Engelsrud, G., Nordtug, B., Øien, I. (2018). Being present with the patient: A critical investigation of bodily sensitivity and presence in the field of physiotherapy. *Physiotherapy Theory and Practice*, under utgivelse. doi:10.1080/09593985.2018.1460431

Being present with the patient – a critical investigation of bodily (inter) subjectivity in the field of physiotherapy

Abstract

The purpose of this article is to provide a theoretical understanding of why the body is essential for the practice of physiotherapy. By combining theories on the body and language with research on children as moving subjects, this article builds upon and synthesizes theory and research on the human body. We argue that physical therapists are more capable of recognizing the Other (the patient/child) when they become aware of their own bodily *presence*. Furthermore, this awareness helps therapists to appreciate their own bodies and the bodies of their patients as they *are and move* in mutual relation to each other. With the aim of justifying physiotherapy as a mutual bodily practice, this article contributes to grounding the practice in theory and defines the context of physical therapy as an academic discipline. The article's theoretical framework supports pre-established ideas about the relationship between physical therapy and the body. The specific contribution of this article is to show the importance of "the present moment" in professional physiotherapy. With this goal in mind, we explore how the understanding of body and language used in physiotherapy practice is crucial and affects the relationship between patient and practitioner. Our article explores the interesting and complicated relationship between the experienced body and academic descriptions of and theories about the body.

Keywords: Theory, body, presence, experience, subjectivity, children, physiotherapy.

Introduction

Choosing a theoretical starting point

We begin with the definition of physiotherapy provided by the Norwegian Physiotherapist's Union (NFF), "The field of the physiotherapist is body, movement and function." The idea that physiotherapists' focus is on the body is proven by their practice, in which they touch (and are touched) by the bodies of their patients, involving both patient and therapist as bodily subjects in relation to each other. We intend to support this claim by situating our article in a continuum with the work of earlier scholars in the Nordic countries. From the 1990s, scholars of physical therapy began to build a theoretical framework with which to understand the body (Bjorbækmo 2011a; Engelsrud 1990; Engelsrud 2006; Rosberg 2000; Råheim 1997; Schriver 2003; Thornquist 2003).

The body of Nordic scholarship is today a part of the international *Critical Physiotherapy Network (CPN).* For several years, the network has organized physiotherapists in an international network community of critically informed academics, clinicians, practitioners, researchers and students. The members have a shared engagement in qualitative research. Researchers within this network challenge mainstream traditions within the field of physiotherapy (Gibson 2010). Phenomenology and social constructivism are the most significant theoretical traditions that physiotherapists within the CPN use to reevaluate the medical/objective body, using critical reflection, embodiment and the lived body as lenses with which to see physiotherapy in a new light. These concepts were also the starting point for theoretical research on the body in physiotherapy that started in the 1980s, which argued that

choosing and adhering to a theory of the body was decisive in terms of shaping one's practice (Ek 1990; Engelsrud 1985.) While we agree with the definition of the body as the most basic element of physical therapy, we wish to problematize an aspect of the body that previous research has tended to overlook, namely *being present for the patient in the here and now.* This means being aware here and now of the patient's current situation. Recently, there has been a lot of focus on mindfulness that highlights the mind's role in being present. However, we approach being present in a different way and understand it more in the terms defined by Fuchs (2016), who described it as a concept about *bodily resonance.* Resonance is present and both the physiotherapist and the patient can sense presence in the relation between them. The title of Ek's doctoral theses (1990) is "Physiotherapy as communication" and she argues that physiotherapy unfolds *as* a type of communication. It is not the same as to say that physiotherapy is *about* communication. That would be to move the focus from what unfolds here and now to an overall level: *about* communication.

In order to put our investigation in context, we have chosen to focus on one type of physiotherapy patient: *the child*. One reason for this is that more and more institutions are developing master programs that focus on physiotherapy for children. Another reason is that by directing their movement towards people, objects and the world, children can clearly express themselves with bodily movement, even (or perhaps especially) before they are fully verbally developed. In other words, their intentions, are bodily, or in the words of the philosopher Edmund Husserl as quoted by Morley (2008p 152), they exist at a corporeal "zero point" which is "the bearer of the here and now." This means that the living body at all times and in all situations is the definition of present meaning, which later serves as the basis for speech, but also continues to be a source of unspoken, nonverbal communication throughout a person's life. As Morley (p 152) states; "the lived body is sentience itself, it is *my* personal

spatiality, the body to which I am born, fall ill, desire, nurture children, age, and die. It is my flesh and blood existence; it is mine as much as it is the common form taken by all humans." In the context of physiotherapy practice, this means that the child (and other patients) can meet the physiotherapist in an inter-corporeal space and at the same time live their body as *their own* personal spatiality.

It is from personal spatiality that the body can function as *the anchor for speech*. Thus, the physiotherapist's bodily approach affects the way she uses and interprets language in her practice. Our article concludes with an exploration of the relation between body and speech. We find inspiration from Jacques Lacan and Julia Kristeva's psychoanalysis. Thus, we supplement our basic theoretical point of view, which is inspired by Maurice Merleau-Ponty's (1906-1962) phenomenology of the body, with another French analytical tradition.

We have chosen sources that problematize and criticize the use of a (purely) objective or scientific view of the body in a physiotherapy context (Bjorbækmo 2011a; Engelsrud 1990; Rosberg 2000; Råheim 1997; Schriver 2003; Thornquist 2003). For the purposes of this article, we have based our research on a selection of relevant sources, rather than an exhaustive survey of literature within the field.

Recognizing the Other body

As stated previously, we feel that bodily expression is at the core of physiotherapeutic practice. Receiving and engaging with a patient's bodily expressions is at the core of a physical therapist's training. Several authors have shown, however, that research on early development often ignores the bodies of children (Burke and Duncan 2015 p 21). To ignore the bodies of children happens, despite the fact that the physiotherapists' practical and theoretical understanding of children's bodies plays a fundamental role in the way that they relate to children, on both a conscious and a subconscious level. Blanchard and Øberg (2015) discuss phenomenological concepts and theory that are relevant to physical therapy with newborns and young infants, arguing, "The clinician must become conscious of how his or her actions influence the infant's ability to show pleasure in achieving his or her goals." (Blanchard and Øberg 2015p 379). However, we wonder if they when they emphasize, "conscious actions" and a practical understanding of "achieving goals", might overlook how "being aware" is different from "becoming conscious". Our argument is that the physiotherapist's mission should be to understand and practice awareness especially in the context of their bodily resonance in their work with patients (and otherwise in relationships), while still maintaining a sense of their own self and body, independent of the patient. The therapist should be able to step back and be conscious of when they might be overly affected by preconceptions of normality and abnormality in their field. Definitions of abnormality can put unnecessary focus on the child's limitations. If the physiotherapist is too concerned with prejudice based on preconception and accepted uncritically, this can be an obstacle to true awareness of the patient's bodily condition, which is in a constant state of flux as a body in the world. Physiotherapist's concern with "achieving goals" and their stated frustration with "getting the child to do what [they] want" are indicative of an instrumental approach to treatment. These kinds of statements illuminate the therapist's desire to achieve a specific result from the treatment. The therapist intends a specific outcome for their child patients, and

this outcome may well be set before the therapist even meets their individual patient. This can lead to a focus mainly on the effects of a child's efforts, losing sight of the child's expressiveness in the present moment.

From our point of view, to live a bodily openness include the practitioner's assumptions about "the other" as another subject in its own right (cf. Nerheim 1996; Neumann and Neumann 2012). We believe that presence in the actual moment is important in order to secure that the child as an individual does not disappear into an instrumental description of the physical therapist's treatment regimen. Professional behavior when treating a child requires that the therapist relate to the child's body in its current state and expression. This is also true during encounters between adults, but in these situations, verbal expression can supplement and in some cases replace bodily expression.

Arguments for including basic bodily theory

Basic bodily theory for physiotherapists

Understanding one's own body is a necessary foundation for understanding the bodies of others. The philosopher Maurice Merleau-Ponty (1962 p. 56) writes in *Phenomenology of Perception* that there is already a kind of presence of other people in me." Other people exist as bodies just as I do, and their existence is not external to my own. Merleau-Ponty's idea can function as a starting point for understanding all relations between people, and thereby exploring the ambiguity of *both being and having a body*. This paradoxical condition is,

according to Merleau-Ponty, the natural state of the *lived body*, in which the body is both a means of existence and the basis for relationships with other people.

Viewing physical therapy as a form of communication makes it logical to develop physiotherapeutic treatment in cooperation *with* the patient, thus helping to ensure that the treatment is relevant and meaningful *for* the patient (as stated by the NFF). This means seeing both therapist and patient as subjects and active participants in the treatment process. One of the basic tenets of physiotherapy as a professional practice is the definition of a plan for treatment and rehabilitation that is oriented towards one or more long-term goals. However, each treatment process also consists of a series of moments, achievements and challenges not to be overlooked when focusing on long-term goals (Frykman and Gilje 2009).

For many children with a disability, the process of "growing up" involves dealing with body impairments and constantly meeting with therapists (Øien, Fallang and Østensjø 2015). Technical and academic language has a tendency to obscure the body's own expressiveness. One indication of this is the frequency of complaints over perceived mistakes and mistreatment by physiotherapists. Another is the therapists' own frequent frustration when treating children with their patients' inability or unwillingness to conform to treatment prescriptions. On the other hand, studies show that children whom professionals or physiotherapists expose to training and testing year in and year out tend to tacitly accept the strictures of the treatment method. According to Bjorbækmo and Engelsrud (2011b), in a test discourse, children tend to transmit the experts' view of what is important, correct and admirable; their role is to fulfil requirements that fit in with the predetermined standard. Regular testing may result in insecurity and lack of bodily confidence, because, according to

Gibson, "children risk developing a sense of their bodies as problems to be fixed" (McPherson, Gibson, Leplege 2015 p72).

Goodley and Runswick-Cole (2010) have come to a similar conclusion, and they are critical to the use of play as a form of exercise for children. They argue that the meaning of play can quickly change from being present and with oneself, absorbed in activity, to being goal-oriented and thereby creating a risk that the child will feel "a sense of failure" during play if they are unable to meet the stated goals. Labeling the movement of a child as a failure can be counterproductive and unethical. Instead, we recommend that physical therapists direct their attention towards *recognizing and understanding each child's individual body, interest and desire as it expresses itself in movement and speech.* Children are in constant motion, from the smallest breath to a hop into a puddle; children twist, fall and spin in their eagerness to fulfill their desire to play. According to Gibson, Teachman and Hamdani (2015), physiotherapists risk overlooking and ignoring children's desire to move, all too often interpreting children's movements as irregular bodily expression. Overwhelming focus on the patient's limitations is a serious weakness in the practice of physiotherapy. We must heed those who criticize methods, orientation and perspectives that fail to properly take children's bodily presence and movements into consideration. Even though these have been recurring issues in academic discussion of physiotherapy, we argue that they require more attention and increased action within the field.

The therapists enter the children's everyday life with assessments and treatments that are supposed to be standardized and evidence-based. It indicates that each child is confronted with these standards and forced to adapt to them in his or her ordinary life. By learning to

value and recognize children's embodied experiences in situated activities, a therapist can create space for the patient to reflect on the significance of taking part in physical therapy.

The child's body

It is noteworthy that the universal starting point for humanity is the "fetal position," which is both a bodily position and a way of being-in-the-world. From this position, the child receives attention and is involved with others and the world through skin, breathing and movement, speech and sound. The child shapes and is shaped by its human and nonhuman environment. Individuality and variation in expression and experience, as well as interaction with the environment are already noticeable in the first week of a child's life (Piper and Darrah 1994). The child embarks immediately on the creation of a preverbal movement repertoire. It quickly learns to express displeasure with extraordinary clarity, thereby extricating itself from undesirable situations. A child that does not want to get dressed expresses this desire by twisting and turning, or going "boneless" and sliding out of the hands of the adult who is dressing them. A child's body that does not want others to lift it expresses this with clear, nonverbal communication. The body is primary; it orients itself, takes initiative and is in contact with other people and the rest of its environment from the first moment of its existence. The child does not have to be verbal for us to understand what it wants. Its intentions are *in* its bodily movements. In these situations, the body speaks for itself. Merleau-Ponty writes that we should conceive of bodily movement "without confusing it with a cognitive operation" (Merleau-Ponty 1962 p 185). However, as we will explain later in this article, meaningful speech in which the therapist invites the child into an ongoing dialogue

about the treatment is an effective way to support the child's desires and ownership of their own experience (Løvlie and Løvlie 2017).

Any attempt to lift a child will show that a child direct the bodily expression towards the person lifting as well as the child's immediate surroundings. The body really *works* in practice, and if the child doesn't want to be lifted, the adult experiences him or her as a heavy weight that slides out of their hands and twists itself away. If the child wants a person to carry him or her, on the other hand, the adult experiences their body as being light as a feather and easy to grasp. An adult might notice something similar when they cannot find the rhythm on the dance floor—it is a position you cannot talk your way out of. When one body moves left and the other moves right, there is no meeting point, only two bodies with differing intentions.

A child's bodily impulsivity can be an excellent opportunity for a physiotherapist to tune in with her professional bodily presence and movements. Rather than being frustrated by failed attempts to make treatment conform to an established method, the physiotherapist can try to learn from the child's movements. What if the therapist chose to put aside her/his methods and techniques, at least for a little while, and engaged with the child's bodily expression instead? How can we build our awareness of a child's bodily will, which precedes and exists independently of verbal speech, but too often suppressed by the will of adults? When a small child wants to get down from a height, they put their feet down first. There is, in other words, a reciprocal relationship between what the child directs itself towards and what directs the child. The child directs itself *towards* moving from the sofa to the floor, and the sofa and the floor direct the child's movements in turn. As philosopher and movement researcher Maxine Sheet-Johnstone put it, "the body has knowledge of itself and the world" (Sheets-Johnstone 2009).

Being present as a form of professional competence

The concept of being present has become increasingly important in professional healthcare. As we have already mentioned, the physiotherapist has the option of being present for the patient and choosing to set aside their own ideas, at least temporarily, in order to let the patient's bodily unit express itself. In this way, "being present" creates a space for resonance between patient and physiotherapist. In the book "On becoming aware," the authors (Depraz Varela and Vermersch 2003) describe their systematic method of becoming present through basic exercises and specific practices. They make the point that researchers, and by extension practitioners, can actually learn to be present, without judging any given situation from a dogmatic standpoint. According to Fyhn (2009p 3), this requires listening and allowing the reality of a situation to meet us *before* we attempt to name or classify it. Because academic concepts and classifications are an essential part of the medical profession, it can be difficult to put them aside, even temporarily. Nevertheless, being present does not mean that a practitioner stops being a professional. Rather, physiotherapists should be encouraged to practice both being present and thinking critically about theories of the body in order to recognize how they can be applied in a variety of real-life situation. We argue that *being present* is a tool that helps the physiotherapist to apply concepts and methods that allow treatment to closely address the specific needs of each individual patient. This methodology can allow physiotherapy to become a more sensitive and reflective professional practice.

Many philosophers have occupied themselves with the question of self-reflection or self-examination (see for example Skjervheim (1976), Foucault (1988), Pålshaugen (2005)). From a phenomenological perspective, our embodiment is what allows us to reflect on ourselves. Emotional situations, which often arise when confronted with a child's strong will and unpredictable body movements, can be a test for adults. It might be paradoxical, but a strong theoretical groundwork can make it easier to practice embodiment and being present. Physiotherapy for children need to be anchored in a theory that is sensual and resonant. The ideal theory uses language that can express lived somatic experience. The phenomenological perspective allows us to experience the child's actions as one subject body interacting with another subject body. Two subject bodies that engage with the world using what they *are* and what they *have. To be with the child, and at the same time to be with oneself*—this is the goal of the physical therapy professional.

Body and speech

Our final theme is the relationship between body and speech, and the role that language plays in the practice of physical therapy. Morley (2008) is preoccupied with the limitations of language in coming to terms with one's lived body. With reference to Merleau-Ponty's *Themes from the Lectures,* he argues for "an opening toward that which we do not have to think in order that we may recognize it (Theme 130) (Morley 2008p 152). However, he concludes by saying:

> Despite its recognition of the limits of language, phenomenology remains paradoxically trapped in an abstract representational methodology for pursuing its

> goal of articulating corporeal experience. Merleau-Ponty's attempts at elucidation (as well as hermeneutics, deconstruction, so on) can only resort to language and interpretation because, as one writer says, "it is the only game in town" (Fish 355) (Morley 2008p 160).

The relationship between language, with all its limitations, and the experienced body is a complicated one. We use Morley's statement of the problem as a jumping off point, asking about the role of body's subjectivity on speech and vice versa.

As noted, we begin with the belief that the body is the basis for speech. This means that the language first becomes speech when some-*body* (i.e. someone's body) talks. Speech has in other words both a general dimension of meaning and an intercorporal and intracorporal dimension as we can experience as "an opening toward that which we do not have to think in order that we may recognize it", as Morley (2008 p 152) writes with reference to Merelau-Ponty.

The body's manifestation through speech allows the listener to understand words not as isolated phrases, but as meaningful intentions situated in the speaker herself, which shape the relationship between the people who are involved in conversation. In a way, one might say that the body *secures* the speech, allowing us to trust the speaker's words. Conversely, we might sense that the other's words does not give any meaning to the bodily resonance between us. It can for example be phrases that a physiotherapist has learned that it is correct to say to a particular category of patients, without any reference to what is being present for the patient in the here and now.

This ambiguity indicates that theory and critical reflection are necessary if one wishes to avoid simplistic assumptions about how a patient's speech is affected by their body, its presence, subjectivity and intersubjectivity. As a theoretical frame for such reflections, we have supplemented our basic phenomenological perspective with ideas derived from the psychoanalytical work of French theorists Jacques Lacan and Julia Kristeva (see Nordtug and Engelsrud (2016) for a discussion of the combination of phenomenology of the body and French psychoanalysis).

Kristeva (1998) highlights the importance of encouraging a child's spontaneous movement and sounds in order to develop speech patterns that are integrated with bodily movement and subjectivity, so that *words do not lose their power*. We delve more deeply into this theme by referring to the work of other thinkers from the same theoretical tradition—Joyce Mc Dougall and Jacques Lacan.

Kristeva argues that the bodily aspect of speech (what she calls the semiotic operation) can be encouraged and developed when children are in the pre-phonic stages of learning to speak (speaking without words.) When a child moves towards a person or object in its environment, the movement and sound are one. From sound and movement, evolve the speech and the experience of the being-in-the-world. Sound and movement situate the speaking body; they give it relevance to its surroundings. Kristeva's focus is on the mutual relationship between the child and the people to whom the child is directing its sounds and movements. She shows that overemphasis on adult expectations for the form and value of speech can lead a child to repress her spontaneous bodily manifestations in speech, so that her speech in a way becomes *empty* (we will return to Lacan's concept of *empty speech*). This shows the importance of eliciting and reinforcing children's spontaneous expressions in therapeutic situations, and

greater awareness of the mutually supportive relationship between movements and speech. In order to give both body and speech their due, the physiotherapist must *give back* the child's movement and sound and confirm the child's expressions using touch, breath and voice. To absorb, be present and tolerant are fundamental ways of acknowledging the child.

In work with older children, youth and adults, physiotherapists may experience that the patient's speech about herself and her ailments is just a reproduction of general knowledge without any manifestation of the body's surplus, its subjectivity, or its live-giving meaning. McDougall (1989) discusses this issue in the context of her work with patients suffering from psychosomatic illnesses, and describes it as a situation in which patients *suffer from normalcy.* Skårderud, Sommerfeldt and Fonagy (2012) explore a similar alienation that occurs in the treatment of so-called insanely good girls with eating disorders. They describe the phenomenon by saying that the girls' words have lost their power.

In the article, *The function and field of speech and language in psychoanalysis* (Lacan 2003), Jacques Lacan discusses the distinction between *empty speech* and *filled speech*. While filled speech refers to a speech practice where the manifestation of the body produces a surplus of meaning in the patient's speech, empty speech reproduce just the general meaning of language. Even though Lacan uses these concepts to analyze the patient's speech, his focus is on being present in the here-and-now, in the space shared by therapist and patient. He writes: "A reply to the subject's [i.e. patient's] empty speech, even – and especially – an approving one, often shows by its effects that it is much more frustrating than silence" (Lacan 2003p 46). Thus, there is a danger that the therapist's frustration will renew and reinforce the patient's *static state* (Lacan's term for the use of empty speech), when they lose focus on the bodies involved in the here-and-now. Too often, according to Lacan, the therapist jumps

quickly to conclusions, relying on ready-made interpretations. This happens in spite of the fact that the therapist should know better than anyone should, that the patient is the leading actor in the discourse of therapy (Lacan 2003p 48). Thus, the therapist should try to hold back a bit, concentrating with the patient on the here-and-now, as we have argued in this article. There is a time for understanding and a separate moment for coming to conclusions, Lacan (2003p 53) reminds us.

Speech is an important aspect of the body's subjectivity. Thus, the way we talk about bodies shapes the way we perceive our own body and those of others. Do physiotherapists' conceptions of the body coincide with those of their patients? On the other hand, can the therapist's theories on the body or lack of adequate theory contribute to alienation of the patient from her body? Some literary authors spend an extraordinary amount of time and effort in creating language that accurately reflects bodily experience, thereby allowing the reader to recognize the character's situation in their own experience. The commonality of human bodily experience is a strong argument in favor of rooting theoretical perspectives in the body. Physiotherapists, whose academic field is the body itself, can learn from works of literature to use words that closely mirror and describe the reality of bodily experience. In practice, this can mean confirming the patient's experience. Confirming a patient's experience is different from interpreting a child's movements in terms of psychological concepts, which may have the unwanted effect of shaping the child's expression as it unfolds in the present situation.

Conclusion

Meeting with the body

As we have shown, children's embodiment can pose a challenge to physiotherapists in their practice. When children express their will through their bodies, it can be difficult for physiotherapists "do their job," which often entails enacting specific methods and techniques whose effect can be measured and documented. Applying a theory of *the body as the place where we find our self* can enable a practitioner to explore their own body as an essential part of their professional practice. By becoming aware of and open to what happens in their own bodies, physiotherapists can systematically learn that *our experience is rooted in our own bodies*. *Noticing oneself* is something people do all the time, when they are cold or uncomfortable, depressed or exhausted. Nevertheless, because these feelings are part of daily life, they can often pass by without reflection, defined as unimportant or unrelated to professional physiotherapeutic practice. We believe, however, that physiotherapists must strive to recognize and register these moments of noticing oneself, and that analysis of such moments can have great significance for the field of physiotherapy as a whole.

Phenomenologically speaking, the inseparable and relational bodies are fundamental throughout our lives (Dahlberg 2013). This serves as a reminder to physiotherapists of what they have in common with each other, their patients, and indeed all of humanity – we are all subject-bodies engaged with the world. Therefore, it is essential to be aware of the body and its communication—in other words, to recognize the *subjectivity of the body.* The body's experience and desires are constantly changing, so its subjectivity is likewise always in flux. This is why, when meeting with the shifting subjectivity of a patient, practitioners also get in touch with their own changing will and desires. This requires patience and humility, because it can mean letting go of preconceptions about the Self and the Other that are based on

lifelong experience as well as learned academic theory (Fyhn 2009p 27). In addition, we have added the impotence of examining the language and concepts that operate in practice and try to change in favor of the theories we have introduced. We believe that by being more precise in the language they use to describe the body, physical therapists can better treat their patients.

It is noteworthy that, even though the profession of physiotherapy has the body as a knowledge base, there is surprisingly little research on how meetings between patient and practitioner affect each of their bodies. In order to give bodily expression greater attention in physiotherapy, we have chosen to focus on child patients and their adult practitioners, and applied a theory that shows each group is simultaneously subject and object. We used the child's body as our case study to show clearly that the body, even – or perhaps especially – when it is nonverbal, is experiencing, changing and vital. Children meeting with physiotherapists will in all likelihood experience interplay between being an object of the physiotherapist's goals and treatment methods, and being a subject that acts and engages with the therapist according to its own will and desire. We hope that this article can inspire physiotherapists to pay attention to their own selves, speech and bodies when they are together with a child patient and be present; thereby preventing the academic conceptualizations of their profession from "losing their power," and working instead to give those concepts renewed meaning. First, we must recognize that physiotherapy is a relational profession and then we can follow up with research where the interaction between physiotherapists and their patients receives more examination, attention and reflection both in theory and in practice. In order to give the child attention as a bodily being, a sensitive and present practice may offer physiotherapy a new basis for an appropriate theoretical articulation and speech that secure the body's experiences in its own right. Our contribution is

to define physiotherapy as a bodily practice present in language and speech, using what we have learned from the bodily expression of child patients.

Bjorbækmo WS 2011a My own way of Moving - The Movement Experiences of Children with disabilities, Institutt for helse og samfunn, Universitetet i Oslo.

Bjorbækmo WS, Engelsrud GH 2011b Experiences of being tested: A critical discussion of the knowledge involved and produced in the practice of testing in children's rehabilitation. Medicine, Health Care, and Philosophy 14:123-31.

Blanchard Y, Øberg GK 2015 Physical therapy with newborns and infants: applying concepts of phenomenology and synactive theory to guide interventions. Physiotherapy Theory and Practice 31:377-381.

Burke, R S, Duncan, J 2015 Bodies as Sites of Cultural Reflection in Early Childhood Education. New York, Routledge.

Dahlberg H 2013 Vad är kött? Kroppen och människan i Merleau-Pontys filosofi (What is flesh? The body and human being in Merleau-Pontys philosophy) Göteborg, Glänta produktion. (Gothenborg, Glänta Production)

Depraz N, Varela FJ,Vermersch P 2003 On Becoming Aware: A Pragmatics of Experiencing. John Benjamins Publishing.

Ek KM 1990 Physical therapy as communication: Microanalysis of treatment situations. Michigan State University.

Engelsrud G 1985 Kropp og sjel: et dualistisk eller dialektisk forhold? Et forsøk på avklaring av et av fysioterapiens grunnlagsproblemer.(Body and soul: a dualistic or dialectic relationship? An attempt to clarify one of the basic problems of physiotherapy) Oslo, Statens Spesiallærerhøgskole. (The College for Special Education)

Engelsrud G 1990 Kjærlighet og bevegelse: fragmenter til en forståelse av fysioterapeautisk yrkesutøvelse. (Love and movement: fragments to an understanding of physiotherapeutic practice) Oslo, Universitetet i Oslo. (University of Oslo)

Engelsrud G 2006 Hva er kropp. (What is body) Oslo, Universitetsforlaget. (The University Press)

Foucault M 1988 Technologies of the self. In: Technologies of the Self:A Seminar with Michel Foucault. Gutman H, Martin L.H, Hutton P.H (eds) Amherst, Massachusetts, Massachusetts University of Press.

Frykman J, Gilje N 2009 Being there : new perspectives on phenomenology and the analysis of culture. Lund, Nordic Academic Press.

Fuchs T 2016 Intercorporeality and interaffectivity. Phenomenology and Mind 11:194-209.

Fyhn H 2009 Kreativ tverrfaglighet, motstand og muligheter. (Creative interdisciplinarity, resistance and opportunities) In: Kreativ tverrfaglighet: Teori og praksis. (Creative Interdisciplinary: Theory and Practice) Fyhn H (ed). Trondheim, Tapir Akademisk Forlag. (Tapir Academic Press)

Gibson BE, Teachman G, Hamdani Y 2015 Rethinking normal development in Childrens rehabilitation. In: Rethinking Rehabilitation: Theory and Practice. McPherson K, Gibson BE, Leplège A (eds). Boca Raton, CRC Press, Taylor & Francis Group.

Gibson BE 2010 The body and physiotherapy. Physiotherapy Theory & Practice 26: 497-509.

Goodley D, Runswick-Cole K 2010 Emancipating play: dis/abled children, development and deconstruction. Disability & Society 25:499-512.

Kristeva J 1998 Fra en identitet til en annen. (From One Identity to Another). In: Moderne litteraturteori. (Modern Literature Theory). Kittang A, Linneberg A, Melberg A, Skei HH (eds). Oslo, Universitetsforlaget. (Scandinavian University Press).

Lacan J 2003 Écrits: a selection. London, Routledge.

Løvlie ALS, Løvlie E 2017 Du og barnet. Om å skape gode relasjoner med barn. (You and the child. To create good relationships with children) Oslo, Universitetsforlaget. (The University Press)

McDougall J 1989 Theatres of the body. A psychoanalytical approach to psychosomatic illness. London, Free Association Books.

McPherson K, Gibson BE, Leplege A 2015 Rethinking rehabilitation: theory and practice. Boca Raton, CRC Press, Taylor & Francis Group.

Merleau-Ponty, M 1962 Phenomenology of perception. London, Routledge.

Morley J 2008 Embodied Consciousness in Tantric Yoga and the Phenomenology of Merleau-Ponty. Religion and the Arts 12:144–163.

Nerheim, H 1996 Vitenskap og kommunikasjon : paradigmer, modeller og kommunikative strategier i helsefagenes vitenskapsteori. (Science and communication: paradigms, models and communication strategies for the theory of health sciences).Oslo, Universitetsforlaget. (The University Press)

Neumann CEB, Neumann IB 2012 Forskeren i forskningsprosessen : en metodebok om situering. (The researcher in the research process: a method book on situatedness) Oslo, Cappelen Damm akademisk. (Cappelen Damm Academic Press)

Nordtug B, Engelsrud G 2016 Boken som mangler, ord som går på tomgang og sykt flinke jenter: Kunnskap og helse. (The missing book, words without meaning and insanely good girls: Knowledge and health). Tidsskrift for Kjønnsforskning (Journal of Gender Research) 40:151-167.

Piper MC, Darrah, J 1994 Motor assessment of the developing infant. Philadelphia, W.B. Saunders.

Pålshaugen Ø 2005 ”Den sene Foucault - til senere bruk? - frimodige betraktninger". (The Late Foucault – to later use? – boldly considerations). Sosiologi i dag (Sociology Today) 35:53-80.

Rosberg S 2000 Kropp, varande och mening i ett sjukgymnastiskt perspektiv, (Body, being and meaning in a physiotherapy perspective) Institutionen för socialt arbete, Göteborgs Universitet. (Department of Social Work, University of Gothenburg.)

Råheim M 1997 Forståelse av kroppen som fenomen. Kritikk og utfordringer i helsefagenes grunnlagsforståelse. (Understanding of the body as a phenomenon. Criticism and challenges in the basic knowledge of health care). I: Kunnskap, kropp og kultur - helsefaglige grunnlagsproblemer. (In: Knowledge, body and culture - health care foundation challenges) Alvsvåg H, Anderssen NN, Gjengedal E, Råheim M (eds). pp. 95-123. Oslo, Ad Notam Gyldendal AS.

Schriver NB 2003 Fysioterapi og læring. Betydning af rettethed, relationer, rum og refleksion, (Physical therapy and learning. Importance of intentionality, relationships, space and reflection) Århus, JCVU Forlag. (Aarhus JCVU Press)

Sheets-Johnstone M 2009 The Corporeal Turn: An Interdisciplinary Reader. Exeter, UK, Imprint Academic.

Skjervheim H 1976 Deltakar og tilskodar og andre essays.(Participant and spectator and other essays) Oslo, Tanum-Norli.

Skårderud F, Sommerfeldt B, Fonagy P 2012 Den reflekterende kroppen. Mentalisering og spiseforstyrrelser. (The reflecting body. Metalisation and eating disorders). Mellanrummet. 26:6-21.

Thornquist E 2003 Vitenskapsfilosofi og vitenskapsteori: for helsefag. (Philosophy of science and science theory: for health science) Bergen, Fagbokforlaget.

Øien I, Fallang B, Østensjø S 2015 Everyday use of assistive technology devices in school settings. Disability and Rehabilitation: Assistive technology 11:630-635