpretation of past events and thus effect the patient's narrative of important life experience.

Paper V

To Be Held and To Hold One's Own: Narratives of Embodied Transformation in the Treatment of Longlasting Musculoskeletal Problems

Medicine, Healthcare and Philosophy (first revision)

The aim of this study was to explore how patients' stories about going to NPMP tap into core narratives and some basic/ontological phenomena. Also what narrative resources this therapy may generate in the plots of their stories, narrative identity and patients struggle to heal. Research material was constructed from patients' stories about their experience in NPMP, told and discussed in focus group interviews. The following four core themes were identified across groups: Time and Trust—to be “the main character”, Embodied Narrative Identity—Finding One's Own Voice, To Speak Out, and The Paradox of Control.

From the group discussions, four individual stories, picked to illustrate each core theme, were analysed individually. Generally, time and trust emerged as mandatory for change, and particularly when chaos was dominating. Embodied changes unfolded as journeys of transformation, along with increasing identification with

one's own body. Emerging embodied narrative identity appeared to support their capacity to hold their own. With subsiding muscular tension and increased freedom of breath, impressions of the past seemed to be set in motion, pressing the need to tell untold stories. When being attentively listened to, speaking out seemed to help getting a grip on one's embodied self and the situation. Attempts to be in control through disciplining the body, thoughts and words, were challenged during NPMP. With letting go of muscular tension, a sense of control emerged from the embodied sensation of contingency with gravity and spontaneous breathing. Though somewhat puzzling, control in this way emerged as essential for the nascent identification with the body as one's own.

The stories tapped into several narrative genres, ranging from chaos to cure by repair, although, most frequently as subplots. The narrative genre suggested by Mattingly, *the journey of transformation*, and by Frank, *the quest story*, appeared to have capacity to portray the comprehensive processes of NPMP. Better than the genres culturally shaped by medicine, they may serve as trajectory for stories where the past is woven into the present, and where success is less related to restitution and more oriented towards embodied changes generating hope for a future.

5.3 How this thesis contributes to the theoretical underpinning of NPMP

This thesis upholds some dynamic phenomena, which are foundational to all human life. However, conflicting life experiences and traumas may bring a person out of balance and into being in conflict with him or herself, conflicts that are embedded in these foundational phenomena. The immediate attention in NPMP is on the muscular functions of interdependent dynamics, between posture and movement in all types of human motion in space, as well as in regulation of emotions and in social adaptation. This muscular regulation effects the freedom of breath, in inspiration and expiration, and influences how we are moved by impressions. It may also act on how tuned sensation effects awareness in sensation and awareness understanding. These muscular functions are thus intersecting with sensation at the very point of existence

where human life is interwoven in the world. To come to oneself in sensation and understanding implicitly involves the concrete muscular activity of bearing one's body in posture, attitude and in relation to sociocultural norms. This muscular regulation effects how we, in spontaneity and withdrawal, move, breathe, speak and act in interaction with the world. The notion of a human mind, understood as the tuning in sensation, a sounding board, is influenced by how this regulation restrains or makes space for impressions, effecting clarification and understanding. It may tune down past memories, but repetitious muscular action may also uphold retention of resonance of past experience, and make it difficult to put past experiences behind us.

The theoretical underpinning underscores that this existential interdependent muscular dynamic is key to understanding conditions of nervous and muscular ailments. A person is in conflict with herself, when posture is arresting movement. This will interfere with tuned sensation, awareness and understanding, as well as expressive capacities. If long lasting, such conflicts may result in muscular deadlock and act as traces of the past, interfering with how we understand ourselves and with life experience in the present. On the other hand, if postural support is insufficient, this can affect the capacity to control the impact of impressions. Tuned sensation emerging in motions of emotions may reminiscences, revelations and may appear. Muscular-emotional regulation is at the heart of the transformation process in NPMP. Freedom of movement and breath is always related to the patient's capacity to bear what this freedom may unfold. Supporting postural control by active muscular contractions and relieving muscular tension is equally important. However, letting go of muscular tension may allow contingency with spontaneous breath and with gravity, and offer support to posture and movements. Tuned sensation in treatment may trigger muscular reactions and tuned sensations of past memories, but may also comfort and assist retuning in sensation, enhancing awareness in sensation in the here and now, as opposed to there and then. This awareness in sensation may support attempts to put conflicts and traumas of the past behind.

When being touched and moved in the embodied transformation process of NPMP, patients experience, in vast variations and to various degrees, new aspects of

themselves. In this process, poetic and everyday language with analogue understanding and metaphors is held to be more fruitful than language dominated with categories and precise scientific definitions, more fitting for general knowledge. Conditions of muscular tension, inhibiting the freedom to move may enclose body space, and retain tuned sensation and constricted conceptions and notions. This will tend to narrow the fictional space. To open up, in freedom to breathe, move and being moved, may enhance awareness in sensation and open up space for new understanding. Sometimes rigid preconceptions may be relinquished.

Anchored in the intersection of sensation and muscular function, narrative identity evolves in the fictional space. When muscular transformation allows new sensation to stretch into this fictional space, new aspects of identity may develop. NPMP challenges muscular patterns formed by past experiences, which will linger as sediments of a person's identity in his or her characteristic posture, attitude, and way of relating to norms and, of expressing him/herself. In so far as transformation may remould such patterns to improve freedom as well as capacity to bear, a person may find more support for herself and her story.

NPMP is deeply involved with existential aspects of life. Vulnerability is immanent. The therapeutic relationship depends on careful listening to what the patient tells us, but even more importantly with attentive awareness in sensation to tune into what cannot be told, or has not yet been told. The therapeutic relation depends on how we are able to make space for trust and open speech, where tuned impressions may be expressed so that the patient may find her own voice and hold her own. This calls for attentive awareness to moments of confiding and reflection, which may emerge and, where new angles for interpretation are possible.

Narratives emerge from experience, but are also shaped by the narrative templates available. Medical genres of restitution and repair do not suffice for patients and therapists in NPMP. This thesis suggests that NPMP rather complies with a journey of transformation, where the quest is related to improved health and wellbeing as well as existential changes and hope for the future.

6. Discussion

In this chapter I will first elaborate on methodological considerations in relation to the three different research approaches, before discussing how this thesis as a whole contributes to the field of NPMP.

6.1 Methodological considerations

To do research on one's own field, is an ambiguous matter. On the one hand, engaged involvement provides indispensable driving forces, at the same time this offers challenges to preconceptions. The researcher's background will effect choices of topics, and perspectives of investigation. Reflexivity, which I see as the main angle for methodological considerations in this thesis, refers to the motives, background, perspectives and preconceptions of the researcher, and his/her attitude to how these background aspects influences the research process. Researcher subjectivity calls for thoughtful and self-aware analysis throughout every aspect of the research process (Hertz, 1996; Finlay, 2002; Malterud, 2001).

In the case study, for instance, it would simply be impossible to have access to this kind of research material from the clinic without being the therapist. On the other hand, loyalty and being so entwined in the process have affected me as a researcher. The risk of cultural blindness and being too close is immanent with the risk of leaving me blind to important issues. Participation and engagement are prerequisites to a therapeutic relationship, but with a lack of distance the risk of constricted vision and perspective increases. In the shift from clinical practice to research in my own field, the tension between presence and distance is at stake. Research, also, depends on engaged empathic interaction with awareness in sensation and clarification of impressions, but empathy also has limitations. The researcher's particular way of understanding may cause misinterpretations. Interpretation may thus reflect one's own emotional engagement rather than understanding of the interviewees. In research, a reflective attitude to this is important (Fog, 2004; Lykkeslet and Gjengedal, 2007; Wadel, 1991). An episode from one of the group discussions may

illustrate one such challenge. An informant shared how he had learnt to use pain as guidance for regulating his engagement and activity. My understanding was that sensing muscular tension before pain would be a better tool than pain. In the transcription process my reluctance to let go of my own way of understanding was evident. With prompting questions I pursued the issue. However, I had to accept that, for him, this was about pain and not sensing tension.

Being an NPMP therapist, with in-depth knowledge of the field, was an advantage in grasping and follow-up questioning in the focus groups. In addition, the informants already trusted their NPMP therapist. Their willingness to share their experiences may have been aided by a spill over of this trust. The risk of cultural blindness may on the other hand have led to overlooking important information, and also underestimating the need to prompt for clarifying nuances.

Since my preconceptions were steeped with NPMP theory and practice, a hermeneutic approach, which argued for the possibility of critical reflection, was an essential basis for this thesis. According to Ricoeur, it is in the tension between involvement and distance that critical reflection is possible. In addition to motivating me to go ahead with these research projects, my long lasting involvement in NPMP provided valuable knowledge of and, access to the field. How the distancing functions of interpretation have contributed to critical reflection are pivotal to the validity of these studies and, are therefore one of the central methodological considerations. I approach the tension between involvement and distance from the angle of Ricoeur's three Mimesis (pct. 3.2.4). I also draw on Løgstrup's perspective on sensation-clarification-interpretation and, of Bakhtin's concept of the multiplicity of voices.

6.1.1 Reflection on recontextualizing Braatøy's Texts

The discourse and practices in which Braatøy was involved (Mimesis I) belong to the past. In order to decipher the actual meaning of the words of his polemic style, some knowledge of his contemporary discussions was required. Attempting to bridge this distance in time and sociocultural conditions, interpretation tapped into the context of

Braatøy's work with support from other written sources. It is, however, in the structure of his texts that Braatøy's intentions can be found. These configured texts (Mimesis II) mediate meaning from his time, to current time. Although acquisition (Mimesis III) is about how Braatøy's texts influenced me, implicitly, my understanding was also influenced by preconceptions from previous training and clinical experience. Acquisition was, however, explicitly influenced by the methodological tool supported by the distancing function related to the autonomy of written texts. Recontextualizing Braatøy's texts with Løgstrup's thinking offered new angles and interpretation alternatives that opened up meanings in the direction of philosophy of life and existence rather than medicine and psychology. Since I have been a practicing clinician during the interpretation process, my new reading of Braatøy was continuously confronted with encounters in the clinic, and with my patients' experiences. Acquisition unfolded in shifts between all the three mimetic folds, and the interpretation process has continuously changed my understanding of me as a researcher, an NPMP therapist and, as a person. This is exactly what Mimesis III entails; acquisition effects the reader existentially in Ricoeur's perspective.

To interpret Braatøy's text in this way is both about loyalty and disloyalty. Loyalty entails being driven into the text and, to allow the text to influence oneself. It has also involved my attitude to Braatøy's position within my professional field and, my submissive respect for his work as a founder. I was repeatedly challenged by my co-authors/tutors to develop a more independent position. My discussion of Braatøy's concept of sensation may illustrate how the meaning of a text may transcend the deliberate intentions of the author. I have argued that Braatøy can be interpreted in the direction of Løgstrup's notion of sensation as interwoven in the world. As a medical doctor with particular interest in neurobiological research, this may not concur directly with his intention, yet my interpretation may be supported by his text. Thus interpretation is a kind of loyal disloyalty. This means that the theoretical part of the thesis offers expansion of the theoretical underpinning of NPMP, which is rooted in Braatøy's original ideas, but also stretches beyond it.

6.1.2 The case study. Whose story is this?

When investigating my own clinical practice, my own involvement is indisputable. I was the therapist, I wrote the journal, I reconstructed the journal notes into a coherent narrative and, together with my co-researchers/tutors, I analysed this story and wrote the article.

During the treatment processes action-sensation-clarification-interpretation and conversation, which also encompassed little stories, meaning continuously emerged in the interaction between Ingrid and me. Verbal and non-verbal interaction was configured, told and acquired, influencing new action/interaction and so on. The three mimeses continually unfolded in this clinical context. Ingrid was intensely alert to my attitude, behaviour and slightest moves, be it a twitch in the corner of my eye, a gesture, the tone in my voice, how my hands touched her body, how I moved within the room, or the kind of exercises I suggested. Reciprocally my alertness to her and my interpretation of her depended on subtle clues like how she was holding her breath or, a slight increase in muscle tone and, was also supported by listening to what and how she explained her situation. Equally important for my understanding of her was that I relied on clarification of my own embodied sensations. Her anxiety moved me to the extent that I could physically feel unease. This uneasiness was crucial for my sensitivity, the most important tool I had in order not to violate her zone of untouchability.

The journal notes represent my configuration (Mimesis II) of what happened one session after the other. Although profoundly informed by Ingrid, this configuration holds my understanding of her experiences. At the same time, they express how her process effected me, and my acquisition of these impressions (Mimesis III).

Transformation into a coherent story with a narrative smoothing is a new level of configuration (Mimesis II). This will disclose my interpretation and acquisition of the journal notes and, thus express my reconfiguration (Mimesis III).

During analysis, the co-researchers contributed to the interpretation by reading and commenting on my presentation of the story. In the analysis Braatøy's, Løgstrup's,

Ricoeur's and Mattingly's thinking have contributed to the interpretation, as the researchers re-contextualized and analysed the therapy story. In this process new meaning was created from Ingrid's experiences. Finally reconfiguration (Mimesis III) of the readers of the published article will contribute to the interpretation of 'Ingrid's story'.

6.1.3 The multiplicity of voices in the focus group study

Focus group interviews provide a particular setting for creating meaning. The research material constructed from how the participants shared their experience of NPMP is dependent on how we asked our questions and facilitated the dynamic of the group, as well as their willingness to share with each other and the researchers. The material was thus created from the dynamic between participants and moderators, and must be regarded as a co-construction (Mishler, 1986).

Prefigured life experiences (Mimesis I) are not available to research through the focus group discussions. This study does not give access to the mimetic folds of the therapy, as narratives emerge in the interaction between patients and therapists. This material tapped into the participants' configured stories (Mimesis II) as their recounted experiences were structured in and by the context of the focus group situation. Meaning emerging in the discourse of interviews depends on how participants are able to follow the individual stories told (Mishler, 1986). In these focus group interviews this applies to how co-participants and the moderators acquired the stories as they were told (Mimesis III), and expanded on them in further discussions. The discourse thus evolved in a continuous flow, intertwining the three folds of Mimesis.

Analysis depends on the researcher's capacity to follow and be affected by the material, as in acquisition (Mimesis III). Following Ricoeur, but in relation to the analysis of this investigation, the transcribed text functions as preconfigured (Mimesis I) raw material. The analytic process configured the material and gave it shape and structure (Mimesis II), both as to common themes identified across groups, and as to individual participant's stories. In this process the research material was

recontextualized with the thinking of Braatøy, Løgstrup, Ricoeur, Mattingly and Frank. This configuration provides the means of communication between the experience of the participants as highlighted in the group and, the readers of the article. Finally, the impact on the reader, the acquisition, will complete the interpretation process (Mimesis III).

The notion of co-construction may also be expanded on in view of Bakhtin's concept of the multiplicity of voices¹⁹(Frank, 2012). He refers to heteroglossia as the generalised others of multiple communities. In the context of Paper V, this will refer to various codes integrated in the informants understanding of their ailments and situation. It will encompass codes of professions like medical doctors, psychologists, alternative therapists and others who have provided knowledge and narrative genres, within the common culture. Furthermore, one speaker's voice is always resonant with the voices of specific others and, of anticipated response. Bakhtin calls this polyphony. The entire group, moderators included, will thus have influenced what and how each participant conveyed their experiences. People of particular influence, are likely to have influenced each informant's story, and the voices of their NPMP therapist are thus likely to emanate through the voices of their patients. Nonetheless, the informants explained how they had experienced their body as the source of their own voice. This supports that the material holds their experiences, but nevertheless is shaped by the context, common knowledge and particular others. I will therefore argue that the material holds stories of how these informants hold their own, in this particular context. As such, the focus group interviews have offered the opportunity to explore variations of experiences from different patients' encounters with different therapists. Within the communalities, similarities and differences, the typical in each informant's unique experiences could be tapped into.

It must be emphasised that the recruiting procedure of this study favours stories of success. Without experienced benefit it is unlikely that patients will continue

¹⁹ The notion on the multiplicity of voices was elaborated on by the Russian philosopher and literary critic Bakhtin referred to by Frank (2012).

treatment for more than a year, and even less likely they would be willing to contribute to research. The therapists were asked to look for patients who had experience to share. More or less successful therapy processes were expected and aimed at, because this could give insight into the therapy process. Therapy may however fail or fall apart, indeed Ingrid's first encounter with NPMP illustrates that. Investigating stories from such experience may hold valuable information that would demand a different approach to recruiting informants.

6.1.4 The ethical dilemma of time: a driving force

Reflexivity also entails clarifying intentions and agendas (Delmar, 2010). The emphasis in current health care, however, is on fast cure and short term treatment. This is all very well, if it's possible. Some NPMP processes depend on readiness to carry on therapy over time. It applies to the patient as well as the therapist. Long-term therapy was the reality for all the stories about therapy processes brought forth in this thesis. The story about Ingrid in particular illustrates this point. Ingrid herself explicitly expressed gratitude for being given the time that she needed.

From a professional angle the length of therapy is, although not necessarily, likely to reflect the duration and severity of the problems. To decide when therapy can or should come to an end depends on clinical judgement. To witness Ingrid's struggle to heal made a strong impression on me. In her case, short-term therapy did not seem like the morally right thing to do. Going too fast was interpreted as potentially dangerous. One important driving force for doing this research has been to bring to the fore that short term therapy may not always be a possible solution.

There is, however, an ethical dilemma. The demand for NPMP is much larger than the capacity and waiting lists are long. I also do not mean to ignore the costs of long-term therapy. However, I am not aware if there is evidence for lower costs of short-term therapy in the long run. For example, all informants in the clinical studies had been to multiple therapies of various durations, and came to NPMP because they still needed help. This debate is not the main focus of my thesis. I only wish to point out that the question of duration is complicated. Ingrid's case pinpointed the need to

follow the individual patient, rather than guidelines and standard procedures, even if these follow the recent research of best treatment. Both Braatøy and Bülow-Hansen made this point clear, still, clinical practice today is under pressure from the request for evidence-based practice and economical reasoning.

6.1.5 Validity

Validity is a question of what kind of knowledge claims the research project is making, and the weight of evidence and argument supporting the claims. The degree of validity of a statement generally depends on the soundness and power of the arguments to convince the readers that the claim is valid. Intersubjective agreement is hence also involved. Different knowledge claims will require different arguments, and validity, in my research will relate to the assembled texts and the interpretation offered (Polkinghorne, 2007).

In Papers I, II and III the validity of assembled texts is related to Braatøy's position in relation to the theoretical underpinning, which I have argued for in pct.2.2 and, the choice of the texts, which was discussed in pct. 4.2.2. Whether Løgstrup's philosophy was a potent angle of analysis is equally important, and that the hermeneutic analysis as method was performed in a trustworthy way. In Papers IV and V validity of the assembled texts (the articles) is related to whether the research was able to answer the research questions, and how the research material was constructed. The last aspect is, explained in 4.4.1 for the case study and, 4.5.1 and 4.5.2 for the focus group study. Here, validity also depends on how theory was used in the encounter with concrete stories, if the choice of theory was relevant and sufficiently argued for, and if theoretical interpretations of patients' stories seem plausible and well founded. I will return to this in pct. 6.2.

Stages of interpretation are explained in relation to the threefold mimesis of the different studies separately (see pct. 6.1.1, 6.1.2 and 6.1.3), illuminating how the interpretation processes involved the role of the researcher at different levels. For the purpose of transparency, I have endeavoured to make the theoretical angle of analysis explicit throughout all the studies.

Validity is threatened by the fact that experience will always be more complex than what can be expressed. We also do not have awareness of all the implicit meaning, and, even if informants are aware of certain meanings they may not be prepared to fully reveal feelings and understanding. Additionally, research material is dependent on the interaction between researchers and informants (Polkinghorne, 2007), for better and for worse. All these threats are relevant to the two clinical studies.

There is a discussion whether generalizability and external validity are suitable concepts within qualitative research, since they are entrenched in a quantitative line of thought (Lincoln and Guba, 1985). Many qualitative methodologists see applicability as essential (Delmar, 2010). The term transferability refers to “the range and limitations for application of the study findings, beyond the context in which the study was done,”(Malterud, 2001: 484). How findings from this thesis may be applicable to the theoretical underpinning of NPMP, included in clinical contexts, will be elaborated on in pct. 6.2. Here, I will follow Delmar (2010), and her way of drawing on Løgstrup with regards to this.

6.2 What are the findings of this thesis?

This thesis has two angles of approaching NPMP, which has brought forth two layers of understanding. On the one hand, it has generated concrete knowledge about theory and patients’ experiences of NPMP. On the other hand, it has generated increased understanding of some basic ontological phenomena in their encounter with NPMP theory and, as they emerge in concrete stories from patients’ experiences.

Delmar (2010) argues that if applicability refers to whether the results can be transferred to comparable situations, this is a question of deciding what a comparable situation is. She claims that context-dependent research can offer understanding, which stretches beyond its situations. To argue for this, Delmar draws on the double character of the situation, as was pointed out by Løgstrup. A situation is both typical and unique at the same time, and according to Løgstrup the typical refers to the singular universal (sees pct. 3.1.4). From theoretical and clinical vantage points, the

major focus of this thesis has been to investigate and discern what ontological phenomena are at stake and, how they emerge in particular patient experiences during NPMP. The applicability of the generated theoretical underpinning of NPMP is not so much knowledge production as it is to uphold possible ways of thinking.

6.2.1 The universal in the particular

The knowledge claims of this thesis are related to universal phenomena, which human life has in common. Such phenomena refer to the ontological position that some things are given with life that are beyond human influence. In the analysis I asked for *that* which is entrenched implicitly and/or explicitly throughout the material of this thesis. This encompasses, for example, *that* we breathe, *that* life is vulnerable, *that* trust is foundational, *that* we narrate our lives, *that* we live in sociocultural communities, and *that* we must find our bearing in life in a concrete physical way, in attitude and in deliberations. Furthermore, we are moving bodies, which are moved by impressions as we are interwoven in the world (with nature and other people) in sensation. We are doomed to live in action and narration as time goes by, and life is very much shaped by what happens to us and, to the world in which we live. In Braatøy's texts, I searched for basic assumptions already existing in the theoretical foundation he has explicated. In the clinical studies I investigated *how* these phenomena emerged in concrete practical experience, where meaning emerges in context-dependent therapeutic interaction, dialogues, discussions and narrations. In this endeavour, I also searched for important aspects of patients' experiences that the theory did not catch sufficiently. Knowledge derived from such subjective, contextual and changeable experience, cannot predict other patients' experiences in other clinical situations. However, when analysing the particular experiences in light of universal phenomena, the attention was on the typical. Additionally, in the encounter between the universal, as laid out in the theoretical studies, and the unique experiences of participants in the clinical studies, other universal phenomena, such as time and narration emerged. This expanded the theoretical perspectives in the clinical studies.

The validity of the knowledge claims of this thesis is thus related to how well the universal is upheld in particular patients' experiences, and to what extent this may provide insights applicable to other patients' stories about treatment processes. Knowledge producing categories will produce knowledge of the general, which in Løgstrup's view confuses the real with the abstract. A message from the clinical studies is the indispensable value of taking the patients' own point of departure as the essential source in the therapy. In a clinical practice of NPMP, which has a profound focus on the particular experiences of the individual, general knowledge surely has value, although limited²⁰. Theory genesis in this thesis is aiming at some more foundational aspects. It will not offer knowledge providing guidelines to how to treat a patient. It can however provide some insights, which may help us recognize a variation of something typical in a particular clinical situation. This may in turn provide support for clinical judgement in particular contexts, in a unique situation for a unique person. How theory may be applicable in the clinical situation, however, depends on the situations and the judgement of the clinicians. This was clearly stated by Braatøy and, is in itself foundational to NPMP theory. This thesis suggests that profound embodied meaning of the universal phenomena of sensation, clarification, interpretation, narration, imagination, and analogue understanding support the patients' journeys of transformation of the embodied self during the NPMP process. When combining the profound understanding of the individual with the universal rather than the general, this theoretical underpinning rests on the singular universal. As Løgstrup's points out, the universal is embedded in the particular, and the singular universal is a generic term for the way in which the universal emerges in the individual.

²⁰ This does not undermine the fact that knowledge of anatomy, physiology, neurophysiology, biomechanics and movement science, pathology, psychology and so forth provide important and necessary grounds for NPMP as all physiotherapy. Aadel Bülow-Hansen's comprehensive understanding of the moving body as a whole, and how the movement of respiration is integrated in this comprise general knowledge essential to the craft of practising NPMP.

6.2.2 The singular universal and the existential in NPMP

This thesis argues for a theoretical underpinning of NPMP with dual references, the singular universal and the existential. On one hand, we become ourselves by being open to the world in sensation. In this open, yet vulnerable presence in the world, we are supported by the sovereign life utterances. Such vitalising foundational aspects of life and capacity for self-oblivious engagement is what Løgstrup was predominantly engaged with (Pahuus, 2004). This, which is beyond human control, relates to the singular universal.

On the other hand, we actively shape and lead our lives. The existential aspect in Løgstrup's philosophy comes forth with reference to Lipps' existential analysis of how we shape our emotions in the dynamic between bearing and the motion of emotions (Løgstrup, 1987/1993). The notion of bearing in Lipps' understanding refers to how we comport ourselves with our body in a certain way of coming to oneself. To fulfil one's existence, is to continuously find one's bearing in body and language (Andersen in Birkelund, 2002). In this thesis, this existential vantage point has opened up multiple perspectives on the muscular functions of posture and movement. When in conflict, as in muscular deadlock, these muscular functions affect the tuning in sensation, both of past experiences and of the present ones. Postural transformation is the core focus of change in NPMP, and the clinical investigations suggest that increased postural freedom and improved spontaneous breathing may contribute to a better dynamic between the interwoven presence and the shaping and distancing function of posture. It is, as pointed out by Pahuus (2004), when we are able to unify the spontaneous, interwoven and engaged presence with the deliberate, purposeful conduct that our lives can unfold in a way, which is supported by foundational forces as well as in freedom to be ourselves.

In this thesis I have seen the theory and practice of NPMP in the tension between the presence of the universal phenomena emerging as singular universal in individual patients and, the distancing function of the individual person's existential struggle to become oneself, a tension with potential vitalising capacity.

6.2.3 The bridge: Clinical practice and philosophy

I have used philosophy to analyse theoretical texts related to NPMP, and stories of patient's experiences of NPM. Clinical physiotherapy and philosophy are two very different practices. Is it actually possible to bridge this gap? How applicable can a bridge like that be, and what are the pitfalls?

In Løgstrup's phenomenology, his intention is to grasp life at the level of sensation. From an engaged and entwined position, this means, to bring up and illuminate the nature of human life in the world, which is hidden in pre-philosophical knowledge (Løgstrup, 1987/1993: 117). NPMP is a practice at close range of patients' lives, and dimensions of Løgstrup's philosophy have seemed to reverberate well with both Braatøy's theory and clinical practice. Paradoxically, Løgstrup's style of describing life at close range may at the same time lead to misinterpretations. His perspective is not about sensation and the body in personal relation, but rather, that human life is interwoven in the world and the universe in sensation (Martinsen, 2012: 11). Despite discussions on Løgstrup's philosophy of sensation, Martinsen's claim is that his philosophy, offers valuable insights that may help us understand some foundational and ontological aspects of being a human body, vulnerable and interdependent, in need of health care. She thinks with Løgstrup in the field of nursing, whereas my field is NPMP.

While I elaborated on Løgstrup's philosophy and the theoretical perspectives of Braatøy, the methodological approach was to recontextualize Braatøy's text with Løgstrup's thinking. None the less, to think with philosophy in relation to the clinical practice and theory of NPMP also implies to recontextualize Løgstrup's thinking. This may, as Ricoeur underscores, involve seeing possible meanings that were not intended by the author. Still, it is necessary to keep in mind that the differences between healthcare, in this case NPMP, and philosophy, and to bridge the gap between them, require not making them the same. Throughout my work with Løgstrup, ever since I started writing my master thesis, this has been an issue.

Ricoeur's philosophy, on the other hand, has not been discussed with NPMP theory in the same way.

Ricoeur's narrative theory came into the theoretical angle of analysis through questions arising from the clinical studies. At that time, I was familiar with his hermeneutics as a methodological foundation for the theoretical part of the thesis. If I hadn't, this thesis might have taken a different direction. When the case study so strongly raised the issue of time and identity, to return to Ricoeur seemed like the obvious thing to do. It can be argued that his notions of time, narration and identity are very abstract and hence less relevant to think with in relation to clinical contexts compared to Løgstrup. The possibility of bridging the gap may seem more inconspicuous. Ricoeur's hermeneutic and narrative philosophy is predominantly related to text interpretation of fiction and history. The terminology he uses and the discussions he pursues are unfamiliar to the field of physiotherapy. His discussion on time and traces as narrative connectors, for example, is illustrated with history and archaeology, and not to muscular functions of a sensing body. To illustrate more concretely, how could the abstract concepts of *Ipse* and *Idem* contribute to a more comprehensive understand of Ingrid's nascent sense of a bearing structure within her body? What Ricoeur means with sedimentation and sameness is not equal to the scaffolding Ingrid had started to feel inside herself. To think with Ricoeur here, is analogue thinking. If we disregard the analogy, there is a risk of mistaking the patient for a text.

On the other hand, and opposite to the risk with Løgstrup, one may overemphasise the obstacles of Ricoeur's theoretical style. I have tried to bring to the fore Ricoeur's own arguments of how narration and life are inseparable in pct.3.2.8. With patients' experiences, I have tried to illuminate the relevance of these phenomena in relation to NPMP. However, when this thesis suggests bringing narrative identity into the theoretical underpinning of NPMP, it must be underscored that this needs further investigations and elaborations. As a last point I will take one more step into the discussion of identity.

6.2.4 Embodied narrative identity

The concept of body awareness is central in NPMP. Previous research has underscored the body as a source of self-awareness, self-reflection and knowledge, the centre of experience of the world and field of expression, and the perspectives of the body in perception (Thornquist, 2006; Steinsvik, 2008; Ekerholt and Bergland, 2004; Ekerholt and Bergland, 2006; Ekerholt and Bergland, 2008; Øien et al., 2007; Øien et al., 2009; Øien et al., 2010; Dragesund and Råheim, 2008; Dragesund, 2012).

With Braatøy and Løgstrup, I have expounded on how muscular function is associated with sensation, clarification and the immanent distance in understanding in a fictional space that also encompasses fantasy. By bringing Ricoeur in, this bodily based access to life and the world is put into the context of identity, where the narrative angle accommodates the time aspect. There are several narrative elements implicit in Braatøy's thinking, for example his homage to Freud's recognition of the patient's life history in relation to understanding the symptoms. Ricoeur offers possible ways to expand this further, merged with Braatøy's -, and Løgstrup's thinking. Patients' experiences are deepened by the use of these theoretical perspectives. It implies that this thesis argues for an embodied perspective of narrative identity. This narrative angle suggests that NPMP may facilitate embodied transformations, thereby influencing the oscillation between the embodied experiences of the two poles of narrative identity, sameness and selfhood, and by that influence narrative identity. It is consistent with the singular universal, which can only be seen in the particular, to illustrate findings in relation to actual individual experience. For example, Ingrid developed a sense of something permanent within her as a bearing embodied structure that appeared to provide her with better support for herself and her story. Joanna's discovery of the strength that came with grounding her feet changed her way of acting and of holding her own. There seem to be elements of sameness in sensing gravity and movement of breath within one's body. This was central to John's transformation of embracing his body as his own. He was prepared to change much, even his personality, he said, but not this. Mary's story

illustrates that this in turn may give better support for telling and reframing one's story (selfhood).

When arguing for an embodied perspective on identity as part of the theoretical underpinning of NPMP, we are confronted with an on-going discussion provoked by the constructivist notion of the self as pure cultural construction. Polkinghorne (2000) refers to this discussion and lifts up five aspects of identity²¹. Here, preception of one's own movement and posture is seen as one aspect of the self²².

Sensing posture and movement is foundational to the proposed theoretical underpinnings of NPMP in this thesis. Nonetheless, I will argue that all the aspects of personhood, elaborated on by Polkinghorne, are touched upon here. Experiencing posture and movements in face-to-face interaction, as in the interpersonal self, the extended or remembered self, incorporates time in relation to muscular functions and sensation. Then the private self entails recognition of the untouchable zone, namely the value of distance and respect for the unknown in the others and ourselves. Also the conceptual self, the beliefs we have about our self, were seen to be challenged during NPMP. The most powerful illustration could be when Ingrid discovered her existence as a physical and indisputable reality here and now. She started to believe in "I am" and "I can", which also included that she had the right to set limits and rules. Mary's concept of responsibility changed with regards to difficult experiences in her past. Joanna changed her concept of power-relations. John changed his concept of being a body. When Rita discovered tranquillity in her body and words began to emerge, the concept of a possible future came to her. In these stories, embodied muscular transformation seems to have brought about mediation between awareness

²¹ Donald E Polkinghorne, a major contributor to qualitative and narrative research, is a Faculty Research Specialist at Fielding Graduate University, School of Psychology and Professor Emeritus of Education, University of Southern California. In this article he refers to Michael J Chandler, Eugene T Gendlin, Ulric Gustav Neisser and James J. Gibson. The five aspects of identity elaborated on here are: the ecological self, the interpersonal self, the extended/remembered self, the private self and conceptual self.

²² This ecological self is based on Gibson's theory James J. Gibson (1904 – 1979) an American psychologist who criticised behaviourism and cognitivism, arguing for immediate relation between perception and action. http://en.wikipedia.org/wiki/JJ_Gibson. This aspect on identity, influenced by the ecological understanding of Gibson intersects with one of the theories within movement science, a central topic of physiotherapy in general.

in sensation to self-reflexion, supported by words, with capacity to clarify impressions and traces of past experience.

By referring to Polkinghorne's article I mean to pinpoint that embodied narrative identity is an issue of ongoing discussions bringing NPMP into in a wider context.

7. Final reflections

This thesis contributes on two levels, with concrete knowledge about NPMP and understanding of foundational phenomena at stake in this treatment approach. The muscular and sensuous perspectives derived from Braatøy and Løgstrup are combined with the narrative perspective on identity of Ricoeur. With this, embodied experiences in sensation, woven into concrete stories have illustrated how embodied narrative identity is influenced during NPMP. This thesis suggests that there is potential for further developing the underpinning of NPMP in this direction, as a process of transformation and retuning of narrative identity in earthbound existence.

Human moral sensibility is perhaps “the most deeply entrenched of our unexamined assumptions about the world” according to Jensen and Mattingly (2009: 24), when they question why the profound ethical consequences embedded in the philosophy of narrative theorists like Ricoeur, has had so little impact. In line with their argument, the proposition that NPMP is situated in a tension between the singular universal and the existential and, combined with the narrative perspective, point towards more attention to ethics. This has not been my explicit point of departure, despite the fact that ethics are immanent in all the theoretical contributors of this thesis. To explore the ethical implications embedded in the muscular conflicts our patients are suffering from, and to see the practice of NPMP from the angle of a moral arena (Mattingly, 2012) might enlighten, what I see as, the ethical claim of taking the singular universal, rather than the general as point of departure in NPMP.

Source of data

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If not body and mind – then what?

Bearing and movement in self-expression and self-restraint

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Abstract

Norwegian psychomotor physiotherapy finds itself between medicine and psychology, in a culture with a long tradition of separating psyche and soma. The distinction is problematic for psychomotor physiotherapy with regard to the development of professional knowledge and practice. Our aim is to develop a theoretical basis for this form of treatment and to illuminate a way around this problem. The essay's takes as its point of departure some of psychiatrist Braatøy's texts. In our hermeneutic interpretation of the texts these are analysed in light of the thoughts of the philosopher Løgstrup on unifying opposites. Then bearing and movement emerge as fundamental phenomena in human existence. We see a dynamic interaction between bearing and movement with several intertwined meanings, in various functions. Physical activity is performed in the interaction between posture and movement, and emotions are regulated in the interaction between attitude and emotions. At the same time bearing is an expression of the social and cultural imprinting by the norms which form the individual's spontaneous movements. Bearing and movement are complex phenomena. As unifying opposites the interaction between them maintains the individual's relationship to him or herself and to others. Then self-expression and restraint become tuned to and by the surroundings. However, should bearing and movement become non-unifiable opposites; the individual could come in conflict with him or herself resulting in a subsequent overload and possibly illness. Psychomotor physiotherapy is presented as a bearing adjusting treatment, understood as a bodily-existential process.

Key words: Psychomotor physiotherapy, unifying opposites, bearing and movement, attitude and affect, norm and spontaneity, bearing adjustment and existence.

Stress manifests itself in the body, and illness is psychological strain. This is more or less common knowledge today. Nevertheless, this interaction between psyche and soma is thematised in a variety of ways in research as well as clinical practice (1-3). Why is it still so difficult to communicate a thinking that integrates psyche and soma, such as, for instance, is attempted in psychomotor physiotherapy? Are we lost in a language which separates the inseparable? In this essay a meeting between Trygve Braatøy'sⁱ texts and Knud Løgstrup'sⁱⁱ philosophy is developed, suggesting ways of transcending current thinking on psyche and soma.

Psychomotor physiotherapy was developed by the psychiatrist Trygve Braatøy and physiotherapist Aadel Bülow-Hansen in cooperation. When Braatøy suddenly died in 1953, 49 years old, Bülow-Hansen and physiotherapists close to her and following her took the treatment method further. Several textbooks and dissertations establish a basis for the further development of the method (4-8). And even though the approaches may vary somewhat, Braatøy's thinking is there at the bottom. In master theses on psychomotor physiotherapy Braatøy's texts are natural obvious references (9-12). His texts are thus a central source for the theoretical foundation. The desire to understand movement in a greater context has directed many psychomotor physiotherapists toward phenomenological

thinking, such as that of Merleau-Ponty. Merleau-Ponty challenges the classic distinction between body and mind, as well as a mechanising and psychologising understanding of the human body. Phenomenological ideas help thematise the patient's experience of his or her own body and life situation, as well as our relational and cultural understanding of physical symptoms (13-16). How does Braatøy's understanding of body and movement measure up in an encounter with such challenges? In order to throw some light on one aspect of this we have approached Løgstrup.

In an earlier study we analysed some of Braatøy's central texts (17)ⁱⁱⁱ. The analysis of the texts was based on Ricoeur's hermeneutic principles (18, 19). Ricoeur pointed to a difference between written texts and oral discussions. When we express something in writing the meaning content is severed from the situation in which the meaning was expressed. As opposed to speech, a written text is free to be introduced into new contexts. When a text is recontextualised, it may be opened to new interpretations and new meaning.^{iv} Such a methodical approach is also woven into this essay.^v

Knud Løgstrup worked on exploring life phenomena. He continued the thoughts of Hans Lipps and developed a philosophy of the senses. In putting Braatøy's texts into play with Løgstrup's thoughts, we wanted to find out whether such a reading of Braatøy's texts would be a help in getting around the problematic distinction between body and mind. In Løgstrup's way of thinking we have found support for ways of expression that may transcend narrow categories and give room for richer variations. This is, in other words, an essay on the relation between bearing and movement in Braatøy's thinking understood in light of what Løgstrup called unifying opposites. Such an interpretation of Braatøy's texts is intended as a contribution to the discussion on the theoretical foundation for psychomotor physiotherapy. The texts used as a basis for this interpretation are "De nervøse sinn" (20), "Psykologi contra anatomi ved sykegymnastisk behandling av armnevrose" (21), and "Pasienten og lægen" (22)^{vi}.

We first present the background for a theme which crystallises when reading Braatøy with Løgstrup. Løgstrup's unifying opposites are then considered before Braatøy's perspective on bearing and movement is explored. We then show how we think bearing and movement as unifying opposites. The paragraph "Losing the grip on oneself" deals with situations and states in which the relation between these opposites is no longer a unifying relation. We then move on to take a look at the way bearing is influenced by surroundings and how occupying norms imprint themselves thereon. Finally we pose the question of whether bearing adjustment involves an existential process.

Background for the theme

Braatøy polemicised with his own time.^{vii} As a psychoanalyst he was particularly well acquainted with Freud's works and as a physician he was educated within the medical tradition. One of his projects was to merge the medical biology of his time with the psychological understanding. He was also a sharp critic of a science that would generalize results from laboratory research to clinical practice (22). He is portrayed as a pioneer for a humanistic view of man in medicine, and his understanding of body and mind was quite different from that of medicine and psychoanalysis (24). He was primarily concerned with understanding functions, especially as related to the regulation of emotions (affekttemperering). In order to understand this he found it is necessary to distinguish between emotional attitude (attityde) and emotional movement (affekt).^{viii} As biological phenomena emotions are immediate or spontaneous; they are, however, formed in the

interaction between human beings and are therefore imprinted by socially and culturally conditioned phenomena.

Bearing and movement are central concepts in Braatøy's texts, and he described them as complex phenomena. To open up the content of meaning in these functions we interpret bearing and movement in light of the relation between attitude and emotion, norm^{ix} and spontaneity. Bearing then becomes an expression of a way to relate to gravity, but also of an emotional attitude and of the norms which have marked a person. Similarly, movement expresses spontaneous and immediate reactions in a physical as well as an emotional sense.

Løgstrup's unifying opposites

Løgstrup has explored unifying opposites in "Symbol og System" (25). He took as his point of departure what he called the zone of inviolability (urørlighetssone). If it stands alone without being balanced by a desire for openness, the person becomes closed in. On the other hand, should we in openness not recognise and protect the zone of inviolability, we will deliver ourselves to what Løgstrup calls loose-tonguedness (åpenmunnethet). We then stand the risk of violating the other by transgressing her boundaries. There is a series of fundamental life phenomena which relate to each other as unifying opposites. These phenomena are dependent on each other, they get significance, life and energy from their opposite. The tension between them gives life to life. They live off this relation of tension to each other and one cannot do without the other. If one disappears, the other will lose its character.

There is also what Løgstrup called divisive opposites. These are phenomena which are non-unifiable and mutually exclusive. Examples are antipathy which is excluded by sympathy and hate which destroys love. Should a person harbour such emotions simultaneously, a divided and ambivalent bearing will be the result. With his unifying opposites Løgstrup transcended an either-or understanding of opposites. At the same time he broke with the thought structure of dialectics, in which thesis and antithesis are unified in synthesis. Briefly, in Løgstrup's dynamic thinking opposites must not merge together or become unified in a synthesis. The phenomena are not changed, they are preserved, rather, in and by their opposite. They can only keep each other alive if they are not mixed together. Only then do they remain whole and able to keep each other in check (25).

The significance of the tension between the unifying opposites emerges when we treat them as if they were mutually exclusive. If an uncompromising attitude is not kept in check by tolerance, they both become caricatures of themselves. Tolerance becomes indulgence and the uncompromising attitude turns into obstinacy. Norm and spontaneity are similar examples. If these phenomena are torn apart spontaneity becomes thoughtlessness and norms turn into empty and dry rules and regulations. Løgstrup also described sensing and understanding, and needs and restraint, as unifying opposites (26). When we see these as mutually exclusive, we run the risk of losing ourselves in sensations or senseless intellectualism, possibly in uninhibited greed or anorectic restraint. How may such complex phenomena bring something new into Braatøy's thinking and psychomotor physiotherapy?

Braatøy found it unfruitful to separate body and mind in order to understand neuroses and psychosomatic illness. Rather, he described regulation of emotions in light of the relation between bearing and movement as a fundamental phenomenon in the way human beings function. When the interaction between bearing and movement works well we may say with Løgstrup that this gives life to life in the way unifying opposites do. To Braatøy it

became increasingly clear that anxiety and psychosomatic illness arose as a result of a conflict in this dynamic. In such instances one may say that the relation between bearing and movement is not life-enhancing but rather life-constraining.

Braatøy's perspective on bearing and movement

How then does Braatøy argue for his point of view? To him it was important to separate structure from function. Even if we think of the brain's structures as central, and nerves and muscles as peripheral structures, this does not correspond to a traditional separation between mind and body. Centre and periphery are so completely intertwined, he said, that they cannot be understood in a hierarchical way. In a polemic with his own time he pointedly said: "Thanks to electro-physiological studies we learnt in the last century that one moves oneself with one's head and in this century we have learned (...) that we think with our muscles" (20, p. 165). All human functions are anchored in bodily structures, he said, and thoughts and emotions are related equally with peripheral as with central structures, in the same way as movement. In accordance with this perspective he stated that not only did structural injuries lead to problems and illness, inefficient and deadlocked functioning may cause equally great problems for an individual.

Braatøy described how the interaction between bearing and movement will form the way we stand, walk and work.^x When the postural musculature supports movement work is easy; however, when the postural musculature arrests movement, all work performed is as if bicycling with the hand brake on, with the accompanying friction and wear. His image illustrates well how this may predispose for illness. According to Braatøy that same dynamic was central in the understanding of our emotional life as well. In the tension between bearing and movement we may understand how we adjust our emotions, as explained below. Braatøy was of the opinion that norms are 'imprinted' into the individual and become part of the individual's biology. The structures of bearing are moulded through social interaction, and the individual becomes aware of herself, with her whole body, through her own reactions and those of the surrounding world. Awareness is consequently shaped in the interaction between individuals. It is in this complex tension between interaction with others and inner processes that neurotic adaptation can arise and psychosomatic illnesses develop, according to Braatøy.

Bearing and movement as unifying opposites

Movement is shaped by one's bearing and movement and bearing together give the individual personal style or expression. Bearing and movement cannot one be without the other, we see this clearly with regard to balance. Bearing at the expense of movement becomes rigid and undynamic and movement which lacks the support from postural musculature suffers to the detriment of stability. Nevertheless, bearing is different from movement.

Braatøy described bearing and movement as complex phenomena. In saying that the same structures are also involved in the regulation of emotions he increases the level of complexity. We must distinguish between the postural musculature's emotional function, which is attitude, and the emotional motion expressed by the emotions. This distinction is the precondition for understanding regulation of emotions, and for understanding how emotional conflicts may arise, according to Braatøy. He himself used the conceptual pair bearing – movement, and affect – attitude, in order to point to the double meaning of bearing and movement in his thinking. In order to illuminate the socialisation perspective in Braatøy, we suggest seeing these concept pairs in light of Løgstrup's account of the relation between norm and spontaneity.

Norms are by Løgstrup tied in with bearing in that bearing is formed through cultural and moral imprinting of the child.^{xi} Norms are absorbed into the child's body, its bearing, and we say, with Løgstrup, that a person's characteristic bearing expresses his or her being, his or her attitude. The attitude in the bearing forms the way we relate to and give room to ourselves and others, and how we relate to what moves within ourselves (27). Spontaneity may then be understood as an expression of that which moves within oneself, without being aware of it. It is, however, important that norm and spontaneity relate to the sovereign life utterances in Løgstrup's philosophy. The life utterances are fundamental phenomena of life which we cannot live without, such as trust, charity, sympathy and hope. They constitute our living conditions. Løgstrup does not postulate norms, according to him norms grow out of the life utterances, and the life utterances are fundamentally ethical, without us being aware of this. The life utterances are spontaneous, they express themselves without our planning, choosing or thinking, for they are fundamental phenomena in a human life (25, p 113). They must be destroyed or kept back shall they not be expressed (28).

In accordance with Braatøy's thinking we may say that muscular activity harbours several functions at the same time. And based on Løgstrup's philosophy we have, in our analysis, arrived at three sets of unifying opposites expressed in muscular activity:

- Bearing and movement
- Attitude and emotion
- Norm and spontaneity

In an individual these functions are interwoven and appear in the characteristic muscular tension pattern of the individual.^{xii} In the pattern of muscular tension we cannot point to what is an expression of attitude or what is an expression of the influence of norms. According to Braatøy, the only way to gain insight into the major influences on an individual is by learning that individual's history.

The manner in which stabilisation and movement relate to each other in the challenges of life determines whether we are brought into conflict with ourselves or not. With Løgstrup's way of thinking we may say that when bearing and movement work as unifying opposites, together they contribute to life expression. Our bearing, our attitude and our norms then support and sustain our movements, our emotional reactions and our spontaneity and we will be able to act in an appropriate manner adapted to the situation at hand. The interaction between movement and bearing entails self-expression and restraint, both tuned by and to one's surroundings. However, this will not always flow easily, external conditions may break down and internal conditions may become unstable.

To lose the grip on oneself

We are moved by impressions which again cause us to express ourselves through movement, sound and language, according to Braatøy. Through language we can supply nuances to such impressions. If our attitude to our own emotional reactions makes us unable to accept that which has moved us, Braatøy would say that emotion and attitude have become conflicting. Attitude may halt the emotional movement, but this will stall the ebbing of the movement impulses. It must be held still and locked into place. "It is the bearing that halts the emotion and thereby creates the conditions for the restraining of the emotion so that it becomes only partly visible as fragments rather than a whole, free, affective movement" (20, p 423). When strong emotional reactions cannot be carried through,

incoherent fragmented reactions may emerge at any time. We blush without feeling shy, laugh without feeling joy, and feel our heart skip a beat without knowing what caused our fear. Emotions are complete reactions in the organism and when the interaction of fragmented emotional reactions is arrested, neurotic reactions develop, according to Braatøy.

Braatøy's description of emotional regulation has much in common with Løgstrup's account of emotional nuances. To become emotional is to be moved by something, according to Løgstrup as well, and nuances emerge in the interaction between bearing and emotion.^{xiii} To Løgstrup as to Lipps, the word bearing encapsulates a way to carry one's body and a certain way of forming emotions when we absorb situations (30). Bearing has a similar double significance in Løgstrup as well as Braatøy, only Løgstrup does not use the word attitude. Løgstrup too saw that we strive to complete the emotional movement to become free, to get a grip on ourselves. Such is the case for instance with anger and rage; the course they run is, however, different between the two. In the case of anger strength is mobilised to get a grip on oneself whereas in the case of rage, one has simply lost any such grip. Individuals get 'beside themselves' from rage. Anger and rage are emotions which seen in isolation are related, but as bearing they differ (29). According to Braatøy and Løgstrup emotions and the way we relate to them must be understood in different ways. They may not be mixed together or unify in a synthesis. Only by keeping them separate will we understand the nuances of the emotional lives of human beings.

When bearing arrests movement, the ability for expression is stalled, and symptoms and possibly illness may develop. On the other hand the movements may become so violent and overwhelming that the bearing loses its grip. When one loses the grip on one's emotions, they emerge. When the emotions calm down, the movements ebb and the organism calms down; one may again get a hold on oneself. When this nuanced interaction halts, bearing and movement can no longer work as unifying opposites. They become separate, mutually exclusive, opposites, with rigidity or 'spinelessness' as a result. Bearing and movement can then no longer give life to life, we could say with Løgstrup.

Bearing 'imprinted' by surroundings

A person is shaped through interaction with people. According to Braatøy development of language runs parallel with the development of bearing and movement. Our personal style expresses not only our own reactions but those of others as well and this happens through what Braatøy calls the splitting of immediate and mediate ways of reaction. Immediate ways of reacting well up from the inside as spontaneous^{xiv} reactions and movements. Mediate ways of reacting are, however, expressions of the reactions of one's surroundings which over time have been embedded in one's bearing. Braatøy gave the example of mother and child. When a mother says "yuck" when a child does something mom dislikes, one can often see the child keep doing the same thing with enjoyment but saying "yuck" while doing it. Mother's bearing thus becomes part of the child's experience and of the meaning of the word. Language, bearing, emotional attitude and the relationship to norms and values all become imprinted into the child's bearing. In Braatøy's example the bearing of the surroundings runs counter to the child's own immediate reaction. Here lies the seed of conflict. The bearing is imprinted and formed by what Braatøy with a certain irony called "dressage".

The structures of bearing are thus shaped through social interaction and the individual becomes aware with her or his whole body. It is in this way, with such an imprinted bearing, that a person may get a grip on his or her emotions. If a bearing is marked by rigidity this may cause a lack of emotional flexibility and so damage the ability to adapt to the constant challenges of life. When the impulse for action is restrained by the impulses of one's upbringing, this causes an internal muscular conflict, according to Braatøy. Oftentimes we do not notice the muscular tension, but hear this conflict as the voice of our conscience, he claimed. The conflict has its source in factual events and is an expression of the opposition between the norm of upbringing and the individual's immediate reactions. Braatøy called this a bio-sociological perspective on our emotions and our self-awareness (20).

To Braatøy norms expressed the social dimension of emotional regulation, whereas spontaneous primitive reactions expressed the biology of emotions. Løgstrup approaches these phenomena from a different angle. The relation between the norm-related and the spontaneous nevertheless seems to have something in common. The mediate and the immediate in Braatøy may be explored in light of Løgstrup's thoughts on unifying opposites. Braatøy described neuroses as shifts in the relation between bearing and movement. We can see a similar shift in the relation between norms and spontaneity when norms bring the individual into a conflict with her or his own spontaneous reactions. Is there then an encouragement to free play and normlessness in Braatøy's thinking?

Occupying norms and bearing-adjustment

By strength of having formed a bearing we have a grip on ourselves, according to Løgstrup. It offers a sort of distance to what one is dealing with so that one does not become overwhelmed (27). Braatøy described a similar distance when something became visible to the patient in the therapy process. Then he or she acquired the "necessary distance to the emotional utterances and that is the first step towards getting a grip and mastering them" (20, p 366). In the dynamics between bearing and movement, as we have discussed this up until now, emotions are regulated by creating distance through using musculature to subdue emotional movements. Contrary, emotions are experienced openly by letting the movement emerge by softening one's bearing and letting oneself be moved. But the kind of distance which makes us capable of getting a grip seems to be something else. We suggest exploring this with Løgstrup's thoughts on our relation to norms.

According to Løgstrup it is important that we do not let ourselves become occupied by the norms when finding ourselves in conflict situations. We need distance in order to handle conflict material. We must remember that norms are shared, they are created between people. To attain distance each individual must acknowledge that the content of the norm is not created by him or her, neither is the norm's power granted by the individual. Were we to lose distance to the norm in conflicts we may abuse the norm and judge the other. The norm thus becomes a guillotine, a weapon with which to execute the other (29).

As we have seen, Braatøy claimed that we, as social beings, develop through taking up into us movement and language from the surroundings we are part of. If the norms are imprinted in the child's bearing in such a way that there is also room for the child's own reactions, regulation of emotions will enjoy favourable conditions. As Løgstrup points out, distance to norms yields space for oneself and for others. Should the distance disappear, however, judgment no longer has room in which to move. Understanding oneself and others becomes difficult (32). If norms become imprinted into an individual in such a way

that it is no longer possible to separate one's own reactions from those of others, we can imagine that the bearing is marked by occupying norms with not much room for adapting to a situation. The perspective Løgstrup developed for conflicts between people, Braatøy described as it manifested itself as conflict in the individual, expressed in a muscular tension pattern where immediate, that is, spontaneous, reactions are arrested. If we lose distance and become occupied by norms, it may be difficult to see the conflict. This easily leads to self-condemnation.

A lot of work is done on bearing adjustment in psychomotor physiotherapy. This entails furthering a stable and also flexible posture, in other words the ability to stand firmly on one's own two feet.^{xv} It is a fundamental supposition that the dynamic extension of the legs releases a wave of inspiration which opens the chest making it easier to stand up against gravity (6). It is assumed that such a bearing yields stability without impeding movement and breath to any significant degree. With the freedom to move and to breathe, a freedom to interact with one's surroundings may follow.

We may accordingly assume that a bearing made rigid by occupying norms will leave little room for breath and movement. This will limit our freedom in relation to our surroundings. With a bearing more influenced by generosity with regard to the norms, a person will, to a lesser extent, become locked into rigid patterns of reaction and will possess greater freedom to adjust to gravity and the surroundings here and now. We may call this standing firmly on one's own two feet, balancing one's own reactions here and now and the current norms. In psychomotor physiotherapy emotions are often released as the patient resumes a deeper breathing. This emotional release is not, however, the aim albeit sometimes necessary in order to find a bearing which supports the movement of breath. When the bearing is imprinted in such a way as to give room for spontaneity, emotions and movement, impressions may be released and new ones admitted. The way we read Braatøy this becomes less a question of norms or normlessness, but rather of how the relation to the norms gives room for the spontaneous and immediate.

It has been claimed that indulgence and boundlessness constitute a greater health problem today than the authoritarian and limiting were in Braatøy's time (33). When bearing is marked by instability with limp musculature and trembling knees, the psychomotor physiotherapist will seek to stimulate the supporting and stabilising functions. Such a practice corresponds with Braatøy's perspective when we think in terms of unifying opposites. With a weak bearing spontaneity dominates and one may lose direction and what is supportive in existence is weakened. By stimulating that which may support and sustain, so that bearing and movement may work in a unifying manner, a person may be aided in acquiring a better grip on her or himself and her or his existence.

Bearing adjustment - an existential process?

If norms and attitude are embedded in our musculature, maybe the relation to oneself and others could change when the bearing, and through this the relation to gravity, is changed. Does this mean that bearing adjustment could change a person's fundamental way of being in the world? In other words, could the work with bearing adjustment have an existential significance in the life of a human being?

Lipps pointed to a relation between existence and the complex phenomenon of bearing. Fulfilling one's existence, he said, entails to at all times come to oneself through establishing

one's bearing in body and language. We must continuously find our bearing; our emotions must constantly be shaped in new life situations. By being open to ourselves and our relationship to the world, he said, we will come to ourselves in the bearing of our emotions (32). Braatøy pointed out that bearing can be bound so as to repeat certain ways of reacting that arose at the time the restraining of emotions started. When the musculature softens and the bearing becomes more free, breath, movement and emotions are allowed to surface. One could imagine that a more flexible bearing gives freedom to adapt to situations in novel and more health promoting ways. It may perhaps be possible to meet the world in a more open and flexible manner? Is this what we mean when we say in, psychomotor physiotherapy, that flexibility is an expression of an ability to adapt?

If bearing adjustment touches what is existential in a human being's relation to herself and others, this requires openness in the physiotherapist's own bearing. The therapist must be ready to follow the patient's particular expressions in movement, breath and language, in order to become familiar with and thus able to influence her in her development. The respect for the zone of inviolability entails recognising what is unknown in the patient (32). This is a potential force which may hinder us as therapists to contribute to the imprinting of the patient with still more occupying norms. The relation must give room for what is fragile and vulnerable, but also space for the words needed by understanding and sense. The language we use may add to the patient's chance of finding his or her bearing with a starting point in him or herself, here and now. Not freed from each and every socialising or cultural influence, but with a bit more distance than the previously occupying norms, and a bit more freedom in choosing one's own existence or bearing.

Summing up

In order to get around the problematic division of psyche and soma we have in this essay set Braatøy's thinking into play with Løgstrup's. By the light of Løgstrup's account of unifying opposites the dynamic in Braatøy's thinking seems to have emerged clearly. Our interpretation points away from a division of man into body and mind, and thus away from a thinking which easily becomes mechanising or psychologising. Rather than body and mind seen as separate phenomena we have explored bearing – movement, attitude – emotion, and norm – spontaneity as unifying opposites. Through this way of thinking we have emphasised the significance of bearing and movement as complex phenomena. Bearing is at one and the same time muscular bearing and attitude, and movement is physical as well as emotional movement. The tension between norm and spontaneity influences the development of bearing and movement, how these are maintained and how they change. If finding one's bearing is connected with fulfilling one's existence, psychomotor physiotherapy may be seen as a bearing readjusting treatment, understood as a bodily-existential process. We are of the opinion that Braatøy's description of bearing and movement, explored by the light of Løgstrup's unifying opposites, is compatible with developing of the theoretical basis for psychomotor physiotherapy further in an existential direction.

We want to express our gratitude to the The Norwegian Fund for Post-Graduate Training in Physiotherapy for making this essay possible through giving the first author a professional development grant.

¹ Norwegian psychiatrist (1904 – 1953) (17)

ⁱⁱ Løgstrup (1905-1981), Danish theologian and philosopher, is associated with phenomenology and Danish life philosophy. His philosophy of the senses is developed in various parts of his works, among others *Ophav og omgivelse* (1984), *Kunst og erkendelse* (1983) and *Solidaritet og Kærlighed* (1987). Løgstrup's understanding of sensation stands in opposition to psychology's concept of perception. This would require a separate exploration which we will attend to at a later time. We have here primarily applied a way of thinking which is Løgstrup's own, but which is developed by the physician Hans Lipps, a student, but also a critic, of Edmund Husserl.

ⁱⁱⁱ This is the first author's master thesis (17) for which the two coauthors were supervisors.

^{iv} See also chapter on method in (17) for exploration of method.

^v Essay is derived from the French word *essayer* meaning to try, to attempt. The essay style of writing gives room for the author's voice. We bring Braatøy's thoughts out of their context and understand them within a new context. We lift these thoughts out of their own time and into ours to show a direction toward the future. Such an interpretation is an expression of our choices. It is directed by a structured analysis of Braatøy's texts and is an expression of how these have influenced us. The subjective element in the interpretation is letting oneself drift into and become influenced by the text, and thereby be changed, according to Ricoeur. An essay explicitly leaves room for subjectivity, which is why we consider this genre to be best suited to the method we use. As both Løgstrup and Braatøy wrote essayistically, we write ourselves into the very tradition from which we gather inspiration and material.

^{vi} These texts were at the basis of the text analysis in the master thesis (17). In this essay it is mainly (20) and (21) which make up the sources for what we present.

^{vii} His language is influenced by this, and we have to a considerable degree chosen to follow his language, even if this may at times mean getting into conflict with the modern terminology, such as for instance the diagnoses of our times. Our focus has been to look for what is behind such categories. We have consequently chosen not to problematise these.

^{viii} Emotional attitude may for instance be an attitude which says that good children do not cry. Emotional movement may be the movement of the abdomen, the constriction of the throat, and the tears that cannot be held back. In this example bearing and movement will be in conflict, and bearing may stall the crying and regulate the expression. If the bearing, however, gives room and understanding for crying when one is sad, it will support the movement of the emotion, and the person will have a chance for a good cry. The theme is explored further in the essay.

^{ix} It might be questioned whether *norm* and *attitude* are two sides of the same coin, that norm is at the basis of attitude. We believe it to be important to distinguish the two. They will to a great extent overlap, norms do not, however, refer solely to attitude to emotions. Separating them will enable us to see more nuances and avoid limiting our understanding to emotions alone. Many of our patients have straightened their backs and pulled their tummy in. This may be an expression of emotional control, but also of a beauty ideal or a response to imperative statements like "Stand up straight, girl!".

^x We use bearing and movement in a simplified manner in the essay. Braatøy had references to the neurophysiological discoveries of his time; it would go too far to discuss Braatøy's thinking in relation to recent knowledge. Recent research is, however, in accordance with Braatøy's central point, that there are great individual variations and that each patient must be examined and treated based on their own special point of departure. According to him the plasticity of the organism is the precondition for the human being's very unique ability to adapt (20, p 485).

^{xi} Løgstrup here thought with the German physician and philosopher Hans Lipps (1889 – 1941). Mogens Pahuus has developed this further in relation to the concept of bearing and the formation of bearing (27).

^{xii} It is important here to add that we do not see this as an exhaustive account of a possible understanding of personal expressions. Such expressions may obviously harbour more than what we have addressed here.

^{xiii} He here builds directly on the physician Lipps who wrote on philosophical psychology by "bringing out into the clear light of day the preunderstanding of human nature and world conditions which is hidden in pre-philosophical knowledge" (31, p 117).

^{xiv} Braatøy and Løgstrup both use "spontaneity" and relate this to the immediate. In Løgstrup this is, however, to be understood in a life philosophical context tied in with life utterances. The spontaneity of life is given in creation. Braatøy's point of departure is human life as we experience it, and considers this an expression anchored in bodily structures. With him spontaneity is an expression of emotions and reactions which well up in the body as immediate impulses. For them both this is a fundamental phenomenon in a human being.

^{xv} Psychomotor physiotherapy has a wide definition of bearing where the understanding of the relation and the reciprocity between erect posture and function is what is central in the bearing concept and what is in the expression to "stand firmly on one's feet" (5, chap 12).

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