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SCIENTIFIC CONTRIBUTION

Towards living within my body and accepting the past: a case study of embodied narrative identity

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Abstract This narrative case study, created from several qualitative sources, portrays a young woman's life experiences and an eight yearlong therapy process with Norwegian Psychomotor Physiotherapy (NPMP). It is analyzed retrospectively from an analytical angle, where NPMP theory is expanded with Løgstrup's phenomenology of sensation and Ricoeur's narrative philosophy. Understanding Rita's narrative through this window displayed some foundational phenomena in a singular way, illuminating embodied experiences in inter-subjective relationships in movement, sensation and time entwined. It illustrates how traumatic life experiences may cause pain, suffering and ruptured narratives with fragmented physical and sensuous reactions, chaos and loss of temporal coherence with consequences for a person's sense of identity. Rita's narrative also illuminates how intersubjective interaction has healing potentials when there is time and space for trust to emerge and to support new bodily-based experiences. Embodied sensuous experiences in present time may help clarify past and present and support chronology in narration and the sense of identity. With this exemplary case study, we argue that Løgstrup's and Ricoeur's thinking may add valuable perspectives to understanding suffering and healing processes in the field of embodied therapies like NPMP.

Keywords Norwegian Psychomotor Physiotherapy · Løgstrup · Ricoeur · Muscular tension · Tuned sensation · Memory and reminiscences · Embodied narrative identity

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Introduction

In this narrative case study a 30-year-old woman's experiences with Norwegian Psychomotor Physiotherapy (NPMP) are analysed retrospectively. NPMP is a clinical practice in the borderland between somatic and psychological ailments, providing hands-on physiotherapy for musculoskeletal and psychosomatic conditions. Patients referred to NMPM suffer from a wide range of everyday stresses and strains, like muscular tension and/or pain, headaches, migraine, fatigue, respiratory problems like asthma, mild forms of anxiety and depression but also dramatic emotional overload with a history of trauma. Conditions are often complex and long-lasting (Breitve et al. 2008). With massage and exercises tuned into the rhythm of respiration, NPMP addresses muscular tension and respiratory constriction. The aim is to shift postural, movement and respiratory patterns towards a better dynamic between stability and freedom, which better supports social and emotional regulation and self-reflection. The therapeutic approach is flexible and tuned to the patient, in order to carefully grade intervention; in the more comprehensive cases NPMP is usually combined with psychotherapy (Thornquist 1991).

The study has a narrative approach, and is part of a growing research tradition of exploring narratives of illness, recovery and healing in the fields of medicine and health science. However, the field of narrative research is

multidisciplinary and complex, and has been inspired by both humanistic, structuralist and poststructuralist traditions (Andrews et al. 2013, pp. 1–13). Narrative approaches may be event- and experience-centred, representing small stories of individual perspectives. Some researchers emphasise agency and what narratives can do in creating meaning and coherence in the story about one's life, with potentials to change self-perception and practices of everyday life. Other researchers are more concerned with the capacity of language to portray narratives as a mirror of social realities. Narrative approaches may also be first and foremost socially oriented, seeing narratives as representing social circumstances, big stories in the culture, and more oriented towards the co-construction of stories and narratives as performance. In this study, the narrative approach is event-, experience- and individually-oriented, but nevertheless seeing illness and healing narratives as agency. We also recognize the co-production of narratives in interpersonal spaces, for instance in the interview situation, and in a wider context of culturally driven meta-narratives in medicine and health science.

Ever since the 1980s narrative studies on illness have increased in number within health sciences. The distinction between disease and illness opened up for the investigations of patients' subjective experiences, and narrative as one of the most powerful ways to express suffering and to give voice to the patients, with its capacity to capture central aspects of illness experiences and their social context within daily life (Hydén 1997, pp. 49–52). In medical anthropology and sociology Kleinman (1988) and Frank (2013) are central contributors to research, giving voice to the sufferers. The body of narrative research is extensive, and is to some extent growing within other healthcare professions, such as occupational therapy, inspired by anthropological studies of their action oriented practical field of therapy and care (Mattingly 1998). In physiotherapy however, narrative research is limited. Except for (Thornberg et al. 2012) who explored improvisational dance for elderly people, narrative research in physiotherapy is predominantly done by physiotherapists in the field of NPMP (Ahlsen et al. 2012a, b, 2014; Øien et al. 2007; Øien 2013; Sviland et al. 2012, 2014).

We first met Rita as an informant in a focus group study (Sviland et al. 2014). Her contribution stood out as different from the other stories, yet with features clearly recognisable to clinicians in this field. In the present study Rita's particular experiences are extended in a comprehensive narrative, exploring how 8 years of NPMP may have influenced her. Departing from Rita's particular story, we wish to continue to expand on the notion of narrative identity in relation to NPMP where new body experiences are at the core of the therapy. How does the NPMP way of working with the body give rise to new contact, experiences and revelations and, how does this weave into a patient's narrative resources and make meaning in a more extensive life story perspective? In order to do this we draw on Knud E. Løgstrup's[1] phenomenology of sensation and time, Paul Ricoeur's[2] philosophy of time, narration and identity and explore how this may contribute to understanding how NPMP may bring about change in a person's life.

After presenting methodology, material and analysis, we present a coherent narrative of Rita, emphasizing her turning points. When we present theoretical reflections on this story we first give a brief outline of how Løgstrup's and Ricoeur's thinking may contribute to expanding the theoretical underpinning of NPMP derived from Braatøy's[3] embodied understanding of nervous minds and psychosomatic ailments. Subsequently, we discuss Rita's particular experiences in light of these theoretical perspectives, as exemplary to some foundational issues relevant to the treatment of ailments in the borderland between psyche, soma and life circumstances.

Methodology

Narratives are characterized by time, plot, audience and identity (Riessman 2015). Narrating implies that somebody is telling someone something in a given situation. Narrative events are usually selected and arranged in a temporal order, in sequences associated with some kind of change, and recounted with a beginning, a middle and an end. Narratives are told in a given time and place and for different purposes. In other words, narratives are situated and contextual, and this will have impact on the story being told. It will influence the narrator as well as the listener and thereby the form, the presentation and the interpretation of the narrative (Hydén 1997). Narration as social event becomes more apparent in an oral situation, than when a story is constructed and presented in a written form, where the audience is not in the immediate presence. A text is free to be read by anybody (Ricoeur 1999) and thus the audience can only be imagined

[1] Knud E. Løgstrup (1905–1981) a Danish phenomenological philosopher strongly influenced by Gruntvig and his philosophy of life. The other most important inspiration came from Hans Lipps who had been a student of Husserl and Bergson. Løgstrup peruses discussions with philosophers such Husserl, Heidegger and Kierkegaard as well as with the Danish structuralist Hjelmslev in order to develop his own phenomenological position which developed from anthropo- to cosmophenomenological perspective where ethics and sensation are essential issues. Some of his work is available in English translation (Løgstrup 1995, 1997).

[2] Paul Ricoeur (1913–2005) combined phenomenology with hermeneutic interpretation and critical theory and furthermore laid out narration developed a narrative theory of identity.

[3] The Norwegian psychiatrist Trygve Braatøy (1904–1952) worked together with the Norwegian physiotherapist Aadel Bülow-Hansen (1906–2001). Their extensive clinical collaboration and Braatøy's theoretical reflections and academic publications shaped the foundation of NPMP.

(Riessman 2015). Narrative research may draw on several kinds of situations and contexts as emphasized by Polkinghorne (1995, p. 5): "… narrative inquiry gathers events and happenings as its data and uses narrative analytic procedures to produce explanatory stories." For research purposes, this article's material was constructed in three different narrative contexts, shaping it in different ways and, effected by what the informant expected and considered important and meaningful to share and, what was asked about and pursued by the interviewer.

According to Ricoeur (1999), narrative time emerges in the gap between the eternal objective time of the universe and human subjective time. In narratives, human experienced time is inscribed in objective time. By bridging these opposites, a new dimension of time emerges; the narrative/historical time. Although narratives are about past, present and future, life is messy, narratives are broken and ruptured, human experience is vacillating and moving in shifts and swings (Mattingly 1998; Frank 2013). Mattingly (2000) has emphasized that within messy lives there are moments that are more narrative than others, moments of revelation and possibly turning points. Authors in the field of illness narratives have been reflecting on this temporal distinction between past, present and future, particularly in the field of survivors of trauma (Riessman 2015). To configure a narrative from messy lives is a way to bring order into the disorderly, an attempt to see how something began, how it developed and perhaps understand why it ended the way it did, if an end is possible to see. The temporal divisions are "useful for assembling fragments of experience into a coherent and organized plot, but they are devices, not natural phenomena and the distinctions they imply are problematic ones" (Riessman 2015, p. 1057). In this article we use this device to shape an emplotted narrative in order to produce what Polkinghorne (1995, p. 5) calls "explanatory stories". Within the configured timelines are moments of particular meaningmaking, what Mattingly has named "emergent narratives". However, this narrative clearly demonstrates the temporal ambiguity, so strongly emphasized by Riessman (2015, p. 1066) insisting that "…beginnings, middles and ends bleed into each other just as past, present and future do…".

Material and analysis

This comprehensive narrative is based on three kinds of material. First, Rita's contribution in the focus group interview discussing her experiences from NPMP with other patients and two researchers. Second, 3 years later, in a 2 h-long individual in-depth interview Rita is telling her story to a researcher who is also an NPMP physiotherapist. Thirdly, Rita wrote a story about concrete experiences from a particular episode, resembling autobiographic material.

Interviews were taped and transcribed. Transition from the oral to written text, translation from Norwegian to English and condensing the text, all contributed to narrative smoothening, where some issues became more pronounced and others faded into the backdrop of the story. Remaining loyal to Rita's recounting, yet in tension between order and creativity, the text was structured to make narrative meaning and causality to emerge (Josephsson et al. 2006). Rita's recounted experiences both in life in general and, during therapy, display multiple aspects of time, and sometimes the structure seems to be distorted. The past emerged into her present time as physical reactions, emotions, reminiscences or memories. Sometimes past and present time became confused. Rita had also described situations where she is looking back and reflecting on her past experiences, for example, together with her therapist. All this is retrospectively recounted during the time of the two interviews. In the written story, memories of past experiences are brought into her present time during reflection. As we analyze this material, the distance in time is further increased. Thus, the material reflects how narrative life enfolds between experienced life in action and speech, telling somebody about this and, interpretation of the story by the person who listens to the story and who is affected by it, as described by Ricoeur (1984/1990) in the three mimesis.

A focus-group interview was the backdrop for the indepth interview, which was used as the point of departure for this article. The first analytic step was to integrate the three sources of material into a timeline so that information and events emerging from the focus-group interview, the indepth interview and the written account of the droplet story was organized in chronological time. The second step was to remove repetitions and condense the text. During this narrative smoothening by reorganizing and rewriting of the text, yet staying as close as possible to the original material, we were continuously searching for what was at stake in Rita's story. While doing this, the third step of the analysis was to configure a narrative and develop a plot line. Episodes stood out within the story as turning points; we looked for events with particular driving forces in the plot as pivotal to how Rita's life evolved in her story. The forth step was to identify and fit in accounts of such moments that seem to emerge in action and interaction during Rita's life and therapy. Thus this analysis has a dual purpose; to create a coherent narrative plot line and to identify turning points, in retrospect. Theoretical reflection is the fifth step of the analysis.

A narrative of Rita

Rita has explained how she grew into a young adult who desperately needed help. She grew up in a family with several siblings, an ill mother and a father left with most of the

responsibilities. During most of her childhood and adolescence, Rita had felt that her struggles would be too much for her parents to handle. She had no-one to go to when she was bullied at school, or with emotions related to her sick mother at home. She had to learn to keep her sorrow to herself. She had asked for help but her experience of feeling emotionally overloaded was downplayed and ignored she never tried again. She struggled with asthma, allergies, severe anxiety and massive insecurity leading to self-harming. She had instructed herself: "I have to handle this by myself!"

Coercive hospitalization—corroborating distrust

As an 18-year-old student, Rita had been suicidal. Her general practitioner (GP) acted in a firm yet caring manner, always giving Rita options for making decisions and time for her to find out what they needed to do. At one point Rita was given the choice, either to be hospitalized or call her parents, she called her father and he came to pick her up. For the first time he was told how much his daughter was struggling. Rita went home with him. He had promised to take her to the local psychiatric outpatient department for assessment the following morning. They, however, did not give her much choice. She was sent to the psychiatric hospital for assessment. Again, there was no choice. The promised assessment was ignored and she was hospitalized against her will. Rita was supposed to sit her exam the next day. She was furious and felt betrayed, like so many times before. Her basic assumption, that nobody could be trusted, was confirmed. The only exception had been her GP. She trusted no-one in the hospital. Five months later she was discharged, but still struggling. She tried psychotherapy but it did not work for her, she claimed. At 21 years of age her GP had urged her to try NPMP. Because she trusted this GP she had been willing to try, as a somewhat desperate last way out.

Going to NPMP—chaos and discoveries

Rita clearly states: "Going to NPMP had been painful. Each appointment disturbed several days of studying." Despite panic and turmoil, she bravely went to NPMP and continued her studies. "In a subconscious way, I may have felt that this particular person could be trusted, with time," Rita retrospectively assumed. Still, it took her a long time to make space for trust. In chaos, no sense of coherence, massive anxiety and constant inner turmoil she suffered serious sleeplessness. Retrospectively she explains how she had lacked the language to describe her feelings and experiences. For half a year she had not tolerated being touched by the therapist. For a year she had needed to sit on the hard floor with her back against the wall. She explains how sensing the hardness under and behind her had helped counteract the turmoil. For a long while she had needed much time to bring herself fully into the therapy room. The therapist had understood and had given her two hourly sessions. Rita remembers how they would talk about anything, weather, school or work, before it was possible to carefully approach her body.

Rita had felt that this therapist read her better than she did herself. With her strong emphasis on hiding emotions, it had been scary to be confronted with herself like this, yet very important, she underlined. She remembers thinking that since the therapist could see her anxiety in the very moment it happened, it had to mean that anxiety involved physical expressions. Thus, Rita discovered the muscular actions of anxiety.

Rita describes how she gradually tolerated more, and when she eventually could sit on a chair, she could bring attention to the sense of her feet on the floor, her buttocks on the chair and the support in her back. She could even tolerate some massage and movement, but lying on the plinth had to be with her lying on her front. It was a turning point when she had felt safe enough to lie on her back.

Rita had been allowed extensive control during therapy. However, she had a major problem saying 'no'. She allowed the therapist to do more than she actually tolerated. When sensations triggered reminiscences, or physical intervention was too confronting, she would distance herself. By making sensations so remote that it did not concern her, she could do and tolerate much, but without actually being present in herself. She registered this sense of not being in her own body, but did not understand why it was happening. Unable to control this reaction she became upset and angry with herself.

Rita explains how, during treatment, the past could emerge, not as coherent film but in embodied ways. She could not recognize situations or where this came from; it was scary and challenging. Different impressions could trigger the same reaction. Sensations, a conversation, or if she failed to say 'no' would mean the body would go into a state she characterised as "not knowing what to do." Switched off like this, she repeatedly lost contact with her own presence. Her first revelation of connecting sensations and past experience stands out as ground breaking.

Struck by a droplet—reminiscences in sensation

Anxiety had been lying just under the surface all day. At the expense of her sense of being present, Rita had kept this at bay. Totally out of contact with herself, she had answered, 'don't know', to everything. Rita and the physiotherapist had left the clinic together. It was no longer raining while they walked through the park, between large trees. Suddenly a raindrop hit the back of Rita's head. This sensation threw her back into a situation at school, where bullying had been

going on for a long time. She totally lost her bearing as she relived her existence as her 12-year-old self:

> I heard the echoes and felt the large gobs of spit hitting me and the surrounding ground. This was punishment for telling teachers about the forbidden game the girls played, combining hyperventilation and stranglehold until they fainted. I asked for help but the teachers did not intervene, hoping the problem would pass, since it was towards the end of term.

Rita stood, overwhelmed by a feeling of having had enough and a strong need for help. "Rita, what is happening with you?" The therapist's voice had brought her back to the park, still steeped in the sensations and emotions of the past. Rita realized that her therapist must have discovered that something had affected her even if Rita was not yet aware of what had happened as they slowly continued walking. Moving like this had made it easier not to get lost in the past, while she described the episode. For the first time ever she had been aware, in present time, while remembering this. To realise that a raindrop was the trigger had helped her link these specific emotions to a specific life experience. She had encountered the same body sensations of these emotions several times during therapy, but without recognizing what situation they belonged to. The raindrop had reconnected sensations and reminiscences. Rita understood "this feeling belongs to this memory. The two belong together". Sensing this coherence between emotion and event had been immensely liberating.

Anger shifting direction—blaming the responsible

During NPMP, reminiscences kept emerging, many associated with massive feelings of guilt. Rita explains that she had soon realized that her reaction patterns had been established during childhood and adolescence. Discovering how she was dealing with the past had intensified anger with herself.

Rita has emphasized how bodily this experience of inwardly directed anger had been, linking this to muscular action, reaction and tension. To accept it and to turn it in the right direction had been the most prominent embodied experience of change. The raindrop episode had been pivotal. When Rita explained how the teachers did not want to get involved, her therapist had burst out in anger: "Is this possible? I really would like to tell these teachers a thing or two." This anger, directed towards those who had not taken Rita's plea for help seriously, had brought Rita fully back to the present time and space in the park. To see the therapist so angry, on her behalf, made a deep impression, confirming that she "had the right to be angry and feel betrayed in this situation". For the first time Rita had felt: "I am actually not to be blamed for this." The therapist had demonstrated a possible new direction for Rita's anger that should not be towards herself. It was not her, but somebody else who had not dealt with this properly. She had been a child and those who were responsible had failed to care for her. When Rita had come to her senses in the park she was overwhelmed by emotions, not as the 12-year-old girl, but an adult woman, she emphasises, with emotions in a new direction. Rita's process of clarifying her sense of guilt had started.

Continuing to explore experiences and find coherences between anxiety reactions and life experiences made her reactions more acceptable, she explains. She became less self-punishing and friendlier towards herself. Seeing events from a distance, time in itself helped, also being with children, as an adult, made this clear: "children cannot be held responsible for other people's actions. Adults must take the blame for what they are responsible for." Now as an adult, Rita can see the child she actually had been.

She explains how anger also had emerged towards another responsible person who had failed to care for her. Just when she had accepted this, he suddenly died. The obituary in the paper was full of praise. To feel so much anger at somebody whom everybody praised was difficult, but she had shared this with her therapist. Rita describes it as a victory when she had been able to say: "Do you know, I really felt this". This breakthrough had been a clear embodied sensation of being present in her experience. Even if other people had their story, her story was still true. What she had experienced had actually happened. He had ignored what happened to her. It was clear to her that this had been the origin of her reaction patterns, causing so much pain and seriously affecting her life.

Revelation of embodied tranquillity—hope for a future

After four and a half years in a void and fog of anxiety Rita had another breakthrough. They had worked for Rita to experience tranquillity. The therapist had continually assured her that this was possible. It may have developed over time, Rita admits, but for her it had revealed itself suddenly. While she was resting on the plinth after treatment, tranquillity happened in a flash and, she fell asleep. Keeping in mind insomnia was a major problem, to discover tranquillity, as a concrete physical experience in her body was a revelation. Because it was so concrete, not just words, it had to be real, she had thought. This gave her a tool to work with and hope for a future life without constant restlessness and turmoil.

In the therapeutic interaction Rita explains how she had gradually developed her language. This accelerated after the revelation of tranquillity; words had started coming to her. With more words she could make clarifying distinctions and grasp her reactions, but also share her experiences with other people.

Compassion—coming to herself in the eyes of the others

Rita's therapist asked if she would share her experiences with NPMP in our focus group study. With all that had happened, Rita would be a rich informant, but would this be too challenging for her? They had been uncertain but Rita contributed substantially (Sviland et al. 2014). She had felt different from the other participants, she said. They had come to NPMP for physical pain, she had come because she couldn't cope with life. Even so, the response she had felt from the group while sharing her story, how they were touched and some moved to tears, had been reassuring. She was on the right track. For the first time she felt proud of the job she had done. She realised that seeing herself through the eyes of others affected her emotionally. Sharing her story with this group had made her less negative towards herself, she explains.

Retrospectively Rita reflected. In the park the therapist had demonstrated how anger could be addressed outwardly. In the focus group, she had received positivity coming towards her.

Ready for love—time to harness the process

A month or two later, Rita had met the love of her life. Had they met half a year earlier she wouldn't have been able to accept that she could be so close to another person, she insisted. She didn't punish or fear herself anymore. Her balance was better and she trusted herself, the past was the past, she would be able to deal with what was to come.

The last 2 years of NPMP had been very different from the first few years. Trust was no longer a question, she had acquired words to differentiate and to share experiences and she was a lot more in contact with herself. Her problems had started to disentangle, one by one. She kept recognising her own patterns related to reminiscences, past episodes and reactions. This triggered a lot of emotions and anxiety. She needed time to deal with these emotions, and to accept that she could only tolerate one step at the time. This demanding and energy consuming process could easily trigger the old anger with herself. The challenge was to pace and curb the process, not to push or get overwhelmed. It is important "to digest one thing before you go for the next," she explained.

Life as it is—a new way of being in the world

Rita describes how she now has a new life, in a new place, living with her fiancé and with a permanent job. However, she keeps in touch with the therapist by mail and phone, giving her that extra assurance. She also has made sure to keep her GP.

Tranquillity is still not permanent, but she knows that it is possible; sooner or later it is there. She tolerates her past more. This is how I did it, based on what I knew and was surrounded by, there and then. I wish I had dealt with it differently, but it's OK, she said. She can still feel fear, disappointment and distrust, like echoes from the past. She used to experience this as if they were relevant to the present, and to get trapped in endless circles, making her withdraw, distance herself or disappear. It is less scary now that she knows what this is about. She can recognise emotions, memories and reaction patterns. She reminds herself that she is safe now, and that she does not need to remain within the turmoil. She is able to stop and deal with anxiety by reminding herself that these sensations are not presently relevant. Her tool is to sort impressions in relation to time. In a concrete physical sense she feels her feet on the floor, buttocks on the chair, thinking: "I have the support I need around me, there is no need to be afraid. It is not dangerous now". She differentiates and compares sensations within herself and sensations of her surroundings: "What I experience, see and feel here and now does not correspond with the bodily sensation of anxiety within me. I need to work with this logical connection," she explained.

To recognise anxiety in a bodily sense has helped Rita to allow it to be there, and not always trying to flee from it. By doing something physical, like going for a walk, she gets a sense of motion. While moving she feels less restless and more able to think about difficult matters, this is not an escape, she emphasizes. At other times she will just sit down, allowing it to be there, knowing that it is nothing to be afraid of.

Rita is much easier to live with now, she says. "I live within my body, instead of living beside myself. I live with my history instead of within my history. I don't live in the feelings that I had, but I live with them."

Theoretical reflections

We draw on the philosophy of Løgstrup and Ricoeur, and illuminate how their thinking may add to the understanding of experiences and events in Rita's story. Chaos, trust and hope were discussed as foundational issues in the analysis of Rita's narrative in the focus-group interview study (Sviland et al. 2014), and will not be further pursued here. The following five issues will be discussed: (i) between self-orbiting cognitive emotions and opening sensation, (ii) between overpowering sensations and remote distance, (iii) sensations of the past in present time—new revelations, (iv) inter-subjectivity—and identity, (v) reciprocity between openness in sensation and getting a grip on oneself. First, the theoretical perspective is outlined.

The theoretical perspective of this analysis

Central to the theoretical underpinning of NPMP is the psychiatrist Braatøy's (1952) contribution to a bodily understanding of emotional regulation, by anchoring this in the dynamic of the muscles of posture and motion. In smooth dynamic and adequate interaction emotional expressions are shaped to the social situation, giving bearing and direction. Posture and motion can also arrest movements of emotion if their actions are in conflict. If a person is stuck in muscular tension over time this may result in muscular deadlock, where memories, emotions and physical reactions become fragmented. Characteristic of nervous conditions, Braatøy argued, is that such fragments may be triggered by impressions in situations similar to what once happened, but are inadequate reactions to the actual situation. Nervous reactions are rooted in particular life experiences of strong impact, he claimed. His understanding of nervous minds and fragmented reminiscences is not based on pathology, but rather on the common idea that human bodies are sensitive to impressions and, how impressions and ambiance shape individuals and their lives (Braatøy 1947/1979). Braatøy does not explore in depth how these muscular functions are related to the phenomenon of sensation. Løgstrup as philosopher, lays out sensation as universal and foundational conditions in a way that may be considered prerequisite to Braatøy's view on nervous reactions.[4]

Løgstrup (1984) insists that human life is entwined with the world in respiration, nutrition and sensation. Tuned in and by sensation, we are moved by tuned impressions towards expression, and tuned sensation provides emotional life with preconscious resonance, as a sounding board. With emotions of sufficient impact tuned sensation may transcend the threshold to awareness. We (Sviland et al. 2009) have argued that muscular tension in nervous patients may act to attenuate tuned sensations from dramatic life experiences, preventing impressions and memories from breaking through to awareness by keeping motion in check. Muscular actions may thus restrain, in Løgstrup's terms, the oscillation of the resonance, so that moods, ambiance and emotions are subdued and remain unconscious. Life is vulnerable and can be cruel and disheartening, and tuned sensation can "be as cruel as it can be good, and equally lethal as healing" (Løgstrup 1983, p. 16, our translation). Although the human mind feeds on and is healed by tuned sensation, this healing relation with the world in its nature may be interrupted and ligated (Løgstrup 1983, p. 15). From a physiotherapy perspective, this notion of ligation may be understood as concrete physical action in muscular functions. Still, even when tuned by cruelty and violations, Løgstrup argues that it is in sensation that we may be recharged, energized, liberated and experience joy and pleasure. Entwined in sensation, life is supported by sovereign life utterances, like hope, trust, compassion and mercy. They are not qualities of individual people, but life utterances acting spontaneously 'behind our back' in the inter-subjective space. Contrary to such life-supporting phenomena, in settlement with Kierkegaard, Løgstrup describes how self-orbiting cognitive emotions[5] make us circle round ourselves in compulsive and introverted thoughts and reactions.

Braatøy pointed out how muscular tension may be steeped with experiences from the past (1947/1979).[6] The debate on identity and selfhood is extensive and the narrative tradition is criticised for being a cognitive perspective neglecting the body. Ricoeur (1992b) does however emphasise how strong earthbound human existence is, by the fact that we are bodies. Identity, he argues, does not relate to the divide between body and mind, since both body and thoughts belong to someone. How experiences are structured and narrated is foundational to human identity, and identity is about somebody *who* speaks, acts, tells a story about herself and is responsible. Thus identity develops in communication, and over time it evolves in the overlapping tension between the two poles of *who* (selfhood) and *what* (sameness) we are. Permanent character traits reflect what we are. They can, for example, be seen in habits and dispositions, which remain the same over time. *Who* we are, on the other hand, emerges in the history in which habits and dispositions come into being. Selfhood thus involves duration of time and refers to a lived context that can be recounted. Dialectic interaction between *who* and *what* we are bridges these two poles, entwining narration and identity in tension between sedimentation and innovation. Narration is routed in a practical reality of everyday action, which in itself has shape and coherence embedded in implicit cultural understanding. Narration inspired by this pre-narrative structure helps us clarify context and relations by linking the past, present and future. The identity of a person comes into being indirectly in the construction of a story. "It is the identity of

[4] We have previously explored this in depth (Sviland et al. 2007, 2009, 2010).

[5] Løgstrup underpins that self-orbiting cognitive emotions are produced by the individual, in contrast to sovereign life utterances, which are given by life itself. It can be argued that self-orbiting cognitive emotions develop in intersubjective interdependence and, that making each individual responsible is too simple. More importantly, these cognitive emotions enclose the individual from the world in introversion in contrast to the motions of sovereign life utterances opening us towards the world and fellow men (Appendix by B Rabjerg in Løgstrup 2014).

[6] NPMP may potentially improve contact, sensation and embodied experiences, assist patents to develop potentially healing narratives and be related to identity work (Dragesund and Råheim 2008; Ekerholt et al. 2014; Øien et al. 2007, 2009; Sviland et al. 2012, 2014).

the story that makes the identity of the character," following (Ricoeur 1992b, p. 148).

How may changes in muscular functions be related to changes in a persons experience of identity? Ricoeur (2004), with reference to Bergson, describes memory in action as memory through repetition of something that no longer exists. Løgstrup (1978/1995) makes a distinction between memory and resonance. Memory is to remember something with the awareness of the distance in time. Resonance is awareness in the sensation of impressions ebbing out with time. Keeping in mind the muscular functions of deadlock described by Braatøy, muscular functions may be involved with memory in action as repetition of reactions of past situations. This may prevent resonance of traumatic experiences from fading and disturbing experiences of distance in time. Muscular transformation (in patterns of posture, tension, breath etc.) may thus open up for reminiscences of past experiences and potentially support restructuring of narrative time. In the following, Rita's experiences are discussed in light of the theoretical perspectives outlined above.

Between self-orbiting cognitive emotions and opening sensation

Rita came to NPMP chaotic, overwhelmed and desperate for help. The muscular tension involved, which she discovers in the process, may be understood as traces of past experiences. According to Ricoeur (1999), traces exist in present time despite a no longer existing past. A trace thus has dual time references, it exists in present time as a physical remnant of something, which no longer exists. Muscular tension existing in Rita in present time may be understood as reactions of past experiences in the way she managed to keep her difficult life situation to herself and, a way to prevent the no longer existing past to penetrate present time. The cost of this seemed to be constant and persistent restlessness in a roller-coaster-like existence of solitude. This enclosed state, lacking language to express and share her emotions, bears connotations to Løgstrup's notion of self-circling cognitive emotions. For a long time she was trapped in introversion, restrained from sovereign life utterances like trust and open speech. Contrary to spacious sovereign life utterances, which, according to Løgstrup, swing out in embodied action and make us move and act in the world, self-orbiting cognitive emotions constrict this freedom of motion and action, as we are trapped in grinding self-circling repetition, and other impressions may not be given space. Thoughts and emotions elicit reactions, but may not be acted out in a way that allows them to calm down (Løgstrup 1978/1995, pp. 40–41). Viewed from this angle, Rita's restlessness and inability to relax suggest that her muscular tension acts to keep thoughts and emotions in check. Holding back motions of emotions, ligating impressions from the past, she seems to be in conflict with herself in a muscular sense, but also with the bearing elements of life. Trapped in her own body she is also prevented from opening up for support from therapists, caring staff or consoling impressions like a physiotherapist's touch, where new impressions with potential to help her out of this vicious circle may occur.

However, Rita consciously used sensing the hard floor and wall, while battling to tolerate being in the treatment room. In line with (Ricoeur 1992b) emphasis on the existential meaning of being anchored in the world as earthbound body, Rita may have used impressions in sensation to anchor her bodily self in sensation of the immediate surroundings and, thus hold on to her existence in a new and possibly frightening therapy situation. The process of becoming aware in sensation of the concrete muscular actions of anxiety also appeared to contribute to anchoring Rita in her body. As she was given time and space in this therapy process, change seemed to have been supported by spontaneous life utterances like trust, compassion and open speech. Transformation of movement, respiratory and postural patterns can potentially loosen the muscular hold on self-orbiting cognitive emotions, and open for healing impressions of tuned sensation as bearing and nourishing and thus support the patient's resources (Sviland et al. 2010, 2012, 2014).

Between overpowering sensations and remote distance

Rita has described various degrees of and reactions to being overwhelmed, out of control and "out of her senses" during therapy and how the therapist sometimes was able and other times unable to detect her shifting degree of being present in herself in embodied awareness. When therapy became too challenging Rita retreated by making sensations remote. Ricoeur underscores that identity is about the fact that somebody possesses his or her body and experiences, and that we cannot evade the mineness of our body and experiences. "It is not the sameness of the body that constitutes its selfhood but its belonging to someone capable of designating himself or herself as the one whose body this is" (Ricoeur 1992b, p. 129). Our corporeal condition, experienced as the existential mediation between the self and the world is invariant in life.

The situations described by Rita highlight the sensitivity and time sometimes required in order to carefully grade therapeutic interventions. In order to change bodily sensations and reactions, which have become incorporated, therapy offered new experiences. In Løgstrup's terms, such retuning in sensation implies potential to recharge sensation, in Rita's case, deeply incorporated traumatic experiences. Haste and overdoing may easily inhibit and even split awareness in sensation from bodily motion, contrary to what NPMP aims for. Although Rita has explained that she needed some pressure, she has also clearly described and illustrated how she

lost herself if pushed too far and too fast and counteract the therapeutic intension.

Sensations of the past in present time—new revelations

Rita described anxiety associated with embodied reactions and sensations that could emerge, totally out of context, leaving her unaware of what made her so scared. From the outside, her reaction could appear similar to a state of remote distance. Yet Rita's experience seemed to be very different. The story about the droplet suggests that she, in situations like this, was thrown back into past episodes of scary life-experiences in tuned sensation. Løgstrup's distinction between memory and reminisces can help us link this to foundational phenomena of human life rather than pathology. Like all human beings, Rita has incorporated impressions of past experiences. In Løgstrup's terms she is, in present time, still tuned in sensation by impressions of the past. Her story reveals that life had been difficult with conflicting ambience and emotions and scary events, and her memories appeared to be fragmented, incoherent and incomprehensible. According to Løgstrup (1983) tuned sensation is mostly pre-conscious, however sensation triggered reminiscences can bring resonance of the sounding board to the surface. We may, for example, get a glimpse of tuned sensations when a smell or a melody brings back memories of what once was. The sensation of the droplet that hit Rita triggered reminiscences in sensation and brought impression of what once happened to the fore, in sensuous fragments at first. Rita's reactions thus emerged as fragmented resonance in tuned sensation, lacking awareness of distance in time. Resonance ebbs out with time, according to Løgstrup (1978/1995). However, if muscular tension acts in what Ricoeur has elaborated on as memory through repetition, resonance may perhaps become repetitious. Rita's anxiety reactions triggered in situation as sensation triggered reminiscences can be understood as traces, both in muscular tension and in embodied tuned sensations of past experiences rather than 'symptoms' of disease. Rita emphasised that walking slowly helped her remain in sensation of present time while she told her story to the therapist. Rita's description indicates that motion and relations based in trust may counteract deadlock and, help remaining anchored in tuned sensation of present time.

When Rita was able to link her sensations and reactions to the memory of what once happened she began to discover some coherence. According to Ricoeur, to understand events retrospectively we configure a story, where these events are structured into a plot. Every narrative composition comprises antagonisms between fragmenting and unifying forces. The plot of the story unfolds in the dialectic tension between the discordant components of action and concordance of the story, (Ricoeur 1992b, p. 141). The capacity to configure a coherent story from diverseness depends on imaginative variation. Rita's lacking capacity to configure a coherent story was by no means related to her intellectual resources. It seems that the fragmentation and discordance of sensations, reactions, reminiscences and memories had disturbed her sense of chronological time and made it so hard to create and configure coherence in her narrative.

Ricoeur underpins that the prerequisite of all narration is that we act and interact in everyday life while shaping events into coherent plots in dynamic tension between explanation and understanding. Thus, identity is not static. It is continuously changing in a spiral motion driven by the tension between life as lived and life as told, in ever changing motion from life to story and, from story/narration to life, a driving spiral force in the creation of identity (Ricoeur 1992a, p. 446). Yet Rita's narrative seemed to have been stuck for a long while in, what we may, with Løgstrup call, self-orbiting cognitive emotions. It was through new experiences during therapy that she was able to bring coherence and a clearer sense of chronology into her narrative, which in turn seemed to help her re-enter the 'spiral motion' and gradually step into the arena of everyday life in a new way.

Inter-subjectivity and identity

Rita's basic assumptions that no one could be trusted was derived from everyday interaction in her family life, schoolmates and teachers and reinforced by the hospitalization. For a long time, she repeated the same patterns of protection against impressions from both present and past experiences. Thinking with Ricoeur, her strong muscular tension could be associated with rigid character traits related to the pole of sameness she had developed, which might have blocked her other pole of identity, her selfhood. Who she was in action and narration in the context of her life story may have been eclipsed by these rigid character traits. One of the narrative resources in Rita's life was her relation to the GP, and with time she also came to trust her NPMP therapist. The therapy process illustrates how she gradually became able to allow trust to support interaction during NPMP therapy.

Aided by the therapist's focus on her physical expressions and reactions Rita discovered how her anxiety was physically embodied. According to Ricoeur, we recognize ourselves in interaction with others. He underpins how we identify with the values, norms and ideals of other people, and other people may become models and heroes. We recognise ourselves in somebody, or in something in the other. The effect of the other is incorporated into the traits of oneself in an evaluative process (Ricoeur 1992b, p. 121). There are ethical implications in Ricoeur's narrative notion of identity, which also highlights the ethical implications in the role of being a therapist. When her NPMP therapist became so angry with the teachers who neglected their responsibility

and care for her, Rita discovered the possibility of directing her anger outwardly towards those who had betrayed her—just like the therapist did. Rita seemed to be in a process of making the therapist's attitude to her own and internalizing this attitude of not blaming herself as a new trait, incorporating it in to her evolving identity. Similarly, during the focus group interview, she had experienced the participants' compassionate listening and through this been able to recognize herself and her hard work. Incorporating this attitude of recognition of others as her own attitude to herself had helped her make more space for her emotions and her narrative, in Ricoeur's perspective the narrative identity in the pole of her selfhood.

In Rita's case trust seemed to be essential for her to be able to allow the influence of others. Løgstrup's perspective upholds trust as a sovereign life utterance, supporting and bearing in the interdependence of human life. When trust is violated, life becomes hard and often trapped in self-circling cognitive emotions. Rita described how she opened up for trust, in the intersubjective space with her NPMP therapist, in the focus-group and when meeting the love of her life; gradually becoming more open to the possibilities offered to her in the intersubjective space with the others.

Reciprocity between openness in sensation and getting a grip on oneself

Rita explained how she acquired tools to deal with echoes from the past, during NPMP. By sensing her body in a concrete physical way she could better anchor herself in present time and space. Thus, she became able to compare what was going on within her, what was going on in the situation she was in and, to question how the two corresponded. Her attitude to past experiences appeared to be changed, indicating an acquired capacity for tuned sensations of past impressions, which sometimes could be clarified. Clarification (Løgstrup 1978/1995) involves mediation between the world with which we are interwoven and the understanding we develop. This mediation acts in reciprocity between people, according to Løgstrup. In our interpretation, this also concerns how we relate to our embodied selves (Sviland et al. 2014). In the process of grasping what is at stake, language supports clarification in reciprocal motion between sensation and understanding. Thus clarification is more entwined with impression in sensation than reflection is. However, clarification may inform reflection and vice versa. According to Løgstrup, clarification is trustworthy (Løgstrup 1978/1995, p. 73).

When Rita discovered that what she felt and sensed in the moment actually was related to tuned sensation of the past, narrative coherence emerged in her understanding. It seems like clarification of past and present impressions in sensation had developed into a potent tool for her; a tool which made her more able to get a grip on herself in current situations. Trusting this capacity also appeared to offer Rita hope for future possibilities.

Conclusion

With this exemplary casestudy we argue that Løgstrup's and Ricoeur's philosophy may add valuable perspectives to understanding suffering and healing processes in the field of embodied therapies like physiotherapy. Offering a deeper understanding of movement, sensation and time entwined, this underscores both traumatic and healing life experiences as temporal and sensuous experiences in action deeply embedded in intersubjective interaction. Core themes where: (i) between self-orbiting cognitive emotions and opening sensation, (ii) between overpowering sensations and remote distance, (iii) sensations of the past in present time—new revelations, (iv) inter-subjectivity—and identity, (v) reciprocity between openness in sensation and getting a grip on oneself. All demonstrate shifts and swings between past traumatic life-experiences and new experiences with healing potentials in the therapeutic process. Experiences during the process supported the distinction between here and now, and there and then, in sensation and reflexion. Clarification from sensation to understanding in concrete situations became turning points, giving Rita a grip on her panic anxiety.

Rita's narrative understood through the window of Løgstrup's and Ricoeur's thinking, show how embodied experience in inter-subjective relationships are foundational and may cause pain and suffering as well as offer healing potentials. It illustrates how difficult life experiences may cause ruptured narratives in embodied and sensuous ways, where fragmented physical reactions and sensuous reminiscences cause physical symptoms, chaos and loss of temporal coherence. Rita's narrative also illuminates how, in relationships where time is allowed for trust to emerge and support intersubjective interactions, new bodily-based experiences may have healing potential. When life is overwhelming and chaotic the tension between experienced and chronological time may be affected and, embodied sensuous experience of the past may disturb present time. Inversely, embodied sensuous experiences in present time may help clarify past and present and support chronology and narration and, bring more coherence into events, experiences, embodied reactions and sensations. Narrative identity emerges in intersubjective interaction, which also applies to therapeutic interaction where a therapist may become deeply interwoven in a patient's emerging identity. This has ethical implications, which have not been addressed here. Rita's narrative illuminates the profound meaning of inter-subjectivity in embodied narrative identity.

Methodological reflections

It must be emphasised that we have not had direct observations "in situ" of Rita's NPMP experience during the treatment. Rather, we have created a narrative from her descriptions emerging from the co-constructed interviews situated in particular contexts, and her written account of the droplet episode. This material is based on retrospective recounting of how Rita gave meaning to the therapy process in the aftermath. It represents a particular experience of NPMP for a particular individual person. How can one particular patient's story be meaningful in relation to the therapy of another patient? With Løgstrup's distinction between the general and the universal, we will argue for the value of a case study based on one person's experiences. According to him the "general" relates to what can be said about everybody, whereas "the universal" is what is the same in everybody on an ontological level (Løgstrup 1978/1995, p. 131). It is the wrong way round to see the particular as an example of the general, since the general is an abstraction and not the real thing. As an example of the general, the particular would have no enigmatic meaning and, the abstract is thereby made more real than the concrete (Løgstrup 1978/1995, p. 121). The particular exists in a certain time and space, and what we have in common on an ontological level will come forth in infinite variations. Universal phenomena can only show themselves in a particular time and space, and to catch this point Løgstrup calls this the singular universal (1978/1995). We present Rita's story seen, not as an example that illustrates something general, but rather as a particular story displaying certain universal phenomena at stake in her process in a singular way. By searching for the singular universal in Rita's story, we have tried to unfold some foundational/universal phenomena that may be at stake in various ways in different individual treatment processes. An exemplary narrative can never instruct actions in new contexts or therapy situations. However, insights from such narratives can offer and inform lines of thoughts and possible ways of reflection.

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Compliance with ethical standards

Ethical approval The Regional Committee for Medical Research Ethics was consulted. It was not considered to require their investigation. Participation was based on informed written consent and acceptance from Norwegian Social Science Data Service, project number 44211: Norwegian Psychomotor Physiotherapy—theoretical basis and long term follow up of patient experience was accepted by Norwegian social science data service.

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