

Body, Being and Meaning

in a Physiotherapeutic Perspective

Summary of a thesis

by

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Summary

Undefined pain and tension constitute a big health problem in contemporary society. The health care system has difficulty providing fruitful help. One major reason for this is that these health problems are not interpretable within a biomedical framework. These problems present a challenge: to develop new perspectives on how to conceive the body and provide treatment.¹ This thesis argues that physiotherapy – the physiotherapeutic understanding of the body, and the possibilities inherent in working with bodily experience - can contribute to such new perspectives. The thesis aims to enrich perspectives on the body and on physiotherapy in rehabilitating people suffering from undefined pain and tension.

The focus of the study is the physiotherapist's *understanding* of the body and of the meanings of the physiotherapeutic treatment in rehabilitation. The thesis adopts a hermeneutic, phenomenological and social constructivist approach, with theoretical inspiration from Heidegger (1992/1927), Merleau-Ponty (1989/1962), Spiegelberg (1982), Berger & Luckmann (1998/1962), Schön (1983) and Molander (1993), to develop methods to reach this understanding. The concept of understanding is thus employed in the sense of 'insight into the meaning of something'. This implicates the epistemological position that meaning is constantly produced in social interaction within a historical and socio-cultural context. 'Understanding' is embodied, lived and expressed in the physiotherapists' way of working with patients – in what physiotherapists attune to, in what phenomena they give meaning to, and how they interact in the treatment situation. 'Understanding' is also an outcome of the organisational and material settings in which physiotherapists work.

To catch physiotherapists' understandings, which are in many ways implicit, the research strategically selected a group of six physiotherapists with long experience in treating people with problems of undefined pain and tension and psychosomatic and psychosocial disorders. Each physiotherapist was videotaped in a natural treatment setting with one of her patients. The videotapes were observed in detail to gain knowledge of each physiotherapists' way of working and of the individual treatment process. Then each physiotherapist was shown her videotaped session. In-depth dialogues followed, taking their departure from the filmed events, allowing different phenomena to be identified and given meaning. The videotaped treatment sessions thus formed the context for creating meaning between the researcher and the informants. By transforming into words what was, to a great extent, originally embodied understanding, the inter-subjective dialogue also transformed the meaning. In addition, new meanings appeared in the meeting of the researcher's and informants' different life worlds and strivings to understand.

The dialogues were taped, transcribed and thematically analysed using a hermeneutic, phenomenological procedure inspired by Spiegelberg (1982) and Karlsson (1995). The researcher discussed the content with the informants during three separate seminars over

¹ *By perspective I mean: "An ordered view of one's world – what is taken for granted about various objects, events, and human nature. It is an order of things remembered and expected as well as things actually perceived, an organized conception of what is plausible and what is possible; it constitutes the matrix through which one perceives his (or her) environment."* (Shibutani, 1955, s 564 in Charon, 1995).

three years. These seminars were held in the context of shared living during four days each. This sharing and the recurrent dialogues fostered mutual trust and created the conditions for reflection and interpretation in the knowledge generating process. The seminars were also part of the internal validation process in the study. They made possible descriptive case reports giving an in-depth understanding of the material. Then, in order to reach the underlying assumptions on a more ontological level, the research undertook a phenomenological analysis of the meaning structure of the understanding developed from each of the cases. It was, finally, possible to interpret the general meaning structure of all aspects of the physiotherapists understanding.

The main interest in the analysis and interpretation was to understand how meaning could be created from bodily experience in the treatment process of physiotherapy. In my theoretical interpretation, I have gained inspiration from parts of Heidegger's *Dasein* analytic perspective employed by Medard Boss (1983/1979) in the treatment of psychosomatic illness. I have also used Merleau-Ponty's concept of the lived body to understand the process of creating meaning from bodily experience in physiotherapy. Lastly, to understand how bodily communication between physiotherapist and patient creates meaning, I have drawn on Mead's (1976/1934) symbolic interaction perspective. Thus the thesis puts the understanding of the body and physiotherapy into an existential, phenomenological and social perspective. The interpretative understanding of the material, presented in chapters 4 –10 in the thesis, forms the main result of the study. A summary of the results follows below.

The understanding of the body

The thesis understands, at the ontological level, the body as a person's existential anchoring in the world. The body is the relation and access a person has to the world as well as to himself/herself. The body has meaning as a living, interconnected part of all the processes and contexts of a person's life. The sum of all these relations, and of the meaning which is thus created, is the embodied understanding, or 'attunement', of a person's being-in-the-world. The body carries a person's life history and her or his meaning and self-understanding. The perspective adopted in this thesis makes it possible to understand the body as meaning – the body as inseparable from the life a person is living, has lived or expects to live. In this sense, the body is in the world and the world is in the body.

The implication of this meaning-centred perspective is that bodily-expressed health problems can be understood by reference to a person's being-in-the-world. This understanding dissolves the dualistic representation of the body as 'external' and the mind/psyche as something 'internal' that generates meaning. To represent the body in this way makes it possible to grasp how bodily experience and physical social interaction, and not just language and reflection, create and recreate meaning.

The understanding of the body as relation – as embodied life history and meaning – makes it possible to see the bodily treatment in physiotherapy as an opportunity to become aware of and to change the lived meaning in the embodied patterns of a person's being-in-the-world. This offers the patient the chance to change the embodied patterns of how she or he relates to the world and the symptoms, pain or tension that are part of these patterns.

This meaning-centred perspective enriches our approach to undefined pain and tension problems. It makes it possible to meet and explore the patient's health problems, starting from the person's own bodily experience. Thus it is possible to strengthen the patient's own trust in himself/herself in exploring and understanding the relation between body and life and in establishing a more creative way of relating to his/her life situation. This approach contrasts with the common situation in which the patient's self-understanding and self-expression are not taken as the starting point, and in which health problems are defined as medically invalid or redefined as something else, as psychic, social and, by implication, as not 'real' in a biomedical sense.

The understanding of the patient's function

In order to understand the problems of the patients and identify themes and possibilities for treatment, physiotherapists attend to the individual patient's function in a broad sense. They look for the interaction between local biomechanical strains and more widely distributed tensions and movement patterns connected to the person's life and way of relating to life. To gain information about the possibilities for change and development, they are particularly interested in the patient's contact with, and sense of presence in, the body. Physiotherapists also look for potential movement, life and spontaneity in the body. The patient's ability to let down his/her weight on the ground and find stability in relation to gravity is a distinctive theme. In this, physiotherapists particularly emphasise the ability to let down the weight of the body and take support from the ground in the body. This is understood as the patient's embodied existential trust. Other important factors for physiotherapists are the patient's self image and ability to develop self-reflection, the space for changes in the patient's life and the motivation for change. In their assessment, they don't narrowly emphasise the body as a physical object or as a field of expression. Rather, physiotherapists try to explore the connections between structure and patterns of being-in-the-world. The local biomechanical strains and the more widely distributed patterns are perceived to have meaning in relation to each other and to the context of the person's life. Thus, the physiotherapist both places the biomedical understanding of the body into a wider context of meaning, and treats the psychodynamic factors as embodied patterns of understanding of the world, and not as independent underlying causes. The result is that feelings, body, thought and action are not separated as 'internal' or 'external', 'higher' or 'lower', but are understood as interwoven forms of meaning which throw light on each other and together contribute to a deeper understanding of the patient's health problems.

In the physiotherapists' understanding in the study, their patients' main problem appears to be lack of contact with the body and thereby difficulty in relating to the world as well as to themselves. This disturbance can be conceptualised as lost "at homeness" in the body and the world². If the body is understood as representing meaning and relation, the loss of a sense of presence, of contact with the body, implies a disruption in the patient's ability to create meaning in his or her relation to the world. In the understanding of physiotherapists in this study, the different ways of being-in-the-world, which lead to a disruption of contact with the body, include:

² I have in this been inspired by the concept "homelikeness" that has been developed by Svenaeus (1999) using Heidegger and Gadamer in his philosophical analysis of the phenomenology of health. I would rather use the expression "at homeness" though ("hemmastadhet" in Swedish), while this English expression seems clearer and more in line with how my informants understand the phenomena.

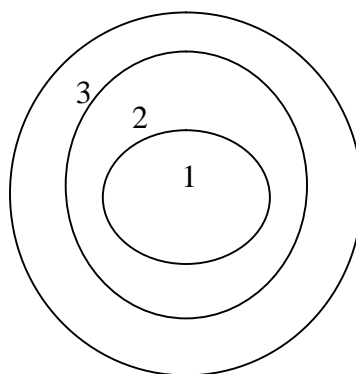
- Distancing self from the body and the environment.
- Cutting off, or strangling expressions of life in the body (such as breathing and movements).
- Symptomising the bodily perception of the life situation.
- Difficulties of sensing, understanding, symbolising and giving language to the bodily perception of one's relation to life.

It is possible to conceive of these patterns as *strategies for survival*, as *socially constructed and gendered patterns of disciplining the body*; and as expressive of a *lack of existential trust*. The development and maintenance of the patterns of being-in-the-world is understood as a result from the interaction between personal life history and socio-cultural factors. The symptoms are part of the patient's way of distancing, cutting off and strangling the expressions of life in the body, and thereby also the capacity to sense the existence and the embodied meaning in the patient's relation to life.

The understanding of the treatment process

The physiotherapists' understanding of treatment in this study, is that it is a socially constituted, meaning-creating process. In this process, the relation between patient and physiotherapist is central. The focus of treatment is to widen and deepen the patient's relation to the world by bringing him/her back into contact with his/her body and the bodily anchoring in the everyday world. The object can be said to restore "at homeness" in the body and the world. The physiotherapists in the study see the patient's ability to make contact with the body, and thereby the life situation, as dependent on the basic trust in life and on confidence in the right to exist. They view existential trust in being-in-the-world as embodied in the relation to the ground and gravitation. When thus understood as a bodily relation, it is possible to look for the development of existential trust throughout a person's life. Physiotherapy, with its bodily encounter and interaction, is understood as a special opportunity to explore and develop the patient's innate capacity for existential trust. Physiotherapy can thus be regarded as a practice that explores trustfulness.

It is possible to picture the process as three mutually dependent areas, areas that move in response to the force of each other. Each area is an area where meaning is created. This is, of course, a very simplified model for a very complex web of relations, in which trust, body and meaning are rewoven on each occasion.



The treatment process

1. The trust created in the relation between physiotherapist and patient. This is decisive for the patient's ability to develop a sense of presence in the body, and for the extent to which the patient opens to her or his being-in-the-world. Thus it is also decisive for what the patient creates and gives meaning to in the treatment room. Trust can in this be seen as the heartbeat of the treatment process. The stronger the trust grows, the more energy it is possible to generate in the other two areas.
2. The awareness in the body that makes it possible to sense the relation of body and life. The stronger the trust in dwelling in one's being-in-the-world, the more can emerge in one's perceptual field. In treatment, body awareness is also taught through exercises in which the patient learns to differentiate between different sensations in the body and to give words to them. An exploration of the body and its relations with life mediates connections with the third area.
3. Creation of meaning through bodily experience. This involves a dialectic between being/living the body and becoming aware of the lived experience, and then transforming the lived experience into symbolic form (movements, actions, pictures, words, thoughts, etc.). Meaning thus emerges both by an intra-subjective process, self-reflection, and by an inter-subjective process in the interaction with the physiotherapist. This process can be interpreted, in symbolic interactionist terms, as a dialectic between the 'I' and the 'Me' in the self, where the 'I' is the spontaneous lived body/self and the 'Me' is the ability to become aware of/look at, reflect over and give meaning to lived experience.

It is an underlying assumption of these arguments that meaning can be expressed, communicated and cultivated in many ways, not only through words and spoken language. For some patients, those who are less likely to express themselves verbally or who cannot see the sense in talking while they experience their symptoms as bodily and feel that they need bodily help, this approach to the creation of meaning in the three areas can be appropriate and meaningful. For other people, who use words as an intellectual shield against bodily experience of life relations, the exploration of trust in the body can be a way of getting more anchored in the self, the world and the words.

In conclusion, this research understands physiotherapy as much more than a treatment method. It develops the enriched view that it is a socially constructed process in which meaning is created through bodily experience, owing to the patient being able to experience him-/herself in new ways in the interplay with the physiotherapist. Physiotherapy, therefore, opens possibilities to fill out the void between biomedical and psychotherapeutic alternatives in the rehabilitation of persons suffering from problems of undefined pain and tension.

As regards practical applications, this understanding of physiotherapy implies that physiotherapists need to develop their competence in handling the relational dynamics of bodily interaction. This needs experienced supervision as well as education in the basic dynamics of therapeutic interaction. Physiotherapists also need to develop their competence in working with bodily experience and symbolisation, and in helping patients to experience and understand the connections between body and life.

This study also points to the need for further research to understand physiotherapy in practice and to develop theoretical perspectives in physiotherapy. There is also a need

for further research to understand the patient's perspective in the rehabilitation process. Research of the kind undertaken in this thesis makes it possible to contextualise and interpret empirical evidence, and thus to develop an understanding of *what* is important in treatment and *how* it is important in the rehabilitation process. It also suggests resources to gain knowledge of what treatment might suit which patient.

REFERENCES (*reduced to references of interest in English*)

- Bainbridge Cohen, B.** (1993). *Sensing, feeling and action. The experimental Anatomy of Body-Mind Centering*. Contact Editions Northampton; MA.
- Beaven, D., & Tollington, G.** (1994). Healing the split: a psychophysical approach to working with sexually abused teenage girls. *Physiotherapy*, 80 (7), 439-442.
- Berger, P., & Luckman, T.** (1966). *The Social Constuction of Reality. A Treatise in the Sociology of knowledge*. (1998) In Swedish: *Kunskapssociologi. Hur individen uppfattar och formar sin sociala verklighet*. Falun: Wahlström & Widstrand.
- Bertherat, T.** (1990). *The Body has its Reason. Anti-exercises and Self-awareness*. London: Cedar. ISBN 0 7493 0856 7.
- Boss, M.** (1983/1979). *Existential Foundations of Medicine and Psychology*. New York: Jason Aronsson.
- Bullington, J.** (1999). *The Mysterious Life of the Body: A New Look at Psychosomatics*. Ak. avhandling. Linköping Studies in Arts and Science No 190. Linköping University, The Tema Institute, Dep.of Health and Society.
- Charon, J.** (1995). *Symbolic Interactionism*. Engelwood Cliffs, New Yersey: Prentice Hall.
- Feldenkreis, M.** (1984/1972). *Awareness through Movement*. Hammondswoth: Penguin Books.
- Heidegger, M.** (1992/1927). *Varat och Tiden. Del I och II. (Being and Time)*(i översättning av Richard Matz) Göteborg: Daidalos.
- Karlsson, G.** (1995/1993). *Psychological Qualitative Research from a Phenomenological Perspective*. Stockholm: Almqvist & Wiksell.
- Kirkengen, AL.** (1998). *Embodiment of Sexual Boundary Violations in Childhood. A Phenomenological-Hermeneutical Study of the Health Impact of Childhood Sexual Abuse*. Thesis. Oslo: Inst. För Allmänmedicin, Oslo universitet.
- Lakoff, G., & Johnson, M.** (1999). *Philosophy in The Flesh. The Embodied Mind and its Challenge to Western Thought*. New York: Basic Books.
- Leder, D.** (1990). *The absent body*. Chicago: The Chicago University Press.

- Malterud, K.** (1992). Women's undefined disorders – a challenge for medical communication. *Family practice* (9), 299-303.
- Mattson, M.** (1998a) *Body Awareness - applications in physiotherapy*. Thesis. Umeå Universitet.
- Mattsson, M.** (1997). Body awareness therapy with sexually abused women. Part 1: Description of treatment modality. *Journal of Bodywork and Movement Therapies*. 1997; 1(5), 280-288.
- Mattsson, M.** (1998b). Body Awareness therapy with sexually abused women. Part 2: Evaluation of body awareness in a group setting. *Journal of Bodywork and Movement Therapies*. 2(1), 38-45.
- Merleau-Ponty, M.** (1989/1962). *Phenomenology of Perception*. London: Routledge.
- Retzinger, S.** (1991). *Violent Emotions. Shame and Rage in Marital Quarrels*. Newbury Park: Sage
- Roxendal, G.** (1985). *Body Awareness Therapy and the Body Awareness Scale, treatment and evaluation in psychiatric physiotherapy*. Thesis. Göteborg: Göteborgs universitet.
- Rudebeck, G.** (1992) General Practice and Dialogue of Clinical Practice. On symptoms, symptom presentation and bodily empathy. Ak. Avhandling. *Scandinavian Journal of Primary Health Care. Supplement 1*.
- Saltonstall, E.** (1988). *Kinetic Awareness, Discovering Your Bodymind*. New York: Kinetic Awareness Center. (ISBN: 0-89062-232-9).
- Schön, D.** (1983). *The reflective practitioner*. New York: Basic Books.
- Spiegelberg, H.** (1984/1982). The Phenomenological Movement. A Historical Introduction. Martinus Nijhoff Publishers. *Phenomenological*. (5/6).
- Svenaesus, F.** (1999). *The Hermeneutics of Medicine and the Phenomenology of Health. Steps towards a Philosophy of Medical Practice*. Thesis. Tema Hälsa och Samhälle. Linköping: Linköpings Universitet.
- Thornquist, E.** (1998). *Conceiving Function. An investigation of epistemological preconditions, conceptualizations and methodologies in physiotherapy*. Ak. Avhandling. Inst. for Allmenmedicin. Oslo: Universitetet i Oslo.
- Van Maanen, M.** (1990). *Researching Lived Experience. Human Science for an Action Sensitive Pedagogy*. Ann Arbor, Michigan: The Althouse Press.