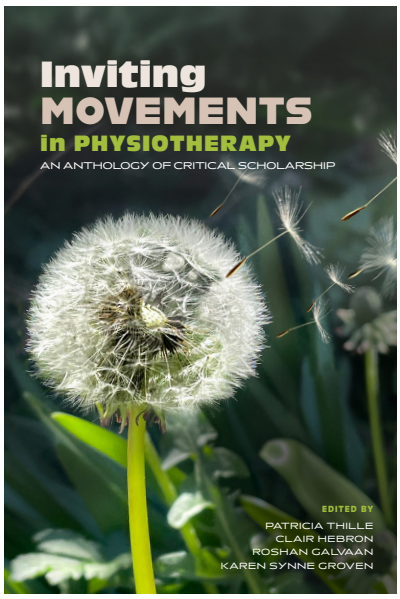

Inviting movements in physiotherapy: An anthology of critical scholarship

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Chapter 12

"The constant fear of ceasing to move": Deconstructing movement in physiotherapy

Anna Ilona Rajala and Timo Uotinen

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ABSTRACT:

Physiotherapy is fundamentally based on and mediated by movement, but how "movement" is understood must be challenged. Movement is often understood instrumentally in physiotherapy. Drawing on the work of the French philosopher Jacques Derrida, by deconstructing movement in physiotherapy, we aim to foreground such movement that mainstream conceptions of physiotherapeutic movement silence, ignore, or take less seriously. We perform our deconstructive reading of movement through texts generated with Finnish psychophysical physiotherapists about the meanings they give to movement, on the one hand, and staying still, on the other. We focus on dichotomies and hierarchies in the texts and seek to overturn and reinscribe them, and to begin re-writing the story of movement for physiotherapy. One such counter-writing we suggest, but which will remain to be written, is economic: How do we overcome a prevailing capitalocentric mode of thinking that mediates movement?

CHAPTER 12

"The constant fear of ceasing to move"

DECONSTRUCTING MOVEMENT IN PHYSIOTHERAPY

ANNA ILONA RAJALA AND TIMO UOTINEN

The beginning of writing

Physiotherapy is fundamentally mediated by movement. Its aims and means are based upon analysing and using movement to restore movement and promote movement for population health. Movement is essential to the well-being of both individuals and societies. For example, in addition to improving individual well-being and functioning, promoting population health through discouraging inactivity and promoting exercise in different populations saves healthcare expenses and is thereby economically beneficial for societies (e.g., Middleton, 2017). This is undoubtedly important and, perhaps unsurprisingly, this economic argument is often used to justify physiotherapy's continued existence also in clinical research literature.

The argument could be termed "capitalocentric" (Gibson-Graham, 1996; 2006). Capitalocentrism is a term popularised by J. K. Gibson-Graham (a joint pen name of Julie Graham and Katherine Gibson) in their 1996 book *The end of capitalism (as we knew it)*. It describes how all economic activities—this would also include clinical work in most economies—are represented, valued, and devalued through capitalism, whether as same as capitalism, as its opposites, as complementary to it, or as contained within it (Gibson-Graham, 1996, p. 41). Gibson-Graham describe capitalocentrism as "a

dominant economic discourse that distributes positive value to those activities associated with capitalist economic activity however defined", which then necessarily assigns lesser value to all other distributive processes and discourses (Gibson-Graham, 2006, p. 56). Destabilising the social, cultural, ideological, and economic dominance (or hegemony) of capitalocentric thinking—and destabilise it we must, if we are to recognise and acknowledge past, existing, and future diverse economic practices beyond market-based global capitalism—demands different and diversified economic representations and narratives (Gibson-Graham, 1996, p. 41; 2006, p. 56).

Movement is not merely biomechanically or capitalocentrically important in an instrumental sense and, as physiotherapists are often acutely aware in real clinical situations, the "benefit" gained from physiotherapeutic movement does not result from a simple and linear "problem-movement-benefit[profit]" intervention. We wish to challenge any such fixed and immobile understandings of what movement might mean and ponder deeper the relationship of physiotherapy and movement. We are interested in how movement is given meaning in physiotherapy beyond economic instrumental reason or capitalocentric thinking (Gibson-Graham, 1996; 2006). There is more to movement than meets the eye, and this "more" is wherein counternarratives and counter-representations for capitalocentrism can be sought: in the silenced and unsaid, the unseen and unheard, that which is overshadowed by mainstream/ed knowledges.

We argue that physiotherapy knowledge is constructed through differentiated relationships between words and concepts. For example, mobility is given meaning through being differentiated from immobility, inactivity, stiffness, and so on—but its meaning can also be infinitely deferred, differentiation after differentiation, and so it never refers as itself to itself. Deconstructive reading focuses on such differentiation and deferral, and therefore we aim to deconstruct "movement" with the help of the French philosopher Jacques Derrida. We illustrate our reading with the help of texts generated with eleven Finnish psychophysical physiotherapists through an online form.

In Finland, psychophysical physiotherapy is characterised as an approach to physiotherapy based on experiential learning and an ethos of encountering and interacting with the person at the clinic as an undivided embodied whole and of acknowledging the interrelations between consciousness, embodiment, and society (Rajala & Uotinen, 2026). It is a diverse multimethod approach

rather than one specific set of tools, and it is often utilised in mental health contexts in which being still can be as physiotherapeutic as movement (e.g., in eating disorders, anxiety disorders, PTSD) but it can be integrated as an approach to all physiotherapy. The Finnish Association for Psychophysical Physiotherapy recommends that physiotherapists can specialise in psychophysical physiotherapy only after at least two years of post-qualification clinical experience. Specialisation requires at least 30 ECTS (one ECTS point equals to 27 hours of study) of higher-education studies in psychophysical physiotherapy and other related physiotherapy methods and frameworks. It is also recommended that psychophysical physiotherapists engage in personal and continuing embodied reflective process to be able to approach physiotherapy from a psychophysical point of view. (PSYFY, 2023.)

We approached the generated texts through Derridean deconstructive reading. Deconstruction is not a method, and our approach is not a method either, although deconstruction has been employed in healthcare research in a more methodological manner (e.g., Whitehead, 2010). Neither is it a theory in any traditional sense, as Bradley (2008, p. 4) notes, as it does not offer a general set of rules to be applied to particular cases. According to Derrida, language as a system of signs has meaning only because signs are differentiated from each other, because of *différance*. In semiotics, a sign is a unit that communicates a meaning, and it is composed of a signifier and a signified. A signifier can be a word, an image, or a facial expression, any material thing that can signify. Signified is the concept to which a signifier refers. For example, the word "plinth" is a sign which consists of the word plinth (the signifier) and the concept of a padded plane used in different care professions such as physiotherapy and massage (the signified, differentiated from, e.g., plinths on which statues stand).

Derrida points out that the meaning of something being signified never resolves into a complete and total meaning. Rather, the meaning of the signified is always postponed—both differentiated and deferred, hence the French neologism *différance*—as the definition of any sign can be indefinitely differentiated and deferred to other signs. Moreover, Derrida (1981, p. 41) argues that the differentiated and opposed signs do not co-exist peacefully, but one tends to have an upper hand of the other. This is especially the case with binaries and dichotomies because they always exist in a hierarchical, even violent relationship. While such oppositions will always exist, Derrida (1981,

p. 41) argues further that they need to be deconstructed; not to neutralise them or jump beyond them, but rather to expose them. Deconstruction is to overturn and reinscribe such hierarchies and it always takes place within texts being read, rather than applied from the outside (Derrida, 1981, p. 42; Bradley, 2008, p. 4).

One of our starting points was to think about "movement" and other such signs that denote something active, and hence also often something perhaps more desired and positive than their putative dichotomous halves—also in an economic and capitalocentric sense. Often, it seems, such signs are indeed dichotomous, and they largely mediate physiotherapy. However, the body is never completely motionless, and its motionlessness is not the simple opposite of the moving musculoskeletal body either. Both its movement and motionlessness are neural, visceral, and on the microbial sense even more-than-human. Bodies are constantly more-than movement and stillness. By drawing attention to dichotomies, such as movement/stillness, moving/standing still, mobile/immobile, and motion/motionlessness, we may start to accept physiotherapy as diverse, movement as ambiguous, and bodies as blurred, porous, leaky, and boundless (cf. Shildrick, 1997). Herein lies, we argue, also a possible opening into deconstructing movement mediated by the prevailing economic mode of thinking that Gibson-Graham (1996) argue is deeply, although not irreversibly, ingrained with capitalocentrism: is it possible to start writing the story of movement for physiotherapy beyond economic benefit and instrumentality?

We begin by explaining more closely Derrida's thinking. We then introduce the textual material generated with physiotherapists that illustrates our deconstructive reading. As the texts have been written originally in Finnish, our writing is constantly negotiating with interpretation and transmission of meaning, and especially translation which, according to Gayatri Charkravorty Spivak (2000, p. 398), "is the most intimate act of reading." In the penultimate section, we further discuss deconstruction, an otherwise reading of movement, which leads us to return briefly on capitalocentrism. Finally, in the spirit of *différance*, instead of concluding this chapter, we argue that deconstruction points toward a need for a continuing analysis—a movement of its own kind.

On Derrida and deconstruction

Jacques Derrida's philosophy has been tremendously influential, as Bradley (2008, p. 2) notes, in "almost every academic discipline from art history to zoology." Derrida's diverse oeuvre has touched upon themes such as art and architecture, literature, linguistics, politics, international relations, psychoanalysis, theology, technology, the media, and witnessing and testimony (Bradley, 2008, p. 2). Derrida's work is notoriously difficult to outline because he did not have a philosophical system, nor did he form a comprehensive theory or methodology during his intellectual career that spanned hundreds of essays, more than forty books, and numerous presentations. His 1967 book *De la grammatologie* (trans. *Of grammatology*, 1976) is a good example of this. The title of the opening chapter, "The end of the book and the beginning of writing," highlights Derrida's insistence that this was not meant to be a complete and finished book, a monograph, or a treatise, but an essay: a try, a testing out (Gaston & MacLachlan, 2011, p. xvii). Derrida links completeness, as Gaston and MacLachlan (2011, p. xvii) note, to G. F. W. Hegel's philosophical system, which attempted to be complete, exhaustive, and encyclopaedic. It had, out of its own internal teleological necessity, reached an end of history in which consciousness gains absolute knowledge. Nothing of this sort can be found in Derrida's oeuvre.

Derrida does not offer any definition for deconstruction, and so we will not attempt a definition either. Derrida's thinking is associated with poststructuralism, an intellectual movement inaugurated in the 1960s in various influential criticisms of structuralism, including those by Derrida. However, deconstruction is not synonymous with poststructuralism. Derrida himself rejected the prefix, or any label for that matter. Deconstruction is, for Derrida (1988, p. 3), an "anti-structuralist gesture" because the point is not to get beyond, past, or after structuralism. Rather, "structures were to be undone, decomposed, desedimented" (Derrida, 1988, p. 3). At the same time, deconstruction is also a "structuralist gesture" because it "assumed a certain need for the structuralist problematic" (Derrida, 1988, p. 3). If we take for example the history of western philosophy, which Derrida argues to be deeply logocentric—meaning, that words and language express some external reality—its deconstruction does not involve a destruction of this history. Derrida set out to deconstruct logocentrism, most notably advanced by Rousseau and Hegel, not to claim that the history of philosophy is not logocentric—it most

certainly is—but rather that it can also be "re-constructed otherwise" (Bradley, 2008, p. 47), or "undone, decomposed, desedimented" (Derrida, 1988, p. 3).

Niall Lucy (2004, p. 11) argues that "in a sense [deconstruction] is impossibly difficult to define". The impossibility, Lucy (2004) continues,

> has less to do with the adoption of a position or the assertion of a choice on deconstruction's part than with the impossibility of every 'is' as such. Deconstruction begins, as it were, from a refusal of the authority or determining power of every 'is', or simply from a refusal of authority in general. While such refusal may indeed count as a position, it is not the case that deconstruction holds this as a sort of 'preference'. (p. 11)

It is, therefore, not possible to say that deconstruction "is" one thing or another. Perhaps one of the difficulties of attempting a definition is that deconstruction is not, as stated above, a theory or a method in any conventional sense, nor should it, according to Derrida (1988, p. 3), be transformed into one. That would suggest a procedure, a decision of how to proceed and what is to be found (Beardsworth, 1996, p. 4). Deconstruction is not something one can "take" or "adopt" and then "apply"—philosophy rarely is "applicable" in any straightforward sense, because that would be to deny the subjectivity and interpretation of the one engaging in philosophical analysis. Rather, to proceed thinking with Derrida demands deep and sustained immersion into his writing.

The challenge is: how do we communicate in such a short space something that escapes definition? For the purposes of this chapter, it is useful to be familiar with a set of Derrida's ideas that help to explain deconstruction: text, writing, and *différance*. For Derrida, text is not merely words typed or written on different media. While it is also that, text is in a broader sense something constructed, something made (Lucy, 2004, p. 143). As Lucy (2004, p. 143) argues, this twist to understanding text has two consequences in Derrida's work: first, everything is text and there is "no outside-text" (Derrida, 1976, p. 158); and second, because everything is text, there is no such thing as representation or imitation of some real existence or presence, but presence is rather an effect of textuality (Lucy, 2004, p. 143). This does not mean that reality is just language, and that relativism is inescapable. That there is no outside-text means, writes Derrida (1988), that there is nothing outside

context, and everything is context, whether it is discursive, historical, political, embodied, or anything else:

> One of the definitions of what is called deconstruction would be the effort to take this limitless context into account, to pay the sharpest and broadest attention possible to context, and thus to an incessant movement of recontextualization. (p. 136)

Writing, the second Derridean idea relevant for our chapter, means similarly more than just the act of writing words and sentences. Derrida argues in *Of grammatology* (1976) that speech has been valorised above writing as the more representative of mental experience, while written words are thought to be representative of speech. Writing is thus doubly removed from one's original thoughts. Deconstructing this hierarchy, Derrida conveys a notion of arche-writing, meaning generalised writing that precedes speech and actual writing and without which neither would be possible. This writing in general sense is an infinite process of referral of signs to other signs that differentiate and defer meaning, never arriving at a final meaning of a sign that refers only to itself. This brings us to *différance*, which Derrida describes as "the systematic play of differences, of traces of differences, of the spacing by means of which elements are related to each other" (Derrida, 1981, p. 27). *Différance* refers to this differentiation and deferral in which meaning is both generated and infinitely postponed.

Deconstruction demands close reading of text/s. This reading "consists of an undoing/preserving that produces ceaseless reversal, reinscription, and oscillation of hierarchical terms" (Atkins, 1983, pp. 5–6). Deconstructive reading does not limit itself, as Derrida (1982, p. 329) argues, by immediately neutralising a hierarchical opposition, but proceeds first to overturn it: "it must, by means of a double gesture, a double science, a double writing, practise an overturning of the classical opposition, and a general displacement of the system." The "double science" means, however, that overturning is not enough, but the reversal of the hierarchy must again be displaced (Derrida, 1981, pp. 41–42; see also Atkins, 1983, p. 21). Overturning and then displacing hierarchical binaries is to open up all the other spaces that the binary closes off (cf. Caputo, 1997, p. 104). Therefore, deconstructive reading does not seek to find definitive meaning. It rather seeks to cast doubt upon any possibility of interpretations that would fix meanings, and instead traces

multiplication of possible meanings, which undo themselves as we try to tie them up (Drabble, Stringer & Hahn, 2007). Deconstruction seeks to find openings to read otherwise: while keeping with the original text and reading it first classically to contextualise and to lay grounds, a second deconstructive reading follows, which explores the tensions and loose threads in the text to find what is omitted, forgotten, excluded, expelled, marginalised, dismissed, ignored, scorned, slighted, taken too lightly, waved off, not taken seriously enough (Caputo, 1997, pp. 76, 79).

Deconstructing movement

While our reading is philosophically embedded rather than social scientific or qualitative, we wanted to engage with clinicians and their understandings of the matter at hand, both to have a concrete text to work on and to challenge our own possible biases concerning movement. So, we generated pseudonymous texts with Finnish psychophysical physiotherapists through an online questionnaire in summer 2023. We chose this group of physiotherapists because we thought, perhaps demonstrating one of our own biases, that they might hold a more embodied and hence richer, even more philosophical understanding of movement. We shared the questionnaire in a Facebook group for Finnish psychophysical physiotherapists consisting of over 1,000 members. The form was open between July 9 and August 31, 2023. The only requirement to answer the questionnaire was that the respondent must be a qualified physiotherapist who works within a psychophysical framework. No other background questions were asked. The form consisted of one warm-up multiple choice question and two open questions in relation to clinical practice: the first about the meaning of movement (or moving, mobility, motion, etc.) and the second about the meaning of motionlessness (or stillness, standing still, pausing, halting, calming down, winding down, etc.). In the fourth and final question, we asked the respondents to add anything they thought we should have asked them.

Altogether twelve physiotherapists responded to the call and the average response time was 27 minutes and 30 seconds. One respondent declined the use of their responses for research purposes. The remaining eleven participants wrote under self-chosen pseudonyms, which we are also using in this chapter. While re-pseudonymization of a self-chosen pseudonym is a common practice in qualitative research and it is believed to be for the protection

of participants, we decided to respect the self-chosen pseudonyms because researcher-assigned pseudonyms are also increasingly recognised as problematic and possibly coercive (e.g., Itzik & Walsh, 2023; Lahman et al., 2015; Tilley & Woodthorpe, 2011).

We chose to organise the texts in a more structuralised manner to be able to engage in close deconstructive reading. Therefore, our first so-called classical reading, the one that contextualises and lays grounds, was then simultaneously a beginning and an end of a thematic analysis, and a beginning of writing (or deconstruction). To organise the texts, we generated five themes, or central organising concepts, following the first five steps of Braun and Clarke's (2006, p. 87) thematic analysis: familiarising ourselves with the material; generating initial codes; collating codes into potential themes; reviewing themes; and defining and naming themes. The five themes we generated through this process describe the conceptions of respondents concerning movement and stillness. The themes are (1) beyond mere medicine; (2) balance; (3) expressiveness; (4) body consciousness; and (5) mutual reflexive practice.

While thematic analysis aims at generating distinctive themes (Braun & Clarke, 2006), we maintain that drawing clear boundaries between themes would be artificial and even violent to the texts. Therefore, our intention was never to follow through the thematic analysis beyond naming themes to organise the texts—or what we consider as our first classical reading. It would be contradictory to any Derridean approach to think that whatever writing we may generate "represents" anything. Instead, we returned to Derrida and the second deconstructive close reading—the double science of overturning and displacement that seeks to find openings to read otherwise—to follow through the rest of our analysis or reading/writing. Our second deconstructive reading meant for us a deep immersion into the generated texts we had now organised thematically. In practice, we focused on finding and flagging binaries both in the texts and in our own analysis and interpretation, and what may have been left unsaid and unwritten. Was there something omitted, forgotten, hidden, excluded, marginalised? What kinds of openings would the overturning and reinscribing of hierarchies create?

Our reading/writing is also intertwined with translation and contextualisation. For example, the Finnish noun *liike* has multiple possible English translations: movement, motion, and mobility, and also business, enterprise,

shop, and political or religious movement. Similarly, the derivative verb *liikkua* means to move and to exercise but it also holds connotations of spatiality: to transfer from one place to another, to shift into or out of place. In addition, there are a few possible antonyms for *liike* and *liikkua*, and each have different possible translations and connotations, which would sometimes necessitate inventing terms that do not exist in the English language: *liikkumattomuus* (noun: un-moveability, a state of not moving, stillness, not engaging-ness in regular exercise, non-movingness), *liikkumaton* (noun: still-being, not-moving), *pysähtyminen* (noun: stoppage, a state of becoming to stand still), *pysähtyä* (verb: to cease moving, to stop, to come to a state of realisation that one needs to perhaps take a break, coming to a standstill), and so on. There are also many contextual, metaphorical, and visual words that are almost untranslatable. Hence, our deconstructive reading is a conversation with the texts written by physiotherapists, but also a negotiation between translation, transmission, and interpretation. Therefore, we unavoidably generate meaning as we translate, interpret, and seek to transmit the intentions of our respondents.

Beyond mere medicine

Despite Finnish psychophysical physiotherapy being oriented towards a holistic and embodied understanding of movement, the more biomedical or "traditional" (see Aittokallio & Rajala, 2020) understanding of movement is also present in the texts generated with physiotherapists. In other words, holistic and biomedical physiotherapy are not necessarily mutually exclusive polar opposites. For example, aiming towards more biomechanically optimal movement can help in relieving pain and thereby influence mental wellbeing. As a respondent, under the pseudonym Margit, writes: "As a physiotherapist, movement, moving and especially supporting [the client's] prerequisites to move are central." It is one of the core tasks and aims for physiotherapy "to help movement continue on," writes Miimuli, while accounting for individual skills, barriers, and readiness. Being able to move is crucial for being active outside one's home, staying socially active, and participating in society.

Movement was expressed in the texts to be any movement from shoulder flexion to walking, rolling around, using a wheelchair, or exercising. However, movement was more than musculoskeletal moving: it is "motor

and autonomic, basic motor skills, movement of muscles and joints, [movement of] the nervous system, movement of all internal organs and then letting go. Movement and letting go are medicine" (KH). Or, as another respondent, Magee2023, writes, "movement is for me more than medicine, it is the prerequisite of action, health and thinking." On one hand, movement is seen biomechanically, how the biological mechanisms generate forces in the body or how external forces act on the body. For the respondent KH, "the body's movement towards wished-for biomechanics moderates pain [thus] influencing the psyche in many ways." Optimal biomechanics of movement, or at least striving towards it, serve as "medicine" for both body and mind, a traditional view of the healthcare prerogative of physiotherapists. Movement is contrasted here to "letting go" or relenting, a release of the tension brought on by the movement—but this relenting is in itself a form of movement, consciously letting the body resume its more passive activities. Moreover, there is a need in physiotherapy for distinguishing better between "ceasing to move and standing still that are useful from physical inactivity and associated health risks" (KMV).

Yet, on the other hand, as Magee2023 pointed out above, movement goes beyond mere "medicine": it is crucial for embodied being, as it is the "prerequisite of action, health and thinking." It should be noted that here movement is not meant to be an ableist notion focusing on ambulatory movement but indeed the meaning is more general, verging on a human universal. Indeed, the same respondent emphasises that it need not be just active, as "movement is present in [their] work in the client's inborn autonomous movement or passive assisted movement" (Magee2023). The term "inborn" (from the Finnish *sisäsyntyinen*, internally born) is an important qualifier. The respondent KMV elaborates on it at length:

> I contend that each body has an inborn need and will to move that is not fostered by traditional health education or alarming people with health risks. Improving body image and the relationship with one's body would strongly promote the gospel of movement and embodiment, as long as we as healthcare professionals would bravely venture forth from our biomechanical point of view towards experientiality and comprehensiveness!

Movement is a part of humanity, so let us promote humanity, not just movement. (KMV) Movement is seen as a part of a body's nature, also "a part of humanity." This explicit challenge to the biomechanical tradition builds on the "natural," "inborn need and will to move." In this view, the relationship we have with our bodies is not taken for granted but as something that can be developed, movement being the medium for this development. Experientiality and a more "comprehensive" view of the human strives to broaden the therapeutic process challenging the pinpointed instrumental accuracy of movement as mere medicine.

However, as much of physiotherapy's focus is on rehabilitation, regaining movement is also central. Accordingly, for the respondent NN movement is "the training of lost mobility and retraining movement in order to regain mobility and functionality. It is regaining daily activity and increasing independence. Autonomy in movement is a privilege." This sentiment is echoed by Kesäheinä for whom movement makes independence possible. Independence coincides with autonomy in giving the subject more control over their everyday life. Moreover, for Margit "movement and moving appears as a goal-oriented activity." In these cases (independence, autonomy, goal-orientatedness), movement is tied to subjectivity and their ability in a general sense.

It is this subjectivity wherein particularly psychophysical physiotherapy sees the complicating factor for movement, namely the subject themself. Therapy will not work if the client/patient/rehabilitee (all these terms are commonly used in the Finnish language to refer to the person at physiotherapy clinic) subject is not onboard. Although movement is "physiologically activity that exceeds the level of the resting metabolic rate," as Margit defines it, "it is important to understand that movement and mobility are strongly tied to psychological and social motives and that movement and mobility can be supported by mental things." Margit also writes that movement can be supported without visible movement: through discussions, thinking, and realisations. The key is empowering the client/patient/rehabilitee subject and motivating them. Kesäheinä notes that educating and giving information is important in physiotherapy, which are both tied to movement. Though traditionally, the role of the physiotherapist is a more practical, qualitative one: "Moving is presented as a certain quality of movement, which can be examined and changed if needed" (Magee2023). But again, the client/patient/rehabilitee subject and their motivation are at the centre as Margit explains:

"It is important to support and strengthen the prerequisites for movement and moving about, to support motivation, to think about possible barriers and how to lower them. If we don't consider these things, there can be movement in therapy, but the will to move on one's own may remain thin."

In movement, there is a clear tension between the traditional biomechanical approach and the more comprehensive one. Both the physiotherapy community and employers, as well as service purchasers, as the respondent Pft describes, are centred around therapeutic exercise and movement therapy: "the meaning of embodiment in physiotherapy is still understood superficially and the challenges of measurability as well as difficulties to present this topic in a chart, keep this important point of view [of embodiment] in darkness." The respondents emphasized quality over quantity of movement, despite external pressure to help people with the sole aim that they can keep performing.

Balance

Movement is central in physiotherapy, but how it is understood can be re-written. As the respondent Hanskimari writes, physiotherapists get the impression already in physiotherapy education that what matters is "movement and movement." Psychophysical physiotherapy, however, has made the respondent stop and think more about the client's point of view and this has directed thinking more towards a "less is more" approach. Here, movement is not necessarily in a "more movement/less movement" hierarchy because the body is never really still, and movement is not equal to mere musculoskeletal movement. This view was shared among the respondents: "There is movement all the time; breathing is movement, blood circulation is movement etc. Even small things and acts can already improve self-efficacy" (Hanskimari). Movement and moving about can be calming or activating, as OV writes, and movement "can be so small that one cannot see it from the outside [while] moving about is something that is seen." Movement and moving can mean multiple things, as KMV writes:

> Movement is any movement at any direction in the body from breathing to the beating of the heart. Moving is potentially slightly more "active", but still a very broad concept, which I use

> in my clinic to mean everything that happens when the body is moved, e.g., getting up from the bed. (KMV)

Here, KMV understands movement also spatially, both with and within the moving body. The biomechanical understanding of the locomotor system and its movement on different planes of motion is opened towards the visceral which is also sensed differently: some movement is seen and some, like the beating of the heart, is interoceptively felt and can be listened to.

Movement is also relational between bodies, rather than simply observed through the senses: "I think that, for example, breathing itself is already movement and movement always happens in physiotherapy as bodies adapt to and mirror each other" (Pft). The body consciousness of the physiotherapist is emphasized in psychophysical physiotherapy. As Pft continues, "at best, the physiotherapist is conscious about their own body's being and therewith guides the client through mirroring, for example, to regulate mental alertness." This can happen through concrete means and exercises and, at times, through wordless working together—a "wordless inter-regulation" (Pft). Different people at the clinic need different kinds of guidance and movement because "movement and moving change with life situation and personal resources" (OV). Some need more and some less movement, some need winding down, some activation, or being present, some need more cognitive information and some more embodied exercises—but never should it be an externally forced performance. As KMV writes, with some of their clients, "ceasing to move and not moving can be a prevailing, frozen state of being, that is when through acceptance we seek to wake the body up towards movement again."

In addition to the visceral, not moving is moving also in the very act of ceasing to move; stopping and ceasing are not opposites to moving, but they are also moving. This overturning of moving/not-moving as simple opposites is demonstrated in a passage written by the respondent Pft: "I think that also stopping to move is a movement—as one stops moving, for example the body's porousness and expansion and contraction/deflation become more consciously visible." There is no necessary hierarchy between moving and not moving. While they can "counterbalance" each other, as KMV puts it, stopping movement and being still "are sometimes necessary to be able to reach a deeper contact to oneself and others" (KMV). It is important "to balance movement, pausing, moving, and becoming to stand still" (OV). Balance is a dynamic idea: as things can be in (near) perfect balance, balance also tips

and things go off balance. KMV expresses this through the idea of regulation: "As a physiotherapy professional, being still and coming to stand still mean as much to me as movement and moving; the balance of embodied experience is born in the balance between regulation of coming to stand still/being still and movement/moving" (KMV). Being still and coming to stand still are also skills that can be learned in physiotherapy. They are, as KMV writes, "very meaningful skills that many of my clients, for one reason or another, have forgotten or pushed aside." Similarly, Kesäheinä writes that moving "brings physical and spiritual well-being and is therefore an important 'means' to take care of oneself. Ceasing movement is the same phenomenon, resting brings well-being. In other words, with these a suitable balance is important."

Balance calls for the physiotherapists to work with the person at the clinic in a comprehensive manner, to see the bigger picture. Many of Mimuli's patients, for example, have problems with sleeping because their resting and recovering have been disturbed in some way in their everyday life. This affects everything, such as:

> having strength to manage everyday life, day rhythm and possibly cooking, eating (getting enough energy). If eating rhythm has been disturbed, one has no strength because of lack in energy sources. All aforementioned affect moving. One has no will and/or opportunity to move except what is necessary. In other words, the basic blocks = sleeping / eating / moving must be put into balance. (Miimuli)

Proceeding in such situations must, again, happen incrementally. The physiotherapist is there to help with matters related to movement and mobility and, if needed, to refer the person forward to other professionals if physiotherapy is not the thing that is going to help at this moment. The important thing is to help the client/patient/rehabilitee to pay attention to "the big picture we are dealing with" but also that they feel "they are being understood in a comprehensive manner" (Miimuli).

Expressiveness

In the texts, movement was also described as something with which both physiotherapists and clients/patients/rehabilitees use to express themselves and their embodiment. Our bodies are no less than our way into the world:

> To me as a professional, life is movement and sensing and listening to my own body is my perspective towards the world. Without this constantly deepening experientiality, I couldn't do this challenging work, in which it is essential to maintain always 50% of attention in one's own embodiment/body-mind. (Pft)

Bodies are expressive and they are both instruments and media of expression. "Movement is present in my work," as Magee2023 writes, "as the human rhythm to breathe, speak, and use one's body in conversation." This expressiveness was not understood as something external to physiotherapy, or an add-on to physiotherapeutic movement, but rather as something intrinsic to the practice. Mere being, as Pft puts it, is "continuous movement that expresses our selfhood." Expressiveness is something inseparable from physiotherapy practice. As much as physiotherapists use manual skills, active and passive movement, and therapeutic exercise, they also use conversation, silence, self-reflection, and self-expression. Conversation may create a safer space and safety in one's own body. Conversation and communication are also (in) movement.

Movement and moving, as Pft writes, "are for the client a means to get closer to their own experiences, emotions and needs" while ceasing to move or being still is "more conscious exercise, for example, to get rid of the constant externally visible compulsion to be active." When contrasting movement and ceasing to move in this manner, movement can become a way to express oneself:

> Through movement, it may be easier to express something for which we do not have words or, for example, when words are not the most suitable form of expression for you, or the theme [of expression] is not even on the level of conscious thinking. (Pft)

Movement as "inborn", as something intrinsic to subjectivity, is therefore central to self-expression. As such, however, it might not always be possible to rationalise, instrumentalise, or put it to words. Body has a language of its own that is often untranslatable. As Vicki Kirby (1997, p. 56) writes, "the body itself [is] a scene of writing, subject to a sentence that is never quite legible, because to read it is to write it, again, yet differently." Even in biomedically mediated physiotherapy, rather than objectively observing

the body through biomedical science, physiotherapists are subjective interpreters between the often-incomprehensible body and biomedicine, and they are re-reading and re-writing the body, again. In addition to itself being expression and experientiality, guided movement and moving and exercise in physiotherapy can offer a site for expression and experientiality. As Pft writes, it offers "loosening up [colloquial *irrottelua*, which can also mean partying or relaxing, even dancing, especially in opposition to the everyday working life], space, freedom, safety, a place to encounter challenging emotions or a place to practice coping in challenging situations."

Body consciousness

Body consciousness is a concept widely used in Finnish psychophysical physiotherapy and it was present in the responses. Movement and moving are, in KMV's view, means to observe body consciousness and connectivity: "Movement and moving signify to me, as a physiotherapy professional, being upon body-experience and exploring the feeling of self-efficacy. In physiotherapy, movement and moving are a means to create connection to one's own [body] and the other's body through different sensory channels, increasing body consciousness." The phrase "being upon body-experience" is difficult to translate from the Finnish *äärellä olemista*, with the latter word denoting "being" and the former being often translated as "at," "by" or "near," used in "sitting at the table" (*istua pöydän ääreen*) or "being by the sea" (*olla meren äärellä*). However, while a table has clear dimensions for a human, the sea does not. There is a connotation of boundlessness or infinity, the Finnish *ääretön*, literally "without bounds." *Äärі-* is also used with political or religious identities to denote extremism. Although translating *äärellä* to "upon" does not hold the same connotations, the abstractedness of "upon" in contrast to "on" does communicate some of the dialectical otherness of "body-experience," something that is at once familiar but unknown.

Similarly, "exploring the feeling of self-efficacy" is a difficult phrase, particularly due to the word self-efficacy from the Finnish *minäpystyvyys*. This term comes from the Canadian-American psychologist Albert Bandura and his 1977 book *Social learning theory*. The "feeling of self-efficacy" describes the individual's belief in their ability to produce the expected outcomes in a certain situation (Bandura, 1977, p. 79–80). This psychological idea is tied to physiology in KMV's text and links to the subject's abilities discussed

above. Nevertheless, the emphasis is on movement creating a stronger bond with our bodies, in advancing body consciousness. The same respondent elaborates further:

> Movement and moving about may be therapeutic given than they include some sort of conscious presence and a level of remaining in one's window of tolerance. Movement and moving about are therapeutic when they are performed through trust in and respect towards one's body, in flexible co-operation. Movement and moving about are therapeutic when the body and the person who lives in it are the subjective experiencer of movement/moving, not its objective target. (KMV)

Movement becomes therapeutic when the client/patient/rehabilitee subject is, in a sense, activated through the support of the therapist. In this therapeutic situation stillness becomes important as Magee2023 notes: "In interaction, movement is a sustained target of attention, as well as being still." For body consciousness, the ceasing of movement is qualitatively important: "Stopping to move offers an opportunity to listen to body-messages, although some can also succeed in this while moving. At times, one needs to come to a state of being still to clarify thoughts, to calm mental alertness and to just be present to oneself" (Margit).

The contrast of movement with stillness brings a stronger cognitive focus on the embodied being: "Connecting body and mind by actively sensing and observing, surrendering, and releasing, have a psychological and physiological effect by efficiently calming down the body and the mind" (KH). Noticing movement consciously makes it therapeutic, as Magee2023 writes, which means that "movement is recognised, it is marvelled at and examined." Through conscious noticing, Magee2023 continues, "movement of which quality is, say, tense and withdrawn, is transformed into flowing movement—that is therapeutic for the client, even something that wakes up deep emotions. Free movement—free cognition." The link between the mind and the body is reflected in the dialectic of movement and stillness, in how they mutually constitute each other. Psychophysical physiotherapy, in the respondents' view, challenges biomechanics in the mind and body connection: there is not one without the other. This is what is meant by embodied being, by body consciousness.

However, it is also important not to forget the physio in the room with regards to body consciousness: "Being still/stopping to move may need to be accompanied by touch, which must be done in a very sensitive manner accounting for the entire situation. Special concentration and sensing the situation is required of the physiotherapist, as well as good interaction to gain the patient's trust" (Miimuli). The facilitating manner of the physiotherapist is important but easily forgotten or set aside when discussing body consciousness. Although the exploration of body consciousness happens individually, the social aspect is crucial for better practice.

Body consciousness cannot be performed in a forced manner. It demands conscious focus and reflection and learning: "With my psychophysical clientele, movement and moving about have usually been in a bit too large of a role, for example, in the form of compulsory exercising, and rest, calming down, and stopping are not given space in the body, mind, or life. Therefore, in our work, we often focus on setting ourselves upon the body [*kehon äärelle asettumiseen*] and learning to observe experience instead of performing sports or therapeutic exercise" (KMV). Therapy is social activity and in the advancement of body consciousness the physiotherapist works as a guide and a partner in the process (cf. Aittokallio & Rajala, 2020). After all, body consciousness is still a skill, as Minä writes: "From a physical perspective, a static position may be an active effort. Relaxation and being static are challenges to many clients. They often need to be learned." Learning and social support are crucial in the "stillness part" of movement. NN expresses this also in terms of both learning about oneself and trusting the other, underlining learning as being inherently social: "Letting go of rushing, encountering oneself, an opportunity to evolve. Giving oneself up to be supported [*antautuminen kannateltavaksi*, the latter word connoting support by being carried or held]."

Stillness looks to be a more difficult activity than moving. The difficulty seeps into the descriptive language of the respondents: "Being still and stopping moving, as concepts, mean to be at peace, to rest, to be in a state of not-knowing, ripening [*kypsyttelyä*, metaphoric], letting go and stewing [*hauduttelua*, metaphoric]" (KMV). The practice of stopping, of stillness, is infused with words and metaphors of activity that contain a slowly evolving process as with "ripening" and "stewing." There is no immediate pay off to this practice, which partially explains the difficulty. Pft highlights the delicacy of this practice: "I understand ceasing to move as a more conscious

exercise, which can be for many a useful step towards a state of being and submission. As we are still practicing something, staying still strengthens our ability to sense our bodies and to reflect the meanings of these sensations." The process of being still is rife with dialectical thinking, how activity and passivity are mutually co-constituted. Kesäheinä emphasises the importance of this body conscious practice: "Coming to a standstill brings people closer to their own body and mind, feelings, and thoughts. Coming to stand still can mean knowing and recognising the messages of one's body and one's thoughts and feelings. Stopping for a moment to be with one's own needs is vital and it should be taught to everyone."

Mutual reflexive practice

Almost all of the respondents emphasised the importance of physiotherapists also practicing reflexively those exercises they use in their practice with clients/patients/rehabilitees. Mutual reflexive practice in both movement and stillness is elemental in physiotherapy: it is a means "to learn about the rehabilitee (examining) or to work together (rehabilitation), to express oneself (to the client) to explore and learn oneself (comprehensive knowing of oneself), a channel to express feeling, thoughts, etc." (Minä). This mutuality of practicing is reciprocal and reflexive. The physiotherapist must enter into the process of embodied learning to be able to reflect the embodied being and needs of the person at their clinic, and this happens through exploring and reflecting one's own body and movement prior to doing so with the client/patient/rehabilitee. The client is also invited to explore reflexively different kinds of ways of being and moving together with the physiotherapist. The embodied experiential learning of the physiotherapist and the client/patient/rehabilitee are "shorter and longer very therapeutic moments, moments that speak to both clients and to me," as OV describes them, and they are very eye-opening and helpful in moving towards therapeutic goals:

> During these moments something very authentic often emerges. Like an experience that I am never still or in a standstill, or that I am always stagnant, somehow completely stopped. From these realisations it is possible to move forward to a practice that would be in this moment the most meaningful thing for functioning. (OV)

In such moments, goals are discussed together: "Sometimes the patient is able to name the goals with ease, sometimes pondering the goals together is needed" (Miimuli). What makes mutual movement therapeutic, as Margit writes, "is when we advance incrementally towards aims that have been set in mutual understanding." Moving incrementally, step by step, towards these mutually set goals can also clarify the goals along the way. It is also important, Miimuli writes, "to actively involve [*osallistaa*, to make someone a responsible part of something] the patient in the whole physiotherapy process. When the goals have been set together from the point of view of the patient's everyday living, they become better motivated and committed to therapy." Practicing physiotherapy through one's own body in this reflexive manner brings bodies, in a sense, closer to each other in movement, which undermines hierarchies in embodied knowledges between the physiotherapist and the client/patient/rehabilitee.

The respondents also emphasized the importance of adjusting movement and moving according to each individual needs and abilities. With some, movement can be stronger or gentler, with others more active, or guided through therapeutic touch, or just observing breathing and grounding. As OV describes, in their clinical practice, "we explore space, being, and breathing with the client through movement and moving around." Through moving,

> the client has the opportunity to get experiences that can inspire to try some new way to move, to produce movement, to pause, to stop, to let go, and to stay and listen to the body's internal movement. Through movement and moving about, both I and my clients have realised things that have produced new ways of acting, which have fitted better for the present moment. . . . To me, movement and moving about are life in me and in the other, also in-between us. (OV)

Mutuality is about listening to oneself and the other, and while mutuality can have a goal, it also produces some unexpected effects. Realising things that produce new ways of acting implies creativity much needed in physiotherapy, as Kesäheinä puts it, and an ability to be surprised, which is something that can render physiotherapy reparative (cf. Sedgwick, 2003).

Mutual reflexivity often demands time and space to stop and listen, to pause and to be present in reciprocal interaction: "Pausing is a precondition

for having space for being present, which is needed in each encounter with a client. Pausing is the skill to focus in the moment. Staying still and stopping is a prerequisite for to be able to encounter the client in one's own work" (Magee2023). For Miimuli, stopping to listen means "a valuing, listening presence. I pause to listen what my patient is telling me. I observe the patient during their story." To stop and listen, without rushing, is essential in hearing the client/patient/rehabilitee and proceeding in physiotherapy from their standpoint:

> How wonderful it is to be present without rushing, to pause and breathe. To listen what the other has on their heart and to notice how grateful they are when someone listens, and one doesn't need to immediately perform all sorts of things even if they have come to physiotherapy. We go forth with the client considering their starting point and their resources. (Hanskimari)

Listening opens up space for wondering and curiosity in interview situations, in addition to using, for example, questionnaires and measurements to gain something "more concrete" (OV) with which to demonstrate changes during physiotherapy. As Miimuli writes, "among other things, openness and curiosity help when interviewing. One cannot and need not know everything. It is important to pick up things in the patient's story that they bring forth as meaningful for them." This requires what Rita Charon (2001, p. 1897) has called narrative competence, "the ability to acknowledge, absorb, interpret, and act on the stories and plights of others."

Encountering the other requires time, both to listen and to hear, but also to recover. Mutuality and being constantly present can be demanding for the physiotherapist, as well as the client/patient/rehabilitee, and time may be needed to recover and heal afterwards. Sometimes, "it is also good to receive professional support for reflecting thoughts/situation" (Miimuli). This is especially important in resource-constrained situations such as in marketized healthcare, and in societies in which activity is praised and inactivity demonised. In Pft's reflection, they experienced the concepts of standing still and coming to a standstill [*paikallaanolo*, *pysähtyminen*] as forced, because, while some people do need clear instructions on these matters, "as a physiotherapist, the theme of being still causes some frustration about the fact that our

work and the state of the whole society is so burdened because of the constant fear of ceasing to move" (Pft).

Reading movement otherwise

Movement is seen as a medicine for immobility from a dominantly biomedical perspective; but as nearly all the respondents marked, movement in its various guises (including stillness) is intrinsic to human beings, as active subjects in our own lives. However, movement requires balance: first, with stillness (movement's co-constitutive partner); and second, with everyday life, so that the embodied subject is not overwhelmed. After all, through the expressivity of dialectical movement (that which is also stillness) we learn about our embodied selves. The practice of body consciousness through this dialectical movement is not just a way of rehabilitation but of deeper self-knowledge. Crucial in this mutually reflexive practice is the physiotherapist as a guide and co-experiencer.

The respondents' texts are in themselves already deconstructing the dominant biomechanical approach to physiotherapy because they expand the concept of movement into a broader, dialectical conception. Movement in these texts recall Derrida's (1981) analysis of Plato's sense of writing as *pharmakon*, which in Ancient Greek can be understood both as a "cure" and a "poison". Rather than seeing movement as a cure and stillness as poison, the more comprehensive understanding of movement encompasses both senses. Therefore, like Plato's sense of writing for Derrida, the meaning of movement is inconclusive. It is dependent on the situation and context. However, this deconstruction does not seek to destroy the biomechanical approach. Biomechanical, biomedical, traditional, "uncritical"—call it what you will—physiotherapy is exactly why any "otherwise" physiotherapy exists. Instead of seeing these as hierarchical opposites, their deconstruction is an opening towards a greater challenge to any "otherwise" approach: it cannot ossify, stop moving, be set under rules, tied down. The more the "counterapproach" is established, the more it ought to refuse to be tied down—for its own sake.

Another curious Derridean echo comes from the practice of stillness, stopping, or pausing. In contrast to movement, as the respondents emphasised, the importance of stillness is deferred, only learnt afterwards and through a continuing process. Not only is stillness meaningfully different from movement, but their relationship is also emblematic of Derrida's *différance*. Stillness

offers space for listening and observing, always through the body whether through seeing, hearing, or touching or through moving, breathing, or standing still. Movement, similarly, is a reflexive practice of self-knowledge and body consciousness, which offers perspective into stillness. Movement and stillness are mutually constitutive, but not in a Hegelian, positive sense, in which we come to understand both of their meanings. Rather, the mutual constitution is also deferred and contextual, and their meaning can be glimpsed only momentarily.

In Derrida's reading of Hegel, as Horton (2023) points out, the body is neither the Cartesian objective *res extensa*, nor the subjective self; rather, the subjective/objective dichotomy is overturned "because my body is myself and other than myself" (Horton, 2023, p. 105). The texts by physiotherapist deconstruct the body in this manner, making it one thing and another at the same time, deconstructing dichotomies that are written upon it. It is both interior and exterior, musculoskeletal and visceral, active and passive, moving and still, moving while still, and still moving. Movement is before perception: there is always oozing, pumping, expanding, whooshing, forming, secreting—before we have to actively do anything about it. There is futurity (cf. Derrida, 2006) to movement: we are already going to the bathroom before we have to go, already moving before we intend to do so, always-already affected by the hormones our bodies are producing each moment, always teeming with microbial life making us loci of more-than-human movement. Never still, exactly because movement is "life in me and in the other, also in-between us" (OV), movement is always-already to-come (*à venir*) movement, and this is why movement and our bodies are strangers to us. Movement is my embodiment, my body is myself, but in its futurity and visceral interiority, and in its refusal to play along—exactly when we need physiotherapy—it is totally other (*tout autre*).

There is an undercurrent that haunts the texts. It is not explicitly named, yet it seems to be implied in the very reasons why movement as more-than-medicine is needed. Why do we need to re-learn stillness and get to know our embodied selves? Why is autonomous movement a privilege? Why have some people pushed aside the skill to be still? Why some suffer lack of recovery and disturbed sleep? Why do we long for having time? What else is it we fear if movement and activity cease than the very end of capitalism (as we knew it)? The call-back to capitalocentrism brings us also back to

our title. The compulsion to be active, the fear of ceasing to move, and most importantly time are tied with capitalocentric thinking as a value-maker. The economic connotations of *liike* (movement) appear less coincidental. The economy needs to keep moving and its movers (us) need to be kept in motion. Being in constant movement seems to eschew stopping and thinking. Thinking otherwise may challenge the economic hegemony—perhaps then we could focus on treating human beings instead of making do with what is economically affordable.

Epilogue

Epilogue translates roughly as speech attached to the end. Our reading, in the spirit of *différance*, is very uncomfortable for us to conclude. Conclusion, to us, connotes a routine section in a research paper, in which we finally tell the reader how they ought to have been reading all this all along. We wish to do nothing of this sort. Our intentions or personal histories, or our authorship, do not explain to the reader any definitive and ultimate meaning in this text. Following Roland Barthes' argument in his 1967 essay, The death of the author, we insist that the interpretation and afterlife of this text lies in "the birth of the reader" (Barthes, 1977, 148). Conclusion also connotates something that has come to a full or near full stop. In our view, deconstruction points toward a need for continuing analysis rather than towards ours having been exhaustive. So, our conclusion is deferred, but not in a standstill. Deferral means postponement, movement of its own kind, which demands, in the meanwhile, another kind of movement: reading, writing, critique, deconstruction. We hope that what we put in motion continues its movement, because if movement (as we knew it) is deconstructed, then physiotherapy cannot remain (still) the same either.

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References

Aittokallio, J., & Rajala, A. I. (2020). Perspectives on "person-centeredness" from neurological rehabilitation and critical theory: Toward a critical constellation. *The Journal of Humanities in Rehabilitation*. https://www.jhrehab.org/2020/05/07/perspectives-on-person-centeredness-from-neurological-rehabilitation-and-critical-theory-toward-a-critical-constellation/

Bandura, A. (1977). *Social learning theory*. Prentice-Hall.

Barthes, R. (1977). *Image music text* (S. Heath, ed.). Fontana Press.

Beardsworth, R. (1996). *Derrida & the political*. Routledge.

Bradley, A. (2008). *Derrida's Of grammatology*. Indiana University Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Caputo, J. D. (Ed.). (1997). *Deconstruction in a nutshell a conversation with Jacques Derrida*. Fordham University Press.

Charon, R. (2001). Narrative medicine: A model for empathy, reflection, profession, and trust. *JAMA: The Journal of the American Medical Association, 286*(15), 1897–1902. https://doi.org/10.1001/jama.286.15.1897

Derrida, J. (1981a). *Dissemination*. University of Chicago Press.

Derrida, J. (1981b). *Positions*. University of Chicago.

Derrida, J. (1982). *Margins of philosophy*. Harvester Press.

Derrida, J. (1988). Letter to a Japanese friend. In D. Wood & R. Bernasconi (Eds.), *Derrida and différance* (pp. 1–5). Northwestern University Press.

Derrida, J. (1995). Time is out of joint. In A. Haverkamp (Ed.), *Deconstruction is/in America: A new sense of the political* (pp. 14–38). New York University Press.

Derrida, J. (1998). *Of grammatology* (Rev. ed.). Johns Hopkins University.

Derrida, J. (2006). *Specters of Marx: The state of the debt, the work of mourning and the new international*. Routledge.

Drabble, M., Stringer, J., & Hahn, D. (Eds.). (2007). *The concise Oxford companion to English literature* (3rd ed.). Oxford University Press.

Gaston, S., & MacLachlan, I. (2011). *Reading Derrida's Of grammatology*. Bloomsbury.

Gibson-Graham, J. K. (1996). *The end of capitalism (as we knew it): A feminist critique of political economy*. Blackwell.

Gibson-Graham, J. K. (2006). *A postcapitalist politics*. University of Minnesota Press.

Horton, S. (2023). Riddles of the body: Derrida and Hegel on corporeality and signs. *Continental Philosophy Review, 56*(1), 95–112. https://doi.org/10.1007/s11007-022-09583-y

Itzik, L., & Walsh, S. D. (2023). Giving them a choice: Qualitative research participants chosen pseudonyms as a reflection of self-identity. *Journal of Cross-Cultural Psychology, 54*(6–7), 705–721. https://doi.org/10.1177/00220221231193146

Kirby, V. (1997). *Telling flesh: The substance of the corporeal*. Routledge.

Lucy, N. (2004). *A Derrida dictionary*. Blackwell.

Middleton, K. (2017). Give patients direct access to physiotherapy. They want it, and it would benefit GPs too. *British Journal of Sports Medicine, 51*(13), 1041–1041. https://doi.org/10.1136/bjsports-2016-h6844rep

PSYFY. (2023, November 21). *Psykofyysiseen fysioterapiaan erikoistumisen suositukset*. https://psyfy.net/psykofyysinen-fysioterapia/erikoistuminen/

Rajala, A. I., & Uotinen, U. (2026). Psykofyysisen fysioterapian filosofisia lähtökohtia. In J. Aittokallio, A. I. Rajala, K. Palomäki, & U. Ollikkala (Eds.), *Psykofyysinen fysioterapia*. Duodecim.

Sedgwick, E. K. (2003). *Touching feeling*. Duke University Press.

Shildrick, M. (1997). *Leaky bodies and boundaries: Feminism, postmodernism and (bio)ethics*. Routledge.

Spivak, G. C. (2008). *Outside in the teaching machine*. Routledge.

Tilley, L., & Woodthorpe, K. (2011). Is it the end for anonymity as we know it? A critical examination of the ethical principle of anonymity in the context of 21st century demands on the qualitative researcher. *Qualitative Research, 11*(2), 197–212. https://doi.org/10.1177/1468794110394073

Whitehead, D. (2011). Health promotion in nursing: A Derridean discourse analysis. *Health Promotion International, 26*(1), 117–127. https://doi.org/10.1093/heapro/daq073