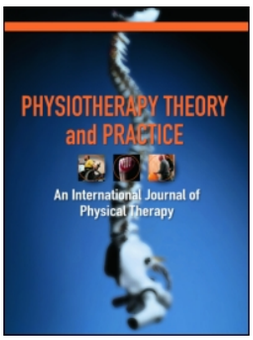

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ARTICLE

Being present with the patient—A critical investigation of bodily sensitivity and presence in the field of physiotherapy

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ABSTRACT

This article advocates integrating ideas from phenomenological theory regarding the body with a psychoanalytical theory of language to enrich our understanding of the meaning of bodily presence in the practice of physiotherapy. The authors use this theoretical framework to explore bodily presence as a source for physiotherapists' professional development. They are using research on children as moving and meaning-producing subjects[1] to illustrate the relevance of their perspectives. They argue that the perspectives might contribute to a physiotherapeutic practice that incorporates bodily presence in the professional language in addition to specific methods and techniques. Understanding bodily presence involves the physiotherapist recognizing the Other (i.e., the patient/child) in the present moment and trusting her/his own capacity to become aware of her/his own bodily presence. The authors assert that being aware of one's own bodily presence enables therapists to develop an appreciation of their own bodies and the bodies of their patients as they are and move in mutual relation to each other. Applying the article's theoretical framework, the authors consider the body as the starting point for speech,[2] and suggest that introducing a richer professional language encourages practitioners to become more aware of the dialectic between body and language: how the body is the anchor for speech and how language influences the experience of the body.

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Introduction

Choosing a theoretical starting point

Being a physiotherapist includes a variety of bodily experiences interacting with patients. The relationships in which professionals are involved are "the stuff of understanding each other and of understanding the world together," according to De Jaegher, Pieper, Clénin, and Fuchs (2017). We would argue that for the physiotherapist, the body is the "stuff" referred to by Jaegher, Pieper, Clénin and Fuchs (2017)s. In their practice, they touch and are touched by the bodies of their patients (Bjorbækmo and Mengshoel, 2016). Both patient and therapist are bodily subjects in relation to each other, engaged in mutual embodied meaning making (Chowdhury and Bjorbækmo, 2017).

We intend to support this claim by situating our article as a logical continuum of the work of earlier scholars. Our context is primarily the Nordic countries, where since the 1990s scholars of physical therapy have contributed to examining and developing a theoretical framework for understanding the role of the body in physical therapy (Bjorbækmo, 2011; Dahlberg, 2013; Dahl-Michelsen, 2015; Danielsson and Rosberg, 2015; Engelsrud, 1990, 2006; Nicholls and Gibson, 2010; Råheim, 1997; Rosberg, 2000; Schriver, 2003; Thornquist, 2003). These researchers challenge the traditional approach to physiotherapy, which views the body as a medical object and gives a paramount role to the practical techniques for interacting with it. Our approach in contrast to the traditional approach is consistent with the bodily turn in the social sciences that emerged in the 1980s, which drew on concepts of critical reflection, embodiment, and the lived body to view physiotherapy in a new light. This turn to the body gave theories of the body a decisive position

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[1]The concept of *subject* is used in different ways in phenomenology and psychoanalysis, and also in varying ways in each of the two traditions. However, here the concept is used more in line with ordinary language, in the sense that it emphasizes the child's active position in her/his being in the world.

[2]The concept of *speech* is used in a wide sense, including voice, tone, and rhythm in line with the article's psychoanalytical framework of Kristeva and the late Lacan. Thus, the call for being present for the child (as a patient) in the here and now includes participating in the speech of the child, even though the child does not use words.

with regard to shaping the individual therapist's practice (Ek, 1990; Engelsrud, 1985).

Although 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. Our search for literature on this subject did not identify a single article. This indicates that even if physical therapists have experience from being aware here and now of their patient's current situation, little if any research literature appears to support such experiences.

As professors in higher education who teach health professionals and physiotherapists, we often encounter their concerns with "achieving goals," as well as their frustration when they cannot "get the patient to do what they want." Going beyond the desire of patients who seek physiotherapy "to be treated," we suggest new possibilities for understandings of the meaning in the actual treatment situation: In support of the idea that being present for the patient in the here and now is a value for professionals, the argument of Fuchs (2016) that it can be experienced through what he called bodily resonance is a key element in our argumentation.

According to Fuchs (2016), bodily resonance conveys an intuitive understanding of others that occurs in ongoing interactions, often on a pre-reflective level; a process of mutual modifications of bodily and emotional states that takes place as a result of bodily presence. Although we are mindful of Wittgenstein's dictum in the preface of Tractatus that "whereof one cannot speak, thereof one must be silent," (Wittgenstein, 1922) in this case, we do not think that is a good idea! On the contrary, we believe that an argument for the importance of pre-reflexive experiences for professional work, as well as for research purposes, requires not only examining them, but developing an adequate language for describing bodily presence and its relevance to creating knowledge in physiotherapy. Physiotherapy, like other health professions, needs a language, which can help individual therapists to understand pre-reflexive processes in their practice and lend professional legitimacy to their work with these processes. With a professional language to elucidate concepts such as bodily resonance and bodily presence, these processes might be included in physiotherapists' professional development.[3]

To put our investigation of being present in context, we have chosen to focus on one type of physiotherapy patient: the young child. One reason for this is that more and more institutions are developing master's programs that focus on physiotherapy for children. Another reason is that focusing on young children provides a strong argument that the body is the ground in the meaning production of the human being. These children can clearly express themselves with bodily movement, even or perhaps especially before they have achieved full verbal development. Their intentions are bodily, or in the words of the philosopher Edmund Husserl as quoted by Morley (2008), they exist at a corporeal "zero point" which is "the bearer of the here and now." This means that we understand the child as a living body that expresses its present meaning in all situations. As the child develops, its living body will serve as the basis for speech, but it will continue to be a source of unspoken, nonverbal communication throughout her or his life.

Although the relation between the verbal and nonverbal is is difficult to grasp as a source of professional knowledge, applying the concept of the lived body makes it possible to understand why nonverbal expressions that reveal themselves in moments of bodily presence should count as knowledge. As Morley (2008) 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 meet the physiotherapist in an intercorporeal space and at the same time live their body as their own personal spatiality. 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.

It is from personal spatiality that the body can function as the anchor for speech. We will elaborate further on this later, limiting ourselves here to an example of how the body is an anchor for speech. Immediately after birth, the newborn child orients itself to the mother and the breast. When the mother talks to her/him, the newborn reaches out to her with its eyes and whole-body orientation. Thus, just after birth, voice,

[3]One important contribution to articulating the bodily presence between the physiotherapist and the patient appears in the work of Kerstin Ek. Her 1990 doctoral thesis, entitled, *Physiotherapy as Communication*, includes an empirical and theoretical argument 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.

tone, and speech already function as bodily anchors that give words and terminology meaning. Similarly, as already stated, the physiotherapists' bodily being and their way of approaching the Other include voice and tone. This being influences the way they use and interpret language in their practice. As this language might be taken for granted, we would argue that it should be viewed through the lens of theory of language. Therefore, our theoretical discussion here is aimed at strengthening a practice in which the physiotherapist adjusts her/his bodily presence and language to the body of the other (i.e., the child). It is a practice that is aware that movement belongs to the intentional world, and cannot be reduced to something "physical" without similarly reducing the child.

Although our theoretical perspective is based on phenomenology (Fuchs, 2016; Morley, 2008) and in particular Maurice Merleau-Ponty's (1906–1962) phenomenology of the body, we also draw on another French analytical tradition, the psychoanalytic approach of Jacques Lacan (1901–1981) and Julia Kristeva. Merleau-Ponty proposed that "it is by what phenomenology implies or unveils as its limits, by its latent content or it unconscious, that it is in consonance with psychoanalysis (….) Phenomenology and psychoanalysis are not parallel: much better, they are both aiming at the same latency" (Merleau-Ponty, 1993).

Lacan (1993) and Kristeva (2002) in turn have explicitly acknowledged their debt to Merleau-Ponty, and Lacan observed that Merleau-Ponty died before he managed to complete his exploration of psychoanalysis. It is therefore incumbent upon others to carry on these explorations, and we are accepting this challenge. Combining the phenomenological and psychoanalytic perspectives allows us to see the synthesis that illuminates the complex and sometimes frustrating dialectic between body and speech in which speech anchors in the body and at the same time settles into the body and becomes part of the bodily sensation.

When we argue that the body is the anchor for speech, we call attention to the latency of language. Here, we will explore this concept in the light of Lacan's distinction between empty and filled speech, and Kristeva's distinction between semiotic and symbolic dimensions of language. We will also examine how we can "reach" the latency of movement in the body, which, according to Lamb and Watson (1979), shows how nonverbal movement creates resonances between people, affects them, and influences their impressions of each other. Similar to language, qualities of movement might have latency. For example, an attentive observer might discern that a newborn's movement that might appear to express a wide range of movement qualities; as soft, sudden and direct as responses to the environment. The movement is sometimes latent and sometimes expressed. Some qualities (i.e., softness) might be latent and overlooked, while harder movements, whether direct or indirect dominate. To be aware of the child's range of movement is different from defining some movements as normal and others as wrong or underdeveloped. Seeing the child as it is and listening to whatever she/he expresses can enable the physiotherapist to recognize the Other body, and appreciate the movement as they unfold.

Recognizing the other body

As stated previously, we would suggest that bodily resonance and being present are concepts that reveal the physiotherapist's full interaction with the patient. They do not predict or prescribe the outcome of their interaction. However, if these concepts are properly understood and cogently supported, rather than simply assumed to be pre-reflective and intuitive, they might well improve that outcome. Receiving and engaging with a patient's expressions in the present moment and processes over time is a subject that demands attention and critical examination. A central element of our argument is that small children's bodily orientation is the only thing they can depend on. These attributes can teach professionals to listen and be present.

To be present and listen is not to listen "with the ears," but to listen with the body. It is also to approach the dual process of dialogue the conversation we have with the child and our internal conversation. If the physiotherapist views her/his task as simply "treating the child" and forgets to listen within the relationship, the child body is easily objectified, and overlooked as a subject. As several authors have noted, research on early development often ignores the bodies of children (Burke and Duncan, 2015).

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 level 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, 2015). However, we wonder if when they emphasize "conscious actions" and a practical understanding of "achieving goals," they might fail to recognize that being aware is different

from becoming conscious. Our perspective is that consciousness is bodily and that to be conscious in a physiotherapeutic situation is to be aware of yourself and the child and to let the treatment unfold based on this understanding. Our argument here is that this double perception of one's self and the patient demands a conceptual framework. In practice, the consequence of adopting this perspective might be that the physiotherapist is able to step back or renounce, and be conscious of both her/himself and the child. Such awareness is different from being overly affected by preconceptions derived from traditional ideas concerning methods, viewing the body as object and measured outcome of treatment (Bjorbækmo and Engelsrud, 2011). The authors argue that it is important become aware of any bias based on preconceptions, such as concepts like normality and abnormality that might lead the physiotherapist to adopt a unilateral approach to communication while testing (Bjorbækmo and Engelsrud, 2011). Using such concepts uncritically can be an obstacle to awareness of the patient's bodily being condition, which is in a constant state of flux as a body in the world.

In line with this, to be open toward the child's expressiveness in the present moment requires posing some new questions. What does it mean to see the child as another subject in its own right (Nerheim, 1996; Neumann and Neumann, 2012)? We have suggested that one place to begin examining this question is to draw attention to its presence in the actual moment, and discuss the relevance of this to ensure that the child as an individual does not disappear into an instrumental description of the physical therapist's treatment regime. 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. However, in these situations, verbal expression can supplement and in some cases replace bodily expression.

Arguments for combining bodily theory with theory of language

Giving prominence to the lived and intersubjective body in physical therapy

Understanding one's own body is a necessary foundation for understanding the bodies of others. The philosopher Maurice Merleau-Ponty (1962) 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. This means seeing both therapist and patient as subjects and active participants in the treatment process. As already stated, the concept of bodily resonance means "that the partners' subject-bodies are intertwined in a process of bodily resonance, coordinated interaction and 'mutual incorporation'" (Fuchs, 2016). Such processes are not "primarily localized within a single individual, but should rather be conceived as phenomena of a shared intercorporeal space in which the interacting partners are involved." If we follow Fuchs (2016), one of the basic tenets of physiotherapy as a professional practice is the definition of a plan for treatment and rehabilitation that is oriented toward one or more long-term goals. However, if we perceive the intercorporeal space and bodily resonance as relevant, this gives professionals concepts that support their efforts to understand and appreciate that each treatment process consists of a series of moments, achievements, and challenges that should be incorporated as they focus 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 (Evensen, Ytterhus, and Standal, 2017; Øien, Fallang, and Østensjø, 2015). Their situation is predefined based on testing programs in which language and test devices have 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 (2011), in a test discourse, children tend to transmit the experts' view of what is important, correct, and admirable; their role is to fulfill requirements that fit in with the predetermined standard. Regular testing may result in insecurity and lack of bodily confidence, because, according to McPherson, Gibson, and Leplege (2015), "children risk developing a sense of their bodies as problems to be fixed."

Goodley and Runswick-Cole (2010) have come to a similar conclusion, and they are critical to being goal oriented and thereby creating a risk that the child will feel "a sense of failure" if they are unable to meet the stated goals. As already stated, a process in which a child's movements can be labeled a failure suggests the inadequacy of concepts developed to quantify and measure movements. 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.

Therapists enter the children's everyday life with assessments and treatments that are supposed to be standardized and evidence-based. As a result, each child is confronted with standards and is "forced" to adapt to them in his or her ordinary life. In critiquing this approach, we will continue to assert the value of including and recognizing children's embodied experiences in situated activities, as well as the importance of creating space for these children to be, discover and sense themselves when taking part in physical therapy.

The child's body

It is noteworthy that the universal starting point for humanity is the fetal position; a bodily stance from which 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). However, according to our own observations, the child embarks immediately after birth on the creation of a preverbal movement repertoire. The newborn child expresses displeasure with extraordinary clarity, thereby extricating herself/himself from undesirable situations. Later, a child who does not want to get dressed expresses this resistance 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 through clear, nonverbal communication and indicates an understanding of the verbal or sign language of others.

The body's orientation toward others is primary. The child contributes to the intercorporeal space from the first moment of its existence. The child does not have to be verbal for us to understand what she or he wants. Its intentions are in the 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). 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 (Schibbye and Løvlie, 2017).

Any attempt to lift a child will show that a child directs the bodily expression toward the person lifting as well as the child's immediate surroundings. The body really works in practice, and if the child does not want to be lifted, the adult experiences him or her as a heavy weight that slides from the 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.

In such a situation, surrendering to bodily feeling and sensation might give the physical therapist space to step back to and reside in. Experiencing a child's bodily impulsivity can be an excellent opportunity for a physiotherapist to tune in with her/his own professional bodily presence and movements. This poses the question of how physical therapists can build their awareness of a child's bodily will, which precedes and exists independently of verbal speech and has its own dynamic and logic, as the following example shows.

When small children want to get down from something, such as a sofa or a chair, they put their feet down first rather than their head or arms. The movements organize themselves completely logically in a reciprocal relationship between what the child directs herself/himself toward and what directs the child. The child directs herself/himself toward 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 Sheets-Johnstone (2009) observes, we should give credit to the body for having knowledge of itself and the world. She indicates that the body has knowledge in and of itself, which is complementary to its knowledge about the body. If the physiotherapist accepts these

two dimensions of knowledge, every patient can be a source of new insight and participate in the accretion of general physiotherapeutic knowledge.[4]

Practicing to be present as a form of professional competence

As indicated, being present for the patient and choosing to set aside their own ideas, at least temporarily, open up the possibility of letting the patient's body to express itself as it is in the moment. 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 (2009), 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 physical therapy as a profession and the certification process, it can be difficult to put learned terminology and concepts aside, even temporarily. Nevertheless, incorporating the act of being present does not mean that a practitioner stops being a professional. Rather, our argument, based on, among others Fuchs (2016) and Merleau-Ponty (1962, 1993), as well as our own experiences, we encourage physiotherapists 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. Nordtug (2013) made this point succinctly: "We must not ignore that knowledge can help us to see what we take for granted in the relation to the student. Thus knowledge can offer an opportunity to hear what is Other in the student's call when she is addressing us. But there is undoubtedly a challenge for us educators to keep the frame flexible enough to hear and face this Otherness of the student, and to keep ourselves flexible enough to adjust part or the entire frame accordingly. Such flexibility may be achieved by a critical orientation, where knowledge is not seen as universal and given, but as individually, relationally and contextually constituted."

Following this line of thinking, we would argue that being present opens up an understanding of one's self as flexible enough to be inspired by concepts and methods that allow treatment to closely address the specific needs of each individual patient. This approach can allow physiotherapy to become sensitive and reflective in professional practice.

Many philosophers and scholars have occupied themselves with the question of self-reflection or self-examination (Foucault, 1988; Pålshaugen, 2005; Skjervheim, 1976). We consider these concepts relevant in the learning of being present, and 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 being present. The theoretical framework we use here supports and values the richness of experiences in the lived body, where children are located and anchored. The concept of the lived body and everyday life (Moi, 2017) opens a window to lived experience. Adopting such a phenomenological perspective enables physical therapists to experience a child's actions in an intercorporeal space where bodies resonate, rather than function in separate spheres.

Drawing on the work of Merleau-Ponty (1962, 1993) and examples from children's movement, we have argued that rooting our perspective in the body and recognizing the bodily resonance between people and the world enable us to problematize the general tendency to think about the body as primarily something that each individual possesses, rather than as something that links people/us. Cohen (2009) asks "how did we come to believe that as living beings, 'the body' separates us from each other and from the world rather than connects us?" We concur with other phenomenologists, particularly Fuchs (2016) in believing that feeling connected and living in "a mutual incorporation" is where human sociality begins.

Adopting a phenomenological perspective does not mean that therapists should abandon general knowledge as a resource in work with the patients. We recognize, however, that it can be challenging to keep ourselves flexible enough to combine part of general knowledge or its entire framework with the concept of bodily resonance and mutual incorporation with the patient (Nordtug, 2013). Thus, in our final section, we will explore the interesting and complex relationship between the experienced body and the language. Our focus will be on how the body can function as the anchor for speech in physiotherapy.

[4]In making this argument, we echo our "old teachers" including Aadel Bülow-Hansen, Eli Kjerschow Andersen, Lillemor Johnsen, and Liv Skåre, who taught us that "every new patient is a source of insight." In this sense, we are reiterating an important tenet in the physiotherapy tradition, contextualizing it in a new theoretical framework.

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, 2008). However, he concludes by saying as follows: 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 (1962, 1993) attempts at elucidation as well as hermeneutics and deconstruction can only resort to language and interpretation because, as one writer says, "it is the only game in town" (Morley, 2008).

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 our contention that the body is the anchor 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 intercorporeal and intracorporeal 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) writes with reference to Merleau-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 do 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.[5]

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.

Kristeva (1996, 1998) 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 (i.e., speaking without words). An example is when a child moves toward 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 body; they give it relevance to its surroundings, and as we argue here, the child's movement calls on and resonate with the presence of the physiotherapist.

Kristeva's (1996, 1998) 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/his spontaneous bodily manifestations in speech, so that her/his 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 awareness of the mutually supportive relationship between movements and speech. In order to give both body and speech their due, the physiotherapist can 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, which is fundamental in good treatment. This is both a general point and it will be defined and expressed in specific situation that are always new.

In work with older children, youth, and adults, physiotherapists may experience that the patient's speech about herself/himself and her/his 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.

In the article *The function and field of speech and language in psychoanalysis*, Lacan (2003) discusses the distinction between empty speech and filled speech. Although 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

[5]We are aware that the concepts of *subjectivity* and *intersubjectivity* (as we use them) belong to philosophical discussions that we have not addressed. Our point in this article is that being present relies on both.

reproduces just the general, denotative meaning of language. Even though Lacan (2003) 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 as follows: "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, 2003). 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.

Although Lacan's terminology is related to psychotherapy and adult patients, his approach is relevant to physiotherapy and the work with children. Lacan's concept of full speech is not limited to words, but includes sounds, tone, and rhythm. One example might be a mother talking to her child while breastfeeding, discussed earlier in this article. As we have argued, being present for the child as a patient in the here and now includes participating in the nonconceptual speech of the child. This means that the physiotherapist also adapts her/his voice, tone, and words to the nonconceptual speech of the child as it reveals itself in the course of the physiotherapy. This type of speech may also serve as a source of information in physiotherapy with pre-linguistic children.

Too often, according to Lacan (2003), the therapist jumps quickly to conclusions, relying on given interpretations, such as test in some cases function in physiotherapy. 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. 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 (2003) reminds us.

Speech is an important aspect of the body's presence and 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.

Summing up our perspectives

Meeting with the body

As we have shown, children's bodily expressions and movements can pose a challenge to physiotherapists in their practice. When children express their will through their bodies, it can be difficult for physiotherapists to do their job, which often entails enacting specific methods and techniques whose effect can be measured and documented. Grounding physical therapy in an intercorporeal social space (i.e., Nordic critical physiotherapy research) where the body as the place where we find our self can enable a practitioner to explore their own body as essential in 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, observing that they are cold or uncomfortable, depressed, or exhausted. On the other hand, these feelings are so much a part of daily life that they often pass by without reflection, that physiotherapists might easily regard them as unimportant or unrelated to their professional practice. We believe, however, that if physiotherapists are encouraged to recognize and register moments of noticing oneself, their analysis of these moments could have a great impact on their discipline.

Using young children as examples has enabled us to suggest avenues meriting further exploration. We recommend that physical therapists direct their attention toward recognizing and understanding each child's individual body, interests, and desires as expressed in their 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 be in motion in their continuous process of discovery. Our goal in this article has been to challenge traditional methods and orientations with an argument that if physiotherapists adopted an approach that incorporated bodily presence to the significance of children's

movements into their work, they would both enhance its effectiveness and potentially contribute to general knowledge in the field. 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, 2009).

In addition, we have emphasized the importance of participating in the child's nonconceptual speech as it unfolds, examining the language and concepts that characterize current practice, and adopting new practices based on the theories we have introduced. We believe that being more reflective about the language they use to describe the body would encourage physical therapists to incorporate their own experience in their practice. We are confident that once they experienced the value of this approach, they would become strong advocates for its application and the concepts and perspective that underlie it.

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 greater attention to bodily expression 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 renewed meaning to those concepts. 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.

Declaration of interest

The authors report no declarations of interest.

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