

Physiotherapy and Fundamental Ethics

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Questioning Self and Other in Theory and Practice

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A thesis submitted to Auckland University of Technology
in fulfillment of the requirements for the degree of
Doctor of Philosophy (PhD)

School of Clinical Sciences
Faculty of Health and Environmental Sciences

2017

Abstract

Physiotherapy and Fundamental Ethics engages the field of physiotherapy through a critique of its contemporary foundations from the perspective of the ethics philosophy of Emmanuel Levinas, in order to develop novel approaches to physiotherapy practice.

Physiotherapy is a well-established healthcare profession, practiced in healthcare systems around the world. Despite its success, modern healthcare more generally faces a number of significant challenges, including increasing financial burdens, an increasingly ageing and chronically ill population, ongoing technological innovation, and diminishing trust in conventional healthcare. Ways in which physiotherapy could respond to these challenges and adapt to future needs are being explored. One approach entails a thorough reassessment of the profession's status quo and its subsequent development, drawing on hitherto unexamined philosophies, methodologies, and practices. This study seeks to contribute to these efforts by drawing on a range of traditions that have not yet been introduced to the profession, but appear to hold great potential for its critical reassessment and development.

Levinas's *fundamental ethics* provides the theoretical framework for this, beginning with its exposition of the ontological and epistemological underpinnings of Western metaphysics and science as implicating a violence against the other. This violence consists in negating the other and any relation to otherness through a *totalizing* movement, assimilating the other into the categories and capacities of the knowing ego, its knowledge, and self. Consonant with researchers who consider implications of Levinas's work to other healthcare professions, I argue that Levinassian ethics reveals the theories and practices that shape contemporary physiotherapy as inadvertently opposing its original therapeutic motives and aspirations. By arguing that the other is characterised by a preceding and un-encompassable *infinity* and *exteriority*, Levinas developed his contrasting conceptions of *fundamental ethics* and the self-in-relation as *otherwise than being*. These provide the theoretical grounds on which I develop a novel understanding of the physiotherapist and physiotherapy practice. They are developed around the key notions of *passivity* and *accompaniment* drawn from Levinassian literature and further expanded throughout this thesis.

Inasmuch as ethics as passivity and accompaniment questions the very possibility of practice without doing violence, I draw on Pierre Hadot's approach to philosophy as a way of life, and the philosophies and practices of predominantly Japanese lineages of Zen(-buddhism),

Aikido and other martial arts, and the treatment approach, Shiatsu. Building on their distinct emphases on physical practice and a resonance between them that I elucidate, I argue that they provide particularly fertile grounds for the development of *otherwise* physiotherapy practices.

Autoethnography provides the methodological point of departure, as this study sets out from my personal involvements in physiotherapy and the Japanese philosophical, martial, and therapeutic traditions. Autoethnography was adapted in this thesis through a critical encounter with Levinas's and Hadot's work. This consolidated the contrasting and conjunctural encounter of physiotherapy with fundamental ethics and other philosophies and practices for physiotherapy's critique and development. Through this methodological engagement with Levinas and Hadot, the research offers a novel development of autoethnography to the fields of qualitative research. Its broad reference-field further indicates contributions that inflect across these fields, including other healthcare professions underpinned by the same ontology and epistemology. The primary aims of this study remain the development of a critical perspective that expands on Levinas's fundamental ethics, and the development of novel approaches to physiotherapy on this basis.

TABLE OF CONTENTS

<i>Abstract</i>	ii
<i>Attestation of authorship</i>	viii
<i>Acknowledgements</i>	ix
CHAPTER ONE – PHYSIOTHERAPY AND FUNDAMENTAL ETHICS	1
Introduction	1
Background	9
Extant developments in contemporary physiotherapy	10
The philosophical and practical traditions informing this study	14
From fundamental ethics to physiotherapy	21
Methodological approach	24
Scope and Framework of the thesis	29
<i>Fundamental ethics in practice</i>	29
<i>Beyond fundamental ethics</i>	31
<i>Goodness and the good</i>	34
<i>Positivism, biomedicine, physical therapy and physiotherapy</i>	36
<i>A Trojan Horse</i>	38
Overview of the thesis	39
In summary	41
CHAPTER TWO – SELF AND OTHER IN THEORY AND PRACTICE	43
Introduction	43
Preparation	44
<i>Philosophy, aims, and methodology</i>	44
<i>Questioning ourselves</i>	47
<i>Rules and tools on the research path</i>	49
<i>Objectivity: Beginning with the personal</i>	50
<i>A historical dimension</i>	52
<i>Relevance: Correlating personal and professional concerns</i>	55

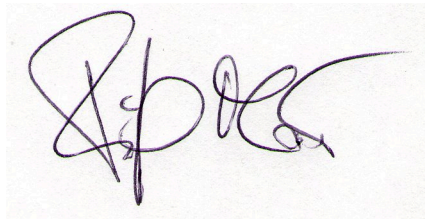
Description	57
<i>Mapping the field and its tools</i>	58
<i>A review of literature</i>	60
Interpretation	68
<i>A judgment of value</i>	69
<i>A judgment of adequacy</i>	77
Comparison and critique	80
<i>Comparison</i>	83
<i>Critique</i>	84
<i>Subjectivity & eclecticism</i>	86
Practice	91
<i>Dialogue</i>	92
<i>Methodological difficulties</i>	94
<i>Ethics and ethos</i>	95
In summary	98
CHAPTER THREE – PRACTICE AND PASSIVITY	100
Introduction	100
The foundations of contemporary physiotherapy	101
<i>The aim of physiotherapy</i>	103
<i>The ethics of physiotherapy</i>	107
Reorienting physiotherapy practice	112
<i>Professional practice</i>	112
<i>Physiotherapy as a way of life</i>	118
Practices of passivity	124
<i>Letting go of practice</i>	127
<i>Letting go of knowledge</i>	132
<i>Letting go of intention</i>	132
<i>Letting go of self</i>	135
<i>The practices of passivity</i>	138

<i>The therapist as passivity</i>	139
In summary	146
CHAPTER FOUR – PASSIVITY AND ACCOMPANIMENT	148
Introduction	148
Beyond passivity	149
The fundamental relation	156
<i>Distance and causation</i>	157
<i>Capacity and causation</i>	163
<i>Proximity and causation: Toward subjectivity</i>	169
The self in relation	173
<i>Existing professionally</i>	174
<i>Existing physically</i>	180
<i>Existing therapeutically</i>	184
In summary	191
CHAPTER FIVE – PASSIVITY AND ACCOMPANIMENT AS PHYSICAL THERAPIES	193
Introduction	193
Beyond structure	195
Passivity in practice	201
<i>Mobilisation and rehabilitation</i>	201
<i>Anamnesis</i>	203
Physical needs	215
Accompaniment in practice	218
<i>Activities of daily life</i>	219
<i>Beyond everyday practices</i>	223
<i>Contact</i>	226
The practice of physical therapy	231
In summary	239

CHAPTER SIX – PHYSIOTHERAPY IN PRACTICE	241
Introduction	241
Passivity and accompaniment in physiotherapy	244
<i>Ehtics in physical therapy</i>	244
<i>Physical therapy in practice</i>	252
<i>Subjection to all and everything: Approaching physiotherapy</i>	262
<i>Beyond physiotherapy</i>	264
Passivity and accompaniment in autoethnography	268
<i>Ethics in autoethnography</i>	268
<i>Autoethnography as physical therapy</i>	272
Overview of findings	277
In conclusion	282
References	285

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

A handwritten signature in black ink, appearing to read 'Filip Maric', written on a light-colored background.

Filip Maric

09 May 2017

Acknowledgements

I would first like to acknowledge and thank my supervisors Mark Jackson and David Nicholls. I am deeply indebted to you for your hard work and for believing and sticking with me even through the toughest of times. Your enthusiasm, generosity, and exemplary expertise are inspiring to say the least. I hope that you are content with this thesis and find it to repay you for your guidance and patience in bringing me to the conclusion of this project.

Acknowledgement and thanks are also due to the staff at Auckland University of Technology (AUT) for the guidance, resources and financial support provided throughout the course of this study.

To my entire family, young and old, near and far, both alive and breathing, and those alive in memory only. If it was not for your unwavering love and support, I would neither be who, where, or what I am, nor would it have been possible for me to embark on the journey of this project. I hope that this thesis goes some way to make your incessant encouragement and trust in me worthwhile, and in the best of cases, helps build a better future for our young ones, for being of service to them is the only thing that can justify the time and effort that have gone into this thesis.

There are more people that I need to thank than I can possibly include and do justice in this brief comment, from friends, colleagues, teachers, co-practitioners, sponsors and others from the fellowships, to personal and professional advisors, and many more. I cannot wait to get back together and spend time with you all.

There is no way I could have done this if it was not for all of your generosity. To give you far more of my company and support than I have been able to during the course of this study is the least I could do now, though I hope this thesis makes a beginning in the right direction.

הגנני

Chapter One

Physiotherapy and Fundamental Ethics

For the little humanity that adorns the earth, a relaxation of essence to the second degree is needed, in the just war waged against war to tremble or shudder at every instant because of this very justice. This weakness is needed. This relaxation of virility without cowardice is needed for the little cruelty our hands repudiate. That is the meaning that should be suggested by the formulas repeated in this book concerning the passivity more passive still than any passivity (Levinas, 1998b, p. 185).

Introduction

This study engages the field of physiotherapy through a critique of its theories and practices of self and other from the perspective of fundamental ethics, and the development of novel approaches to its thinking and practice on this otherwise foundation. This twofold engagement takes places through a comparative critique of contemporary physiotherapy with a range of philosophical, practical, and therapeutic traditions that have not as yet been introduced to the profession but appear to hold great potential for its further development. Most prominently, Emmanuel Levinas's fundamental ethics provides the theoretical framework for this critique and development of physiotherapy in its foundations. Pierre Hadot's approach to philosophy as a way of life, as well as my research into and practice of Zen (-buddhism), Aikido and a range of other, predominantly Japanese, martial arts, and Shiatsu (a Japanese manual therapeutic approach) augment the critical perspective drawn from

Levinas's work, and provide a crucial impetus for the development of a physiotherapy practice based on fundamental ethics.

What is meant by fundamental ethics and how might it differ from ethics in a conventional sense? It should be clear that ethics is already 'considered fundamental to the practice of physiotherapy' as it stands today (PBNZ, 2011, p. 4). The Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct, for example, is thought to be based on 'commonly agreed ... longstanding ethical values and professional principles' that set 'the standard for ethical decision making' and the 'expectations for the professional behaviour of registered physiotherapists in New Zealand' with the purpose of protecting the health and safety of the New Zealand public' (PBNZ, 2011, pp. 3-4). Health and safety define the ethical values to be protected and they, as much as the principles and standards formulated to ensure them, are understood as something that can be observed, defined, understood and conceptualized. A Code of Ethics ensures adherence constituted on conscious choice and intention, defining action on its basis.

Especially in the context of healthcare, this is additionally evident in the fact that the 'Code should be read in conjunction with relevant ... policies, procedures, competencies and standards that regulate professional practice' (PBNZ, 2011, p. 5). These describe and define what constitutes health, and the knowledge and skills that define and are expected from the competent physiotherapy practitioner (PBNZ, 2015; PNZ, 2012). These descriptions and definitions are applicable to all physiotherapists registered in New Zealand, and define physiotherapy practice as based on evidence acquired through research defining objective knowledge, and common understanding (PBNZ,

2011, p. 14). Fundamental ethics explored in relation to physiotherapy in this thesis builds on a very different notion of ethics, developed by Levinas over the course of his writings.

There are a number of key notions integral to Levinas's conception of fundamental ethics that would be initially useful to define as they will be returned to later in the thesis. The initial ones come from Levinas's first major publication, *Totality and Infinity* (1969), beginning with what he refers to as *totality*, or *totalization*, a relation to the other in which all beings are 'integrated into a whole' in such a way that their 'singularity vanishes' (Levinas, 1969, p. 59). In other words, Levinas argues that if the other and my relation to the other could be known and described in terms of knowledge, then 'the individuals would appear as participants in the totality: the Other would amount to a second copy of the I—both included in the same' through their assimilation into the categories and capacities of knowing ego and its knowledge (Levinas, 1969, p. 121). The knowing subject would therefore negate its relation to the other, and effectively undo the other by subsuming it into its knowledge, rendering it into a part of itself or, more radically speaking, into itself, and thus ultimately, the self or same.

One moment when this totalization takes place in the context of physiotherapy's interactions between a therapist and client is in the process of assessment and diagnosis of a client for the particular ailments they present with. In this process, the client is observed, interviewed, and examined according to the physiotherapist's professional knowledge and the diagnostic categories of mainstream healthcare and physiotherapy (PNZ, 2012a, p.22). Though other factors like the client's goals are also included in the initial assessment, the potential result of an emphasis on using established diagnostic

categories may be that a multitude of different clients with slightly or seemingly overlapping presentations are all be labeled as, for example, suffering from a 'lumbar sprain(s)', or more specifically, 'discogenic low back pain', or in the even more obvious sense in which these labels are sometimes used colloquially by therapists, as 'being a lumbar sprain' or similar. Clients are directly, or indirectly observed (via their condition as a defining characteristic of them) from the perspective of professional knowledge and diagnostic categories under which they are subsumed (via their condition). Though clients certainly also play a role in this process and the shaping of the client-practitioner relationship, from this perspective, it is primarily the professional physiotherapist who has this knowledge and the capacity to identify, or label them as suffering from one or another condition, as well as their path to recovery according to the equally overarching category of health that governs mainstream healthcare and physiotherapy.

In radical distinction to this subsumption of otherness to the self-same, Levinas argues that 'the relation with the Other breaks the ceiling of the totality' (Levinas, 1969, p. 171). This 'breach of totality' indicated in the title of the first chapter of *Totality and Infinity* does not result from a kind of 'insufficiency of the I' that could be reduced through an increasing of its capacities, but rather 'Infinity does not permit itself to be integrated' into the categories and capacities of the knowing ego, but presents the non-encompassable 'Infinity of the Other' (Levinas, 1969, p. 80). To distinguish how radically different this *infinity* of the other is even from the very idea of infinity, which, as an idea, is still encompassed by the cognitive capacities of the knowing ego, Levinas further describes it as an 'infinity overflowing its idea and therefore separated from the I inhabited by this idea' (Levinas, 1969, p. 53).

It is *this relation to the infinitely other* that Levinas refers to as *fundamental*, something that precedes the possibility of knowledge and knowing, ‘prior to every initiative, to all imperialism of the same’, and prior even to a self defined by consciousness and knowing (Levinas, 1969, p. 38-39). Particularly pertinent to the search for an otherwise practice, to say that the self is in a relation to the other that is not and cannot be described in terms of being and knowledge is not a negation of the self. Rather, as I discuss in Chapter Four, it presents ‘a defense of subjectivity’ that is radically different from knowledge and being (Levinas, 1969, p. 26), and can and does, in this sense, relate to the other in a manner radically *otherwise than being* and otherwise than knowledge (Levinas, 1998b).

Having studied Levinas’s work before and alongside my professional involvement in physiotherapy, I have found my experience and practice of physiotherapy to be increasingly troubled through the encounter with his work, as well as the other philosophical, practical, and therapeutic traditions I have been involved in. Through his incisive critique of the ontological and epistemological underpinnings of Western metaphysics, defining its science and humanism, Levinas’s work in particular appeared to stand in direct opposition to my professional practice of physiotherapy. In Chapter Three I discuss a particularly incisive instance from my clinical practice in which an opposition developed in the way I thought of and approached my clients. This happened, for example, with and through my professional knowledge using predesigned assessment sheets and protocols, as well as best practice guidelines and techniques to be applied to the condition identified, and defined as pathological. It was also in opposition to my understanding of myself as the one holding the

knowledge relevant to a therapeutic relation, and my clients as those lacking it.

At its heart, Levinas's argument regarding ontology and epistemology, which he identifies as theories as much as practices, is that the subsumption of the other into the self via physiotherapeutic categories and capacities constitutes a severe violence against the other insofar as the act of subsuming the other diminishes their otherness. Again, this violence consists in an iniquitous reduction of the other and the other's otherness in a movement of totalization, as if this knowing self were able to encompass and know the other, as totality, in and through its egoistic knowledge, a reducing of 'the Other to a concept of thematization, objectivation or idealization' (Zeillinger, 2009, p. 102). Levinas further argued that this epistemological undoing of the other justifies and lays the foundation for the disregard, if not annihilation, of the other in the most vile and final of ways.

Arguing that this is not only a violent approach to the other, but impossible due to the other's infinite otherness that forever escapes all knowledge and understanding, I have found Levinas's work to profoundly disrupt my daily clinical practice as a physiotherapist. In its most extreme, it made me unsure how, if at all, I could use my hands to help my clients, or use the skills and knowledge I had acquired in training, or even simply put pen to paper as I try to consolidate my understanding of them and the conditions they presented with. In other words, the entirety of my self-understanding as a physiotherapist, and the premise of my entire client relationships appeared to be built on the basis that I had knowledge about their conditions and by inference, about them. It also inferred skills I could use to help improve their health. Yet precisely this knowledge and these skills now seemed to be

exposed as inadvertently, yet potentially intensely harmful insofar as they were diminishing my client's otherness.

By arguing that the other can never be fully known, characterised by an infinity and exteriority that cannot be encompassed in terms of consciousness, being, capacity or epistemology, Levinas developed his notion of ethics as the relation to the other that precedes knowledge and being, and is hence, more fundamental to them. It is Levinas's conception of fundamental ethics, equally developed throughout the course of his career, and most prominently his two major publications *Totality and Infinity* (Levinas 1969), and *Otherwise than being, or beyond Essence* (Levinas, 1998b), that provides the theoretical grounds on which I develop a novel understanding and practice of physiotherapy in this thesis. This is particularly developed through an understanding of the physiotherapist on the basis of ethical subjectivity, or the self-in-relation as described by Levinas and, from there, a different physiotherapy.

This *otherwise* understanding of the self and a physiotherapy practice—not based ontology and epistemology—are constituted on the key notions of *passivity* and *accompaniment* that are developed in the thesis. *Passivity* is a central term extensively featured and discussed in Levinas's writings and secondary literature. *Accompaniment* was developed in the work of Levinas's main English translator, Alphonso Lingis, though it is not foregrounded in Lingis's work to the extent that I deploy this notion in my thesis (Lingis, 1994).

While Levinas's work is central to the critique and development of physiotherapy, his fundamental ethics leaves the reader or practitioner within an impasse, similar to the one I encountered in practice. How

does one practice without doing this ‘very subtle brutality’ he describes (Zeillinger, 2009, p. 103)? It is particularly at this point that the work of Pierre Hadot, as well as the philosophies and practices of Zen, the martial arts, and Shiatsu are of import to this thesis. Although I frequently draw on them to expound on Levinas’s critique of ontology and epistemology, and his understanding of fundamental ethics, it is a resonance between them that makes it possible to conceive of an otherwise practice of physiotherapy. The resonance is allusive and this thesis aims to elucidate this. Where Levinas’s ethics, in a sense, refuses the possibility of conversion to practice, I draw on the distinct emphases on practice that pervade these other traditions to explore a range of possibilities for a *traverse* from ethics to practice that would be meaningful to physiotherapy.

In this introductory chapter, I begin with a brief overview of when and where I came to be involved in the various philosophies and practices in focus here. It is through their progressive encounter that I found my thinking and practice of physiotherapy to be troubled. Equally, potential resolutions seemed to be implied. I then situate this study in the broader context of research and development in physiotherapy, to initially define what constitutes contemporary physiotherapy, and why a critical, comparative engagement with Levinas’s fundamental ethics, Hadot’s philosophy as a way of life, and the philosophies and practices of Zen, Shiatsu, and the (Japanese) martial arts is pertinent and timely. I then introduce the methodological approach of the study, and conclude this chapter with an overview of the thesis as a whole.

Background

From September 1999 to August 2002 I undertook my undergraduate training in physiotherapy in Frankfurt, Germany. Prior to my entry into this course, I had been studying philosophy for two semesters, and continued this course after completing my physiotherapy training. I had also been involved in Aikido and a range of other martial arts, as well as *zazen* (meditation in the Zen-Buddhist tradition), and continue these practices today. The issues motivating this thesis thus began some 20 years ago and included an interest in different definitions of health and sickness, mind and body, theory and practice, and what it means to be helpful, or practice therapeutically. In pursuing some of these issues, I enrolled in a course for shiatsu practitioners because I wanted to experience a recognisable therapeutic practice that overlapped with the Asian traditions I was involved in. On gaining my physiotherapy qualification, I took up a position in private physiotherapy practice and continued my academic studies in philosophy.

As customary in the world of health professional education, I began attending continuing professional development courses, eventually enrolling in a Master of Health Science (Musculoskeletal Physiotherapy) program at the Auckland University of Technology in New Zealand in 2009. Here I began to explore qualitative healthcare research in much more detail, and with it, the possibility of undertaking a far more rigorous comparative critique of physiotherapy practised in combination with a range of Asian and occidental practices and philosophies. Building on a precursory master dissertation exploring the feasibility of autoethnography as a methodological point of departure for this study, I have focused on how it might be possible to open contemporary physiotherapy to a range of philosophical, practical, and therapeutic traditions that have not yet been introduced

to the profession, but appear to hold great potential for extending and developing physiotherapy into the future (Maric, 2011). These approaches are Emmanuel Levinas's fundamental ethics, Pierre Hadot's work on philosophy as a way of life, and a broad cross-section of Asian philosophies and practices, ranging from Zen to Japanese martial arts and Shiatsu.

Extant developments in contemporary physiotherapy

Over the course of its history, physiotherapy has developed into a well-established and highly regarded healthcare profession, practiced in both public and private sectors in healthcare systems around the world. Today, the World Confederation for Physical Therapy (WCPT) is 'the sole international voice for physical therapy', represents 'more than 350,000 physical therapists worldwide through its 112 member organisations' (WCPT, 2016b). In New Zealand, just over 4,000 registered physiotherapists hold Annual Practicing Certificates (Stokes, Dixon, & Nana, 2014), and while private practice has been identified as the largest employment sector for physiotherapists in New Zealand today, the profession is well-established in the country's healthcare system, with many practitioners also working in the public health sector (Reid & Larmer, 2007).

Despite its successes however, physiotherapy now faces a number of significant challenges, including an increasingly ageing and chronically ill population, that requires a different kind and quantity of healthcare to meet its needs (Broom, 2013, p. 14; Deusinger, Crowner, Burlis, & Stith, 2014; Nicholls & Larmer, 2005); the increasing financial burden on orthodox healthcare systems; challenges to traditional power structures and calls for greater democratisation of healthcare delivery; ongoing technological innovation (Broom, 2013, pp. 13-14; Nicholls,

Reid, & Larmer, 2009, p. 109); changes to accessibility, regulation, pay and reward across all healthcare professions; diminishing trust in conventional healthcare and a concomitant increasing interest in alternative and complementary healthcare experiences (Australian Physiotherapy Association/APA, 2013; McLeay, 2013; Stokes, Dixon, & Nana, 2014).

Rather than perceiving these challenges as a hindrance, it has been argued that this time of change is a time of great opportunity for the future development of novel approaches to healthcare and physiotherapy research, theory and practice. Consequently, researchers have begun to identify ways in which physiotherapy could respond to these challenges. Thus far, these have included moves toward interprofessional and collaborative practice (Deusinger et al., 2014, p. 58; Stotter, 2013a, 2013b); tertiary education and curriculum reform (Broberg et al., 2003; Caeiro, Cruz, & Pereira, 2014; Higgs, Hunt, Higgs, & Neubauer, 1999; Verheyden, 2011); and the development of new approaches to healthcare delivery (APA, 2013, pp. 3-4; Gibson & Martin, 2003; Nicholls & Larmer, 2005; Nicholls, Reid, & Larmer, 2009; Reid & Larmer, 2007).

Many of these new approaches are underpinned by a developing understanding of historical discourses informing physiotherapy's present tensions (Brauchle, 1971; Korobov, 2005; Kumar, 2010; Nicholls & Cheek, 2006; Nicholls & Holmes, 2012; Ottoson, 2011; Repschläger, 2011; Schöler, 2005; Terlouw, 2006). Studies have explored physiotherapy's positivistic, biomedical foundations and the rise of evidence-based medicine (Gibson & Martin, 2003; B. Grant & Giddings, 2002; Nicholls, 2009a). Research has also begun to better understand some of the paradigmatic, yet often taken-for-granted, assumptions

that determine the profession's self-understanding and therapeutic agency; its ways of knowledge production, and the types of knowledge that these can produce; the techniques that these have ultimately led to; as well as the environments in which they are delivered (Jorgensen, 2000; Nicholls & Gibson, 2010; Noronen & Wikström-Grotell, 1999; Wikström-Grotell & Eriksson, 2012).

Despite its undeniable benefits and successes however, it has been argued that the foundations and subsequent approaches to contemporary healthcare have also brought unintended consequences. Perceived as containing 'something profoundly disrespectful of human personhood' (Broom, 2013, p. 12), some have argued that the inherent exclusivity and marginalisation of theories and practices that do not fit with orthodox healthcare are preventing the further development of professions like physiotherapy (Greenhalgh, Howick, & Maskrey, 2014; Holmes & Gagnon, 2008; Holmes, Murray, Perron, & Rail, 2006; Miles, Loughlin, & Polychronis, 2008; Nicholls & Holmes, 2012). In direct response to this, a number of critical researchers are drawing increasingly on other, largely un-examined philosophies, to develop novel foundations for physiotherapy, and theories and practices built upon these (Eisenberg, 2012; Gibson, 2016; Nicholls et al., 2016).

As these approaches gain greater attention, greater use is being made of novel research approaches, particularly within the qualitative domain. Already well-established in other healthcare professions like nursing, psychotherapy, and occupational therapy, it has been pointed out that qualitative research, and the variety of paradigms subsumed under this term, are still not commonly 'discussed as an alternative source of valid evidence, but [are] instead relegated to the 'lesser' status of non-experimental research' in the physiotherapy profession (Gibson &

Martin, 2003, p. 353). This under-representation however, has been argued to weaken the profession in an area that could give it greater scope, variety and responsiveness in the future (Gibson & Martin, 2003; Nicholls, 2009a, 2009b, 2009c; WCPT, 2017, Research).

Many researchers are now arguing that much more work needs to be done to strengthen this new field of engagement (A. Grant, 2005; Johnson & Waterfield, 2004; Wiart & Burwasch, 2007). Reflecting this call, researchers have begun exploring various questions and methodological, theoretical and philosophies issues that may have been explored by other professions in the past, but are novel to physiotherapy. For example, studies have included phenomenological investigations influenced by the writings of Martin Heidegger and Maurice Merleau-Ponty (Greenfield & Jensen, 2010); perspectives on the body and physiotherapy in the rehabilitation of people suffering from undefined pain (Rosberg, 2000); critical approaches to physiotherapy professional identities underpinned by the work of Jürgen Habermas (Hammond, Cross, & Moore, 2010); physiotherapists' practice knowledge, and the development of more sustainable, emancipatory approaches (Trede, 2012); examinations of 'socially ingrained notions of normality and disability ... reflected in rehabilitation practices' for children with cerebral palsy, using the writings of Pierre Bourdieu (Gibson & Teachman, 2012); and postmodern discourse analyses of power and discipline in physiotherapy drawing on the work of Michel Foucault (Eisenberg, 2012; Nicholls, 2008; Praestegaard, Gard, & Glasdam, 2015).

There are, of course, many more examples of philosophies and qualitative research methodologies, like phenomenography, bricolage, grounded theory, and more, being developed by physiotherapy

researchers (Afrell & Rudebeck, 2010; Allen, 2007; Jorgensen, 2000; Kidd, Bond, & Bell, 2011; Shaw, 2012). The critical point here, however, is that the growing interest in novel philosophies, methodologies, related theories and practices, offers a possibility for physiotherapy to be better equipped for the challenges and opportunities that lay ahead. The promise of these novel approaches is that they may facilitate the comparative review, critique and, in some cases, adoption of extant assumptions, theories, and practices, and through this, make possible the development of novel physiotherapy theories and practices based on these hitherto unexplored perspectives and research methodologies.

The philosophical and practical traditions informing this study

At its heart, this study contributes to the growing field of qualitative research in physiotherapy, specifically drawing on a range of philosophical, practical, and therapeutic traditions, which I argue hold great potential for the profession, but are essentially unexamined in physiotherapy research to date. The thesis develops a methodological approach that is not yet widely known or implement in physiotherapy, or in healthcare research more generally. This is introduced in a later section of this chapter and then discussed in detail in Chapter Two.

Beginning with the work of Emmanuel Levinas, the central theme of Levinas's writings concerns 'the relationship to the *other* human' (Field & Levinas, 1993, emphasis added). Born in 1906 in Kaunas, Lithuania, Levinas went on to study philosophy in Strasbourg, France in 1924, before continuing his studies under the famous phenomenologists Edmund Husserl and Martin Heidegger in Germany, both of which would take a central place in the development of his future method and thought. He spent the last two years of WWII imprisoned in a German

military camp, alongside his French military unit, and following his release, learned of the death of much of his family at the hands of the Nazis. Understandably, these experiences became a major influence on the focus of his philosophical work in subsequent years. After returning to France and being reunited with his wife and daughter, Levinas began formalising his thinking and writing around the relationship between self and other, until his death in 1995 (Bergo, 2007; Critchley & Bernasconi, 2002; Hutchens, 2004; Malka, 2006; von Wolzogen, 2005). In essence, Levinas set out to explore whether, as Dostoyevsky put it, 'evil is the normal condition of people' or not (Dostoyevsky, 2001, p. 284).

Through a critique and further development of Husserl's phenomenological method, and in stark opposition to Heidegger's analysis of existence or 'being', Levinas's entire body of work, including his two seminal works *Totality and Infinity* (TI) and *Otherwise than Being, or beyond Essence* (OB), culminated in the description of ethics as the fundamental relation to the other that *precedes* knowledge and being (Levinas 1969; Levinas, 1998b). His extensive writings have been drawn on by a wide range of philosophers and theorists in recent years (Critchley, 2007; Derrida, 1960, 1978; Diprose, 2002; Hofmeyr, 2009; Peperzak, 1991; Ronell, 2004). His works provide support for a fundamentally reconstructed notion of ethics, and his writings continue to inspire studies in a 'number of fields outside of philosophy such as theology, Jewish studies, literature and cultural theory, psychotherapy, sociology, political theory, international relations theory and critical legal theory' (Critchley & Bernasconi, 2002, p. iii).

Although almost entirely unexplored in physiotherapy, a small number of researchers have begun introducing Levinas's thinking into the

healthcare domain, arguing that it: ‘captures the ethical core and central values of health care’ (Nortvedt, 2003, p. 25). They argue that it offers a fundamental review and critique of the relation between clients and healthcare professionals that, in turn, provides the foundation for all medical and therapeutic practices (Armstrong, 1999; Burcher, 2011; Clifton-Soderstrom, 2003; Naef, 2006; Surbone, 2005). And on the basis of this critique, some are calling for an exploration of ways in which it might be possible to integrate a Levinassian sensibility into healthcare theory and practice (Broom, 2013). This thesis aims to build on this body of research on Levinas and healthcare in its critique of contemporary physiotherapy in the context of Levinassian ethics and its exploration of a potential traverse from ethics to practice.

As with Levinas, the work of Pierre Hadot (1922-2010) was deeply influenced by a range of significant life experiences. Originally trained as a catholic priest and receiving priesthood at the early age of 22, Hadot left the church in 1952 because he believed it to be predicated on the belief that ‘it is especially by supernatural means that one can modify one’s way of conducting oneself’ (Hadot, 2009, p. 26). He subsequently ‘undertook training as a philologist and historian’ and in the methodology of the history of philosophy (Hadot, 2009, p. 30). This methodological training ultimately led him to research and discover a more *this-worldly* approach to the transformation of ‘the practitioner’s way of looking at the world and consequently his or her way of being’ in the philosophical schools of ancient Greece and Rome (Chase, 2010a, p. 2).

Hadot’s interest lay in the way ancient philosophy had been principally intended as a way of life, that is, aimed at learning ‘a type of know-how; to develop a *habitus*’ (Hadot, 2002, p. 274), ‘that engages the whole of

[one's] existence' (Hadot, 1995, p. 230). Philosophy was not intended as a purely theoretical and professional field of engagement, abstracted from a philosopher's personal life, but deeply intertwined with life through the inclusion and emphasis on philosophical practices that required the philosopher's full mind and bodily investment. His consequent concern was to highlight a range of philosophical exercises that were characteristic of the ways of life proposed by the ancient philosophical schools (Hadot, 1995, p. 79).

Hadot's work remains relatively unknown even in the world of academic philosophy, despite him holding 'the most prestigious academic position in France' for some time, and having Michel Foucault as his most famous interlocutor and student (Chase, 2010a, p. 2). Of particular interest to healthcare, Hadot considered the philosophical way of life as being motivated by a desire 'to ease misery, suffering, and sickness' in oneself and others alike (Hadot, 2009, p. 173). Yet, his work is almost entirely unknown in the healthcare professions, with only few attempts being made to explore its potential to inform therapeutic practices (Banicki, 2014; O'Grady, 2013; Vitale, 2012a, 2012b).

In this thesis I draw on Hadot's work in a number of ways that are particularly relevant to this study and physiotherapy today. His view of philosophy, science and nature serves to augment the primarily Levinassian critique of physiotherapy with regard to separation of the personal and professional, theory and practice, mind and body, and its name-giving understanding of *phusis* (Hadot, 2006, p. 314). Hadot's emphasis is on a close intertwining of philosophy and life, theory and practice. The way his argument in this regard is situated within his own comparative, historico-philological method provides the principal framework for the methodological approach taken in this study,

discussed in Chapter Two. That is, the comparative approach derived from his work, in conjunction with autoethnography, allows for the focussed questioning of the relation between the personal and the professional in physiotherapy, and the exploration of a possibility for their *otherwise* rapprochement.

It is particularly in this applied sense—resulting from his emphasis on practice—that Hadot’s work provides a fertile ground for not only methodological, but also therapeutic practice. Hadot’s philosophical practice provides possible considerations for expansions to physiotherapy practice that have not yet been considered by the profession, yet might provide distinct pathways to resolving some of the critical issues raised in its regard. By pointing out differences, but also similarities to a Levinassian understanding of fundamental ethics, I especially discuss and argue that they present possibilities for an otherwise physiotherapy practice on this basis.

Hadot’s engagement with philosophical and practical traditions draws him close to the Asian traditions in focus in this thesis, given that all of these are either implicitly underpinned by the notion of a way of life, or, as in the case of *Aikido* (from Japanese *do*: way, or way of life), explicitly allude to it by name (Stevens, 2011; Ueshiba, 1988). It is important to note here that throughout the thesis I will refer to the various Asian martial arts and practices under my gaze as *Budo* unless I refer to one of them individually. This is a necessary shorthand, given that in the Japanese traditional martial arts alone, there are ‘more than 700 schools that scholars have identified’, next to a large number of modern styles, schools and branches like Judo, Karate, Aikido, and others (Friday & Humitake, 1997, p. 9). These terms are therefore somewhat inaccurate but necessary in the interest of brevity.

To date, the martial arts have ‘largely (and undeservedly) been discounted as a serious field of academic inquiry’ (Bennett, 2012, p. 287), though recent years are showing a gradual change in this situation (Bennett, 2014; Benesch, 2014; Bowman, 2017; Mullis, 2016). In healthcare research, particularly the martial art of Tai Chi and related, overtly health-oriented practices have gained considerable attention over recent years. Closely related to physiotherapy, many of these studies focus on the potential benefits of *Tai Chi* (or *Taiji*) for fall prevention and improving strength, gait, and balance in the elderly, or the exploration of other physiological processes that underlie it and could contribute to its therapeutic benefits (Lin, Hwang, Chang, & Wolf, 2006; Woo, Hong, Lau, & Lynn, 2007; Wayne & Fuerst, 2013).

This is far less the case in relation to Aikido and some of the other martial arts in focus here, though there are studies exploring Aikido in relation to mental health and psychotherapy (Faggianelli & Lukoff, 2006; Macarie & Roberts, 2013). Outside of this, Aikido is also used to inform tertiary education models and teaching practice, design practice, and other fields (Bradford, 2011; Chew, 1995; Mroczkowski, 2009; Noy, 2015; Ritscher, 2006). Yet, while it is being explored how, for example, physiotherapeutic methods can support martial art training and rehabilitation (Boguszewski, 2015), what is not researched thus far, is how the philosophies underpinning the martial arts could be used to critique and reimagine the theoretical foundations and ethics of physiotherapy.

Especially where the philosophical foundations of the Asian martial arts are concerned it is important to examine them in close conjunction with the philosophies that have influenced them from very early on,

most prominently Confucianism, Daoism, Shinto, and many different Buddhist schools including Zen. It is also from these that the martial arts draw their reinterpretation as therapeutic practices, and the more general conception of them as ways of life that is common to all of these traditions (Antoni, 2012; Deshimaru & Leonard, 1991; Friday & Humitake, 1997; Mason, 2002). The focus of this study is primarily on Japanese Zen traditions to elucidate Levinas's fundamental ethics with contrasting positions, but also to further expand on such ethics by building on especially pertinent convergences (Deshimaru, 2012; Okumura, 2012; Uchiyama, Okumura, Leighton, 1997; Suzuki, 1988; Tenbreul, 2011).

Beyond their relation to the critical perspective developed in this thesis, these convergences are, as with Hadot's work, important where the innovation of physiotherapy practices based on fundamental ethics is in question. Concepts such as mindfulness found today in psychology, psychotherapy and related healthcare professions already draw some of their influence from Zen and other Buddhist traditions (Didonna, 2009; Doran, 2014; Herbert & Forman, 2011; Krägeloh, 2013; Siegel, 2010). In recent years, mindfulness research has also begun to appear in the physiotherapy literature and appears to show an increasing trend (Dufour et al., 2014; O'Sullivan, 2012; Pike, 2008). Yet, as with the martial arts, to date, there are no studies drawing on the more fundamental assumptions of Zen and related traditions to review and further develop the philosophical and practical foundations of physiotherapy. The distinct difference of Levinas and Hadot to these Asian traditions and the importance of drawing on them lies in their resonating with fundamental ethics and their placing a distinct emphasis on physical practice. They are crucial to a conversion of fundamental ethics to physical therapy practice.

The last of the approaches examined in this thesis, Shiatsu, presents a ready source in this regard due to its more overt overlaps with occidental manual therapies. It perhaps bridges a divide between orthodox, Western healthcare and Asian healing traditions, by integrating Western understandings of anatomy, physiology, psychology and science, to varying degrees, into its curricula (Köchling-Dietrich, 2014; Masunaga & Ohashi, 1977). Despite these intersections, there is only a very small number of academic studies involving Shiatsu, and none drawing on it for new critical developments in physiotherapy theory and practice (Kleinau, 2016; Robinson, Lorenc, & Liao, 2011; Sedlin, 2013). Due to its close relations to the Asian martial and philosophical traditions in focus here, it aligns with Hadot's conception of philosophy as a way of life, as well as the expanded understanding of fundamental ethics developed in this study (Beresford-Cooke, 2003; Endo, 2008; Kishi & Whieldon, 2011; Masunaga & Ohashi, 1977; Namikoshi, 1981). This makes it especially pertinent, where not only the development of physical practices of fundamental ethics is in question, but *physical therapies of passivity and accompaniment*.

From fundamental ethics to physiotherapy

Given the dearth of existing research examining the possibility of an *otherwise* physiotherapy, this thesis draws on Levinas's fundamental ethics, Hadot's work on philosophy as a practice and way of life, and my research and practice of a range of Asian philosophical, martial, and therapeutic traditions for two closely intertwined aims:

- ❖ To develop, substantiate, and evaluate a critical perspective building on Levinas's notion of fundamental ethics, initially applied to contemporary physiotherapy and its theories and practices of self and other.

- ❖ To develop, substantiate, and evaluate novel physiotherapy practices based on an expanded understanding of fundamental ethics, resulting from the conjunction of Levinas's work with the other philosophical and practical traditions in focus here.

My thesis is that it is both possible and indispensable for contemporary physiotherapy to reconsider its prevalent theories and practices from the perspective of fundamental ethics. This enables a more elemental alignment with its original, ethical motivation and aspiration of being *therapeutic*, that is, helpful to 'anyone affected by an injury, disability or health condition', rather than harmful in the sense of 'totalizing' introduced here and further discussed throughout the thesis (PNZ, 2017). Such reconsideration draws on philosophical and practical traditions to develop possible pathways for a rapprochement of the profession's original ethical foundations in daily clinical practice and beyond. This opens to the realisation that conventional theories and practices on the basis of which physiotherapist's approach their clients are contrary to fundamental ethics, inadvertently enacting severe violence against others. Thus such reconsideration and realisation are motivated by the belief 'that there must be another way; something more to healing practice than that which they have received either by training, through personal experience, or by edict of institutional or professional scopes of practice' (Broom, 2013, pp. 11-12).

At a personal level, the thesis is grounded in a sense of unease with regard to the current state of physiotherapy, and a sense that the profession can contribute to the lives and health of its recipients and practitioners in a way that is more open and supportive of their fundamental, infinite otherness, diversity, and ongoing diversification. This personal motivation and the critique and further development of physiotherapy it underpins, also echoes and is closely aligned with the work of other physiotherapist seeking to reconsider the profession's theoretical foundations, and expand its practices and models for delivery. In light of present and future challenges facing physiotherapy and the healthcare professions more generally, these researchers have indicated three arenas of engagement that are particularly pertinent to better equip the profession for the future: (i) the critical review of physiotherapy's underpinning theories and practices, (ii) the integration and further development of novel approaches to research, and (iii) the development of novel approaches to physiotherapy based on a consideration of hitherto unexplored perspectives and practices. By attempting to address its two key aims, it is my hope that this thesis contributes to each of these three fields.

Against this background, the overarching questions of the thesis are:

- ❖ What is fundamental ethics?
- ❖ Why does it warrant, if not necessitate, a revision of contemporary physiotherapy in its theories and practices of self and other?
- ❖ How can such an ethics provide the foundation for an otherwise physiotherapy, and
- ❖ What constitutes this physiotherapy in theory and practice?

Methodological approach

To arrive at answers to these questions and achieve the thesis aims I have used the qualitative research methodology of autoethnography as my point of departure. Though I adapted autoethnography by drawing from my philosophical and practical sources, most ostensibly the works of Hadot and Levinas. Autoethnography is initially characterised by an overt inclusion of the researcher (auto-) into ethnographic research. It amplifies the emic or insider's perspective in which the researcher studying a given culture (ethno-) does not merely enter into 'the field' to gain an insider's perspective for the purpose and duration of a research project (-graphy) but is recognised as already a member of, or insider in it (Anderson, 2006; Ellis & Bochner, 2002; Holman, 2005). Autoethnography presented itself as particularly pertinent to this project, which sets out from a personal vantage point characterised by my involvements in physiotherapy and a range of other philosophical, therapeutic, and practical traditions and their communities of practice over the last two decades.

As a methodology that can be underpinned by a variety of philosophies and theoretical frameworks, autoethnography is already a diverse field. It incorporates a range of interpretive, analytical, critical narrative and creative expressive perspectives or approaches applied within a wide variety of fields (Atkinson, 2006; Ballard, 2009; Ellis & Bochner, 2000; Wilkes, 2009). Its overarching emphasis on a researcher's involvement in research—leading at times to a focus *on* the researcher—has been a source of criticism with regard to this methodology.

There are two such criticisms, the first of these being that autoethnography risks losing its significance to others where it is overly or even exclusively focussed on the researcher (Anderson, 2006;

Atkinson, 2006; Delamont, 2007; Ings, 2013). The second general criticism is that the greater emphasis on the researcher's relation to the research object, process, findings, and representation gives way to the proliferation of individualised methodologies that are consequently, difficult, if not impossible to evaluate scientifically (Atkinson, 1997; Delamont, 2007; Tolich, 2010). It has thus been argued that criteria for rigour and methodological standardisation are needed to ensure that autoethnographic studies are sufficiently meaningful to others, and their scientific validity can be ascertained (Bochner, 2000; Chang, 2008; Tolich, 2010).

Contrary to this, particularly those taking a postmodern approach to autoethnography have argued that the high degree of diversity opened by a greater focus on the researcher's self, is in fact a strength that could be lost through such modes of regulation and standardisation (Denzin, 2006; Ellis, Adams, & Bochner, 2010; Adams & Holman Jones, 2008; Spry, 2011). This counterargument aligns with the premise underlying qualitative research more generally. That is, overly rigid regulations and standardisations inhibit the possibility to use and adapt research methodologies to questions that can either not be examined, or not be examined as well using extant methodologies (B. Grant & Giddings, 2002; Nicholls, 2009a).

More specifically, the strength of emphasising the self in autoethnography lies precisely in its challenge and questioning of the conventional distinction between researcher and researched, the personal and the professional, the self and the other (Adams & Holman Jones, 2008; Gannon, 2006; Holman Jones, 2005; Spry, 2011). Autoethnography thus aligns with Hadot's questioning of these boundaries in philosophy by further problematising and bringing them

into focus methodologically. This, in turn, provides two exemplary areas that not only facilitate the questioning of boundaries between the personal and professional in physiotherapy, but also the development of a novel understanding and practice of them. As there is little research drawing on Hadot's work to inform autoethnography, I primarily draw on his own writings about methods and methodology and related secondary literature to develop potential avenues for their more concrete conjunction (Hadot, 1995, p. 47-77; 2002, 271-281; Rizvi, 2012; Sharpe, 2011).

By additionally challenging conventional ways of doing research and producing knowledge in a way 'that is *always* and *necessarily* about others' through this shift in focus toward the self, other and their relation, autoethnography further presents itself as particularly pertinent to a study of ethics (Dauphinee, 2010, p. 817). There are a number of studies relating a Levinassian understanding of fundamental ethics to inform autoethnography as a methodology, and to amplify its challenge to a conventional understanding of ethics (Dauphinee, 2010; Poulos, 2012; Roth, 2009; Wilkes, 2009). Explored less in these studies is the extent to which Levinas's work also lends itself to a radical questioning of autoethnography. As I discuss the conjunction of autoethnography with fundamental ethics and Hadot's method and understanding of philosophy in the following chapter, I also introduce some of the difficulties arising from its encounter with fundamental ethics. I revisit them in the conclusion to the thesis to discern how it has or has not succeeded to account for them.

For reasons similar to the thesis drawing on Asian philosophies and practices to critique and develop novel approaches to physical therapy, postmodern perspectives of autoethnography are also crucial to this

study for their radical questioning of boundaries between self and other. This boundary questioning extends to considerations of an integration of physical experience and practice as a means for academic inquiry and representation (Barbour, 2011; Denzin, 2006; Spry, 2005, 2011). In autoethnography facilitating a depth examination of self and other through the integration of the body, it provides methodological support for a hands-on approach to practice that resonates with the Asian philosophical, martial, and therapeutic traditions.

Notwithstanding these possibilities, thus far, autoethnography has been largely underutilised in contemporary physiotherapy and healthcare more generally. To date, its most common application in healthcare is as a form of research of 'illness experiences', narrated from 'within' by those with direct experience of illness or injury (Brooks, 2010; Chang, 2016; Neville-Jan, 2003, 2004; Poulos, 2010; Richards, 2008). The use of autoethnography as a means to explore people's experiences of being healthcare practitioners is far less common, though it is gaining some traction in discussions of reflective practice and workplace learning in physiotherapy (Clouder, 2000a, 2000b; Donaghy & Morss, 2000; Patton, Higgs, & Smith, 2012). In this context, it is primarily explored as a practice to facilitate practitioners' adherence to established theories and practices, rather than their questioning and further development.

This thesis aims to do precisely this in its additional integration of autoethnography as a methodology that further facilitates the critique and development of contemporary physiotherapy and its theories and practices of self and other by drawing on a range of philosophies and practices that both appear to hold great potential for this purpose, and have taken a central place in my personal life. The conjunction of

autoethnography with fundamental ethics and Hadot's approach to the study of philosophy as a way of life additionally facilitated the development of two related areas needing to be addressed in this thesis to achieve its aims. These are a:

- ❖ The comparative critique of contemporary physiotherapy and its theories and practices of self, other, and their relation, from the perspective of fundamental ethics, which is, in turn, developed through this engagement.
- ❖ The comparative, critical exploration of contemporary physiotherapy, Levinassian ethics, Hadot's philosophy as a way of life, and the philosophies and practices from Zen, Aikido, Shiatsu, and other, related Asian traditions to develop an *otherwise* approach to physiotherapy theory and practice.

The methodological approach implemented in this study underscores the contributions it aspires to make to the field of physiotherapy, and contributing a novel approach to research yet unexplored in the profession. Through its engaging autoethnography with the work of Levinas and Hadot, it offers a development within autoethnography to the fields of qualitative research. Its comparative engagement across a broad reference-field consisting of philosophical, practical, therapeutic, and methodological traditions also indicates a contribution that inflects across these fields that I come back to in the conclusion of the thesis.

The thesis's primary aims however remain, firstly, the development of a critical perspective that expands on Levinas's notion of fundamental ethics and reveals the theories and practices that shape contemporary physiotherapy as inadvertently violent toward the other. This essential

violence is incongruent with physiotherapy's underlying, ethical motives and aspirations. Secondly, the thesis aims to develop novel approaches to physiotherapy, based on this fundamental ethics, that present concrete pathways for a renewed rapprochement with its original, ethical foundations in daily clinical practice and beyond. As one of many healthcare professions predominantly shaped by the same biomedical model and its underpinning ontology and epistemology, these contributions could be meaningful to other healthcare professions, practitioners and even policy makers interested seeking to realign current and future healthcare with its fundamental, ethical motives and aspirations.

Scope and framework of the thesis

Fundamental ethics in practice

This thesis is faced with a number of challenges that further limit its scope and framework. One of these is the difficulty to formulate specific, novel practices in any prescriptive sense, or even just provide practical examples of an 'otherwise' physiotherapy on the basis of a fundamental ethics developed from Levinas's work. Throughout the thesis, this problem is 'unpacked' parallel to the elaboration of Levinassian ethics and the discussion of the possibility or impossibility for it as foundation for a corresponding practice of physiotherapy.

This difficulty is a consequence of Levinas 'locating' ethics before, beyond, or otherwise than being and knowledge of beings. This fundamental location of ethics as pre-ontological and pre-epistemological has two related, yet seemingly irreconcilable, implications that I address throughout the thesis. The first is that ethics is *always already* taking place, or *always already in practise*, prior to any knowledge of, consent to, or conscious effort in its regard. From this

perspective, what is at stake is not so much whether Levinassian ethics can function as a *foundation* for physiotherapy practice. Rather, it is gaining an understanding of how it is *always already in practise*, both outside and within the context of physiotherapy as it is today. This recognition and acknowledgment of the fundamental practice of ethics, as well as ethics as fundamental physical therapy is explored in Chapter Four of the thesis.

The second implication of its pre-ontological and pre-epistemological 'location' is precisely that *ethics can not be converted into theory and practice*, or cognition and capacity. This antecedence of ethics makes it not only fundamentally other than being and knowledge of beings, but also doing. It cannot be conceived 'actively, as an initiative', and cannot be converted 'into an active initiative or into one's own virtue' (Lingis, 1998, p. xxiii, xxxi).

These two implications lie at the heart of any attempt to practise Levinassian ethics and have inspired much debate with regard to the practical significance of his work (Lingis, 2009; Zeillinger, 2009). In resolving issues arising from the latter, I draw on other philosophies and practices in an attempt at a partial resolution. Whatever 'resolution' one might find, it is never more than a flawed effort in approximating *something* in thought, writing, and practice that does not belong to that order: an attempt at 'dealing with the trap of contradicting oneself by expressing that which, in fact, permanently withdraws from any direct identification' (Zeillinger, 2009, p. 99). Strictly speaking, ethical practice is undone whenever it is known and described, or said and done. And yet, Levinas recognised that we live in a discursive condition. That is, we operate in a world of beings, knowledge and language that we cannot escape. Attempting to

approximate an ethical practice, as well as some sort of description of it is thus one of the few things we can, if not must, do. I try to circumscribe a range of ethical practices, or practical exemplars in Chapters Three and Five whilst trying to keep them as unprescriptive as possible.

Beyond fundamental ethics

Another closely related challenge arises from the notion that Levinas's fundamental ethics appears to be exclusive to the dyadic relation of self and other. Yet Levinas also recognised that we are always already in relation to multiple others. Toward the end of *Otherwise than Being*, Levinas introduces this problem with the notion of *the Third*, or third party (Levinas, 1998, p. 157). Already 'in the proximity of the other ... all the others than the other obsess me', and crucially, in this obsession 'all the others' equally and simultaneously call for ethics, and make ethics a question of justice (Levinas, 1998, p. 158).

Due to the simultaneity of the relation to the Third *and* the call for justice, it has rightly been argued that ethics cannot be separated from politics in such a way that one can be discussed, or even developed without simultaneously thinking the other (Fagan, 2009). For the present study, this implies that a physiotherapy practice based on fundamental ethics cannot be fully developed without accounting for the society, community, or plurality of others with whom we are equally always already in relation. For physiotherapy, this includes the social, professional, institutional, and legal contexts of the profession and its practices. Yet while I have spent considerable time researching this question of justice and the Third throughout the course of this study, I ultimately found it too extensive to be included in the final format of

the present study. It is to be further developed in future research and publication.

This presents a limitation to the findings of the present thesis that I am only able to revisit and reconcile in the concluding chapter. Yet it should be clear that, in doing so, I follow the tendency to ascribe a certain (conceptual) primacy to ethics in the dyadic relation between self and other, over ethics in relation to the Third, or politics (Fagan, 2009). To account for questions raised by the Third, Fourth, Fifth, etc., it is necessary to clarify who these multiple 'others' are with whom we are simultaneously always already in relation. Equally, we need to determine who they are not. And finally, how it might be possible to act justly toward them all, to practise ethics in the broader context of a community of others, of society, and the political?

Levinas's response to the first point remains a contentious issue due to distinct moments in his work when he explicitly or implicitly exhibits a preference or priority for the human over other sentient beings, men over women, and one race of humans over another (Calarco, 2010; Caro, 2009; Critchley & Bernasconi, 2002; Derrida, 1960; Guenther, 2009). Siding with the general thrust of these criticism, I do not consider these moments in his work to be consistent with his own exposition of fundamental ethics. Thankfully, there are also contrasting comments to be found in his work that infer a different, more open and consistent understanding of the Third, Fourth, Fifth, etc. as 'all and everything' (Lingis, 1998, p. xxxi). This broader understanding also more closely aligns with Asian or Eastern philosophical understandings of the 'others' for whom we are responsible. I draw on these other traditions and highlight them at several points in the thesis. I also draw on the

etymological heritage of *physiotherapy* as a profession concerned with the natural, from Greek *physis*, “nature”.

To respond to the first point in this manner amplifies the difficulty in considering a transition from ethics to politics as it dramatically broadens the community of others that call for ethics. Building on the argument that a partial conversion from ethics to practice is possible, I argue that this ‘partial conversion’ also already hints at an otherwise community and politics that similarly approximates ethics in an ongoing interplay with it. Once again, certain pointers in this direction can also be found in Levinas’s work, as well as the other philosophies and practices I draw on. These ‘hints’ provide a tentative outlook toward a response—or responsibility—regarding the relevance of a physical therapy of fundamental ethics to the broader, social, professional, and clinical realities of the profession today.

On the basis that ‘my relationship with the other as neighbor gives meaning to my relations with all others’, considering ethic’s relation to politics parallels approaches to a therapeutic practice of fundamental ethics (Levinas, 1998b, p. 159). Levinas writes that the entry of the Third party is also ‘the birth of the question of ... justice ... comparison, coexistence, contemporaneousness, assembling, order, thematization, the visibility of faces, and thus intentionality and the intellect’ (Levinas, 1998b, p. 157). In other words, the Third calls for justice, knowledge, comparison, and politics in the name of ethics. This ‘call’ is an expression of attempts to approximate ethics in political practice; and the call reiterates the inherent inability to ever fully reach this aim. With regard to an ‘otherwise’ community, this highlights that ‘politics left to itself bears a tyranny within itself’ (Levinas, 1969, p. 300). It is thus necessary to ensure that ‘justice and politics ... serve ethics’, that

‘ethics ... must regulate the political order’ (Nortvedt, 2003, p. 30). Yet to do so, one must first clarify the meaning of ethics and it is this that I have focused on within the thesis.

Goodness and the good

Despite my search for indications of resonance between Levinas’s thought and other philosophies and practices I draw on, there are also substantial differences between them that perhaps makes them irreconcilable with one another. Throughout the thesis, I discuss a range of such differences with a tendency to resolve them by favouring one of the positions and engaging a critique of the other from this perspective. One example is Levinas’s controversial, narrow preference for particular others, previously mentioned.

A further contentious issue as evidence of a fundamental irreconcilability between Levinassian ethics and the other philosophies deployed in the thesis, are definitions or stances with regard to *goodness* and *the good*. Throughout the thesis, I discuss *goodness* in a sense akin to *ethical action*, or *practice*, though encompassing various permutations of practice, from the radically passive to a more normative understanding of ‘active’. In Chapter Four, I discuss the fundamental goodness of the other in calling forth the self, the goodness it calls for, the fundamental goodness provided by the self, and its fundamental relation to professionalism and physical therapy. In Chapter Five I build on Levinas’s notion of ‘little acts of goodness’ to conceive of ways in which goodness can be practiced in a more active manner, beyond fundamental passivity.

Consideration of ‘goodness’ has to rest upon an understanding of what is *the good*, such that it can be enacted. There is further limitation to

the thesis findings insofar as I have not explicitly engaged in a comprehensive discussion of 'the good' using this notion and a range of related, thematic and cultural terms from within Levinas's work and other, contrasting philosophies in view here. My primary reason for this omission is because I have felt them to be too culturally loaded to avoid preconceptions that might come with them in the reading of the final form of the thesis, yet their more explicit and in-depth discussion certainly also presents scope for further research and publication, as well as why their particular cultural connotations might present a challenge for them to be discussed explicitly in a thesis on and in physiotherapy.

That being said, I have discussed the potential irreconcilability of philosophical understandings of the good in various places across the thesis in a somewhat implicit manner. Specifically, this happens where I introduce ancient occidental and oriental views on identification with, identity of, or oneness with the universe, as a Greater Whole, as the ultimate good and goal of practice. This appears in the section on 'Letting go of self', toward the end of Chapter Three. Such a notion of oneness is irreconcilable with Levinassian ethics and its fundamental opposition to, and critique of self-identification as a violence effected through the assimilatory movement of thematization: 'the anarchy of the Infinite', prior to and outside of being, time, and knowledge, 'resists the univocity of an originary or a principle' (Levinas, 1998b, p. 156).

This juxtaposition and critique of the good as univocity is reiterated when discussing 'relation' and 'causation' in the section 'Distance and causation' in Chapter Four. The Levinassian 'good' is applied to the development of a novel theory of professionalism and the 'physical therapist'. It is also revisited once more in the final chapter of the

thesis, in a (self-)critique of autoethnography and its inherent and possibly amplified tendency toward self-identification as its final outcome. Such identification coincides with the still dominant academic search for universal, generalizable knowledge. In contrast to this, I side with Levinas's relational and pluralist notion of goodness and the good, and argue for a correlative theory and practice of autoethnography and physiotherapy.

This study does not engage in the development of a reconciliatory, unified theory and practice of physical therapies that amalgamates Levinassian ethics with a range of other, possibly irreconcilable, philosophies and practices. Levinas's ethics is my critical perspective, particularly with regard to the decisive understanding of goodness and the good that keeps with its pluralist orientation. And yet, I also allude to the fact that a different reading of the unitary definition of the good underlying both oriental and occidental traditions might be much closer to a pluralist notion after all.

Positivism, biomedicine, physical therapy and physiotherapy

With this introductory chapter, I interchange the terms physiotherapy, physical therapy, physiotherapist, physical therapist. This flexible use of terms is a deliberate attempt at loosening the grip of their common usage and understanding as referring to the profession or its therapeutic practices. This hopefully functions as a preparatory measure to a second step, in which additional and 'otherwise' understandings of these terms are developed. This is especially the case with Chapters Four through Six.

Something similar presents itself with regard to the terms 'positivism', 'biomedicine', and 'evidence-based practice'. My initial use of these

terms in Chapter Three is based on extensive research by others in this field who identified these notions as grounded on the same ontology and epistemology (Gibson, 2003; Grant & Giddings, 2002; Holmes et al., 2006; Miles, Loughlin, & Polychronis, 2008; Nicholls, 2009a). Though I provide characteristics of this ground, highlighted by these researchers, I have avoided needless repetition or expansion on this literature concerning positivism and biomedicine. Rather, I focus on drawing parallels to such critique from a Levinassian perspective, addressing the work of Pierre Hadot and Georges Canguilhem.

From this perspective, attempts at merging biomedical diagnostic and therapeutic approaches with aspects of Buddhism, or positivist with qualitative approaches as in mixed-methods research, are ultimately unable to escape their epistemological legacies (Giddings & Grant, 2007, p. 54). That is, they are based on the assumption that phenomena are characterised by positive traits, elements that can be identified and known by a self-as-ego that has a rational relation to the world. That is, a self acts via its cognition and capacity to accumulate knowledge. Mixing methods thus functions more along the lines of a 'trojan horse', where inclusion of other philosophies or practices effects a 'neutralizing [of] the oppositional potential of other paradigms and methodologies that more commonly use qualitative methods' (Giddings & Grant, 2007, p. 59). What is at stake here from a Levinassian perspective is thus a 'wholly otherwise' physiotherapy research, theory, and practice (Levinas, 1960). It is such a fundamentally different understanding of and approach to biomedicine that I seek to develop throughout the thesis.

A Trojan horse after all?

One final concern, developed particularly in Chapter Three requires comment. I there reference interest in Buddhism and related practices such as Yoga, now increasingly implicated in Western healthcare systems. These place special emphasis on the necessity for the self to continually work on itself to achieve a healthier life, a self-disciplining of one's self. Such practices now seem to be a "good fit" for the neoliberal transformation of healthcare systems, away from universal welfare provisions to individuated responsibility of an entrepreneurial self.

This issue has been critiqued particularly in the field of health behaviour change, where 'the emphasis' in research and practice has been placed 'on models that explain behavior as individually driven and cognitively motivated' (Horrocks & Johnson, 2014, p. 175). Yet despite this emphasis, it has been noted that there is a 'lack of evidence for much behavioral health promotion' that stands in contrast to much greater 'evidence that supports the value of action on the social and economic determinants of health' (Baum & Fisher, 2014, p. 221). According to the latter, it is these determinants that are argued for as requiring major 'therapeutic' intervention. The relative lack of attention to them is attributed to the fact that present healthcare is based on a 'neoliberal ideology [that] encourages a particular kind of individual entrepreneurial enterprise whereby what were previously deemed to be the state's responsibilities have been devolved to responsible, rational individuals' as a means to divest in healthcare (Henderson, 2010; Horrocks & Johnson, 2014, p. 175).

Overview of the thesis

In Chapter Two, I discuss the methodological approach adopted in the study through a conjunction of autoethnography and a range of approaches drawn from the work of Emmanuel Levinas and Pierre Hadot. I outline the methodological principles developed that underpinned the study, beginning with objectivity and relevance as the first imperatives derived and adapted from Hadot's work. I then provide an account of the subject field and texts utilised throughout the study, and set out the various methods used. I examine some of the key concepts drawn from physiotherapy, Levinassian philosophy, Hadot's work, and the philosophies and practices of Zen, Budo, and Shiatsu, before discussing how these notions contribute to a comparative critique of some of the central tenets of contemporary physiotherapy. Drawing again primarily on Hadot, I discuss practice as the final methodological imperative of the study. As such, practice anchors the aim and conduct of the thesis, but also introduces a particular challenge to the conduct of the study itself: an issue I explore in some length and return to in Chapter Six for a final evaluation.

Chapter Three presents the first of the chapters primarily focussed on the comparative critique and the further development of physiotherapy theory and practice that comprises the core of this study. The chapter begins with an exploration of the foundations of contemporary physiotherapy, looking at how these shape the profession's ontological and epistemological presuppositions. This critique is primarily informed by a Levinassian perspective, through which I propose a momentary, inward reorientation of physiotherapy practice and research. This critique opens the possibility of a broadening of conventional understandings of professional practice and the physiotherapy practitioner through the inclusion of a specific

conception of self-practice. The final section of the chapter explores a range of self-practices that are, as yet, largely unfamiliar to physiotherapy. I draw these practices primarily from the traditions of Zen, Budo, Shiatsu, and ancient Greek and Roman philosophy as per Hadot. These are united with a Levinassian ethics and particularly notions of passivity. I close the chapter by proposing the idea of the therapist as passivity.

In Chapter Four I extend this notion of the therapist as passivity, beginning with an exploration of how notions of passivity affect our understandings of the self, the other, and their relation, and consider how they might provide a foundation for physiotherapy different from its contemporary, ontological and epistemological basis. Specifically, this entails a fundamental revision of what it means to be a professional, the role of the physical with particular regard to the professional therapist, and the fundamental physical therapy provided to the other. Building on this revision, I introduce the notion of accompaniment, and suggest it as the obverse side of passivity, and thereby, a further fundamental characteristic of the self as passivity, that more overtly highlights the significance of the self thus understood to a reimagining and further development of physiotherapy theory and practice.

In Chapter Five, I build on the understanding of the self and its relation to the other developed in the preceding chapter to develop a range of corresponding physical therapy practices. I begin by considering how practices of passivity might be understood and implemented as physical therapies. I then discuss the importance of physicality in the therapeutic relation with the other, before turning toward the development of a range of physical therapies of accompaniment. In the

chapter, I develop the physical therapies of accompaniment primarily with regard to the therapeutic relation between a singular client and therapist, but close the chapter by highlighting how the notions and practices of passivity and accompaniment might provide a foundation for the further development of physiotherapy as a whole.

In the final, concluding chapter, I bring together the various findings of the study and review the study's aims, strengths and limitations. I suggest that the study makes a range of original contributions to physiotherapy, and its broader philosophical, therapeutic, practical, and methodological reference-fields. In conjunction with these, I also briefly consider how the approach to physical therapy developed in this study might be further extended to the larger clinical, educational, and professional environment of physiotherapy. I also discuss related areas of future research. Finally, I also review the methodological challenges presented through the conjunction of autoethnography with the work of Hadot and Levinas. I specifically consider how this highlights a crucial, further limitation of the study, as well as a way in which the thesis might nonetheless have managed to account for it.

In summary

In this introduction, I have outlined the personal circumstances leading to this study, and where these sit within the current bodies of work concerning physiotherapy practice and research on the one hand, and its broader philosophical, theoretical, and practical reference-fields on the other. Following an extrapolation of the aims and questions of the study, I have provided an initial overview of its methodology, as well as its overall structure of the chapters. In the following chapter I turn to the more detailed discussion of the methodological approaches taken to develop, substantiate and evaluate contemporary physiotherapy,

drawing on Levinassian ethics, Hadot's work on philosophy as a way of life, and a broad cross-section of philosophies and practices from Zen, a range of Japanese martial arts, Shiatsu, and related traditions.

Chapter Two

Self and Other in Theory and Practice

The philosophical school thus corresponds, above all, to the choice of a certain way of life and existential option which demands from the individual a total change of lifestyle, a conversion of one's entire being, and ultimately a certain desire to be and to live in a certain way. This existential option in turn, implies a certain vision of the world, and the task of philosophical discourse will therefore be to reveal and rationally justify this existential option, as well as this representation of the world (Hadot, 2002, p. 3).

This is to say that philosophical discourses cannot be considered realities which exist in and for themselves, so that their structure could be studied independently of the philosopher who developed them (Hadot, 2002, p. 6).

Introduction

In the present chapter, I focus on the methodological approach taken in this study to develop contemporary physiotherapy theory and practice by drawing on a variety of hitherto unexplored philosophical and practical sources. The qualitative research methodology of autoethnography provided the methodological point of departure for this purpose. Expanding on its introduction in Chapter One, I now explore and discuss a range of issues concerning my adaptation of autoethnography to the context of the present study. I outline the way in which it has supported my inquiry into contemporary physiotherapy and my other philosophico-practical sources, and discuss how I have used it to draw and develop the specific notions and practices that provide the focus of the present study. My reason for denoting autoethnography as a methodological *point of departure* results from

the particular possibilities, but also difficulties that presented themselves in its meeting and convergence with especially Hadot's method and understanding of philosophy and Levinas's fundamental ethics.

Being a research methodology rather than a philosophy in itself, autoethnography can be variably underpinned by different philosophical and theoretical frameworks. As common in qualitative research in general, the exact choice of underpinning philosophy and theoretical framework depends on the specific question of a given study, and in autoethnography decidedly overtly, also on the researcher's personal and professional opinions, values and prior knowledge. Given that I consider the other sources I am drawing on here as personally and professionally meaningful, if not formative, I have explored their potential as partial philosophical and theoretical frameworks for my application of autoethnography from very early on, beginning with a precursory exploration inquiring into the feasibility of such a conjunction (Maric, 2011). With this chapter, I draw on notions and practices from my other philosophical and practical sources that I found particularly pertinent or amenable to a conjunction with autoethnography to discern its functioning as the point of departure for this study, and my adaptation and expansion of the methodology and its methods.

Preparation

Philosophy, aims, and methodology

In the general outline provided in Chapter One, I introduced autoethnography as essentially a variant of ethnographic research in its function as a methodology for the study of one or more cultures (*ethno*) from the researcher's own experience and perspective as belonging to

this culture. In ethnographic research and the social sciences in general, a culture is broadly defined by the values, beliefs, attitudes, goals, behavioural patterns, languages, symbols, objects, patterns of organisation, theories, and practices that are shared by a group of people and bind them together (Bryman, 2012, pp. 32-34; Gerber & Macionis, 2010, pp. 59-65; Nicholls, 2009c, p. 588). The primary culture at the focus of the present study, and of which I have been a professional member for nearly two decades, is physiotherapy. It is the theories and practices of physiotherapy that I seek to study and, where feasible, broaden and develop.

In addition to my experience of physiotherapy, I aim to study and develop the profession by drawing on my experience, study, and practice of a range of other cultures, and their theories and practices in turn, that I have also been a member of for various amounts of time, ranging from six to twenty years. These include the cultures or traditions of Aikido, Budo, or more broadly, martial arts, as well as the cultures of Zen and Shiatsu. Building on the definition of culture defined by a set of theories and practices, I am also referring to the theories and practices of ancient Greek and Roman philosophy as described by Pierre Hadot, and the philosophical theories and practices of Emmanuel Levinas, as cultures or traditions.

Due to these personal engagements, as well as the fact that none of these cultures have had little if any bearing on the professional theories and practices of physiotherapy, I am drawing on a range of personal experiences, theories and practices to study, and potentially broaden the professional theories and practices of physiotherapy. While the personal is often marginalised in scientific research and physiotherapy alike, autoethnography makes the researcher's personal involvement,

experience, theories and practices its distinct, methodological strength and starting point. The exact ways in which the personal is used as such in autoethnography can differ depending on the respective paradigm used to underpin the methodology.

In analytic studies, for example, the personal involvement of the researcher is used as an amplification of the traditional 'emic perspective' that provides an even better view into a culture of interest and an additional level for its phenomenological and sociological analysis (Anderson, 2006; Delamont, 2007; Holt, 2008; Sparkes, 2000). Similarly, in interpretative, phenomenological autoethnographic studies, it has been implemented as a means to study the lived experience of individual and social phenomena from a deeply personal perspective (Ballard, 2009; Bochner, 2000). Somewhat implicit to these approaches, especially in the debate and development of autoethnography in the context of critical and postmodern research, are the intricate relation and blurry boundaries between the researcher and the researched, the personal and professional, self and other (Ellis & Bochner, 1996; Ellis & Bochner, 2000; Adams & Holman Jones, 2008; Denzin, 2006; Wilkes, 2009). The increasing acknowledgement of a researcher's role in autoethnographic research thus enables anything from a partial inclusion to an exclusive focus on the researcher as the subject-object of research.

Regardless of the extent of this inclusion, the fact that autoethnography takes place at the juncture between the personal and professional, self and other, necessarily touching on either and their relation to each other, makes it particularly suitable for a study that engages these boundaries and explores their potential broadening. For the same reason, autoethnography emphasises that the study of a

culture and its theories and practices must include a study of how members of a given culture understand themselves and others, and how they relate to them in theory and practice (Holman Jones, 2005).

More broadly speaking, it emphasises a study of theories and practices of the self, the other, and their relation. Wherever a broadening, or reformation of existing theories and practices and the development of novel ones is in question, such an effort must be prefixed by review and critical analysis of the status quo to justify alteration. In a general sense, the methodological support that autoethnography provides for the present thesis can thus be summarised as underscoring the central arenas of its inquiry and comparative engagement. These are:

- ❖ The distinguishing and elucidation of the theories and practices that underpin and shape contemporary physiotherapy and its understanding and practice of self, other, and their relation;
- ❖ Their critical analysis and juxtaposition with other theories and practices concerning the self, other, and their relation;
- ❖ The potential, resulting modification and transformation of existing physiotherapy theories and practices, and by extension, ourselves, our understanding of others, and our relation to them in physiotherapy practice.

Questioning ourselves

There is emphasis given in these aims to a questioning of our selves that further introduces key themes in the work of Pierre Hadot. Based on his analysis of ancient Greek and Roman philosophy, Hadot argued for a consonant revival of philosophy in these terms, as a method for ‘questioning ourselves, because we have the feeling that we are not what we ought to be’. On this basis, such questioning becomes a means

for the 'transformation of one's perception' of the world, and the subsequent modification of 'one's way of conducting oneself' (Hadot, 2009, p. 96, 26). Levinas similarly described 'the relationship to the other' as 'the grand mystery' and one of his favourite themes (Levinas & Field, 1993). His inquiry into the self, the other, and their relation invokes a radical critique, questioning and overturning of the understanding of subjectivity across a broad range of ancient and modern philosophies, and the theories and practices they underpin, enable and justify. Finally, I argue that 'to study', and ultimately transform 'the self', the other, and their relation is also a central concern of Zen-Buddhism, Budo, and Shiatsu, albeit each in their own way and further distinction to the methods and methodologies described by Levinas and Hadot (Okumura, 2012, p. 27).

Thus, what is critical to note here is that the aims and foci of these philosophies and practices overlap with those of autoethnography and its present application to physiotherapy, despite differences in their approaches. For this reason I began to explore the feasibility of autoethnography as a methodological approach for the present purpose in a precursory study (Maric, 2011). In this study, I specifically focussed on the potential use of theories and practices drawn from Zen, Budo, Shiatsu, Levinas's work, and Hadot's exploration of ancient philosophy to underpin or augment my approach to autoethnography and research methods. Throughout the present chapter, I discuss how I have applied these fields to augment my methods and use of autoethnography as a methodology to study, critique, and transform the self, the other, and their relation in contemporary physiotherapy theory and practice. I revisit some of the challenges brought about by their conjunction in the final chapter of the thesis.

Rules and tools on the research path

Building on his critique that ‘the scholastic teaching of philosophy, and especially of the history of philosophy ... has always had a tendency to emphasise the theoretical, abstract, and conceptual’, Hadot argued that it is particularly ‘important to insist on a few methodological imperatives’ where the study and further development of practice is concerned (Hadot, 2002, p. 274). Given that this thesis aims at the study and further development of physiotherapy, but the focus on theory is ultimately aimed at a transformation of practice, Hadot’s imperatives provide guidance for the methodology of the present study. Because his imperatives are intimately related to a variety of steps that need to be taken over the course of such research directed at practice, and each step further correspond to a range of methods that need to be used to take it, I discuss the rules and tools of this path in relation to their corresponding step.

That research follows a certain path, and that this path (from Greek: *hodos*) should follow (from Greek: *meta*) a certain logic (from Greek: *logos*) and set of rules, entail the use of corresponding methods, and all of these should be describable (also from Greek: *logos*) is also the original, etymological meaning and fundamental assumption underpinning the notion of methodology, and scientific inquiry as a whole (Harper, 2017i, 2017j). Methodology is accordingly defined as the approach, rules, and principles that define and guide the research process and the methods used along the way to achieve its aim (Grant & Giddings, 2002, p. 12; Crotty, 1998, p. 2-8; Hammell, 2006, p. 167; Nicholls, 2009c, pp. 587, 589). Methods, in turn, are generally referred to as the specific ‘practical means’ or tools used and required by a specific methodology (Grant & Giddings, p. 12). Although seemingly separate and somewhat unspecific due to their practical functionality,

their etymological heritage hints at their intimate, underlying relation to the research path and its various steps, thus providing further support for their discussion along the way.

Among these rules are also some that are specifically set to ensure that an approach not only achieves its aims but can be trusted to have done so. Although these are often discussed somewhat separately, as a specific group of rules concerned with scientific rigour, they nonetheless either correspond to or themselves amount to, distinct steps and methods along the same methodological path. Due to this and the fact that this distinction is not made in Hadot's methodological imperatives, I discuss the rules and methods concerning rigour in conjunction with all other rules and methods in relation to their respective steps. Hadot's methodological imperatives are not the primary source for the formulation of the methodological process, rules, and methods of this study. They rather resonate with, support, and add to a methodological framework assembled by drawing on a variety of elements from qualitative research in general, autoethnography in particular, and my other philosophical and practical sources. I therefore discuss and juxtapose all of these with regard to the development and implementation of my methodological approach.

Objectivity: Beginning with the personal

Affirming that 'scientific rigour is the goal', Hadot argued that 'the first task ... above all' for those wishing to understand ancient philosophy as much as any other scholarly subject is 'objectivity' (Hadot, 2009, pp. 66-67). To avoid what he variously referred to as 'nonsense', 'creative mistakes', 'bad exegesis, mistranslation ... faulty understanding ... arbitrary systematisation', amalgamation, and misappropriation, he

further asserted that ‘the requirement of objectivity must never disappear’ (Hadot, 1995, p. 71; Hadot, 2009, p. 74). The belief in objectivity and the existence of ‘a single objective reality’ that is independent of all subjective experience and interpretation has been one of the most defining features of science (Nicholls, 2009a, p. 527). It’s procedures for observation, identification, and analysis constitute the primary focus of the scientific method (B. Grant & Giddings, 2002, p. 13). Hadot’s call for objectivity is therefore by no means novel or different, but merely perpetuates a longstanding approach and belief in ‘objective facts’ that has dominated science for several centuries (Hadot, 2009, p. 66).

He appears to stand in opposition to autoethnography as a methodology that recognises, ‘acknowledges and accommodates subjectivity’ and ‘the innumerable ways personal experience influences the research process’ (Ellis, Adams, Bochner, 2010, p. 2). Though further reading and critical analysis of his work reveal a less categorical dismissal of subjectivity and even proximity to autoethnography in the present sense. In part, this is related to his further understanding of objectivity and ‘self-detachment’, especially in their juxtaposition and critical analysis within contexts of related notions from my other sources (Hadot, 2009, p. 67). The methodological imperatives required to ensure objectivity in the study of ancient (and modern) theories and practices provide a less complicated example for the peculiar relation of objectivity and subjectivity in Hadot’s work. Although I am adapting them for the present purpose, I argue that they are nonetheless meaningful to an indispensable element of autoethnography and its early stages as a research methodology.

A historical dimension

Due to his focus on the study of theories and practices of ancient philosophy, Hadot argued that ‘the primary quality of ... a philosopher, is to have historical sense’ (Hadot, 2009, p. 74). There are two ways in which the methodological imperative to account for the history of theories and practices has shaped the present thesis. In understanding history in the broader sense implied in Hadot’s list of conditions, the first meaning of this imperative is that the critical study of any theory and practice, and its juxtaposition with another has to begin with an account of their wider past and present contexts. In most cases, I have engaged such critical contexts where I am introducing specific theories, practices, or aspects of them. One of Hadot’s most central arguments, reflected in his list, is that the wider historical and social context of any philosophy, theory, or practice is inseparable from the people—their personal histories—who develop, practice, and advance it. Thus understood, rigour and objectivity do not require the outright dismissal and exclusion of subjectivity, but rather, require that a study includes and even begins with the personal and social, or self and its culture.

All of the philosophies and practices drawn upon in the present study exemplify the close relationship between a particular philosopher, his philosophy, and its aims, theories, practices, methodology, and methods. This is the second historical dimension. Following the first methodological imperative developed here, it would have therefore, strictly speaking, been more accurate to prefix at least some consideration of Levinas’s personal and professional life, and its wider context prior to an abstraction of his philosophical aims, and the aim of philosophy according to him more generally speaking.

Levinas repeatedly mentioned that both his life and work were 'dominated by the presentiment and the memory of the Nazi horror' (Levinas, 1990, p. 291). Having lost many of his family members, been a prisoner of war for some time himself, and having to witness the cruelty inflicted during these times ultimately motivated his exploration of the relationship between self and other, and more specifically, whether 'evil is the normal condition of people' or not (Dostoyevsky, 2011, p. 284). His upbringing, personal inclinations, interests, professional career, and a variety of factors further contributed to shaping his path and determined the particular theories and practices that formed and informed his research. Described by Levinas himself in a collection of interviews and other publications, all of these details provide further evidence for the complex and inseparable relationship between him, his life, and his philosophy (Levinas, 1990, p. 291; Levinas & Nemo, 1985; Robbins, 2001).

Similarly, Hadot's philosophical research was initially motivated by a critique of a surnaturalism that he argued to pervade the beliefs and practices of the Church (Hadot, 2009, p. 26). This was later amplified by a consonant critique of the overly theoretical focus and 'purely formal path' of academic philosophy through which it had 'progressively distanced itself from the concrete life of humans' (Hadot, 2009, p. 56). Various social, personal, and professional circumstances of his life then further directed and informed his search for a more balanced understanding and practice of philosophy that he likewise described in a variety of interviews and publications.

The same methodological imperative that necessitates the acknowledgement and study of the personal and professional life of Hadot and Levinas as a means to understand the motivations and

trajectory of their philosophies and practices also underpins the early exposition of elements from my personal history that I believe to have led or contributed to my embarking on the course of the present study. There are a few additional personal circumstances and experiences that I draw on in relation to specific theories and practices throughout the present study. In the context of its methodology and methods, this is illustrated in the way in which my personal and professional life have led to this study and the formulation of its aims. Given that Hadot's and Levinas's critiques of academic philosophy and concerns about human relations also resonated with some of my personal experiences and intuitions, it is also an additional element underlying my drawing on Levinas and Hadot to consolidate these aims and develop a corresponding methodology.

Acknowledgement and critical reflection on the researcher and the researcher's relation to all parts of research are widely considered an essential characteristic of quality, and criterion for rigour in autoethnography. In many ways, the issues concerning rigour in autoethnography present a culmination of the debate between scientific rigour, validity and reliability as they are understood in positivist, quantitative research, and the development of corresponding, yet alternative concepts and tools suitable to qualitative research (Bochner, 2000; Collinson & Hockey, 2005; Denzin, 2006; Emdin & Lehner, 2006; Gingrich-Philbrook, 2005; Koro-Ljungberg, 2010; Quicke, 2010; Sparkes, 2000). The continuously increasing variety of approaches encompassed by the term qualitative research drives the development of ever new concepts and criteria in this regard. Broadly speaking, these are either additions or adaptations of the relatively well-known notion of 'trustworthiness' and its criteria of 'credibility, confirmability, dependability and transferability' that have been

promoted and proposed as a general guideline for qualitative research (Lincoln & Guba, 1985; Tuckett, 2005).

Hadot's notion of objectivity and the methodological imperatives required for its establishment most closely resonate with the concept of credibility and a range of corresponding criteria developed in its more specific adaptation to autoethnography. Various defined and referred to as clarity, honesty, verisimilitude, or veracity, I argue that the overarching tenor nonetheless matches the general intention of credibility. That is, their aim is to openly expose and increase the visibility and transparency of an author's intentions and theories to establish authorial veracity (Ballard, 2009; Begg, 2011; Bryman, 2012, 410; Clough, 2000; Ellis, 2000; Holt, 2008; Nicholls, 2009c).

Relevance: Correlating personal and professional concerns

To define objectivity thus understood as 'the first task ... above all' is not entirely accurate, given that what is necessary to make the broader personal and social context of a theory or practice visible, is that one has specified a field of interest, research aims and objectives, and has actually set out to study them (Hadot, 2009, p. 67). In quantitative and qualitative research studies alike, it is widely understood that this happens in the process of one's professional study and practice of a certain field. This eventually leads to a recognition of certain problems and challenges, and the subsequent review of existing research literature in the broader arena, to ascertain and narrow down the 'gap' that justifies further study and a general relevance to the theories and practices of one's respective profession.

In a much broader sense, however, relevance is possibly the most defining methodological imperative of academic research, irrespective

of the exact approach taken, and is intimately related to objectivity, philosophically, methodologically, and methodically. From the very beginning, by definition, a research projection must have a 'clearly stated thesis question; rationale and significance', and final proof for this is to be given in a discussion of the significance of what has been found as a result of pursuing these goals (AUT, 2017, p. 70). Even where it is relegated to the beginning and end of a study, relevance to others ultimately frames the project as a whole and requires that all of its parts provide evidence of this particular kind of relation more or less explicitly.

In the context of the present study, this meant that correlating, comparing and contrasting personal with professional, or cultural experiences, concerns, theories, and practices was not only part of its preparation phase, but a task throughout all stages of the project. This meant I would continuously have to consider the personal and professional in conjunction with one another and shuttle back and forth between them. If my personal story entailed a personal review of physiotherapy as a member of the profession, the literature review marked the first time, place, but also method for correlating and comparing my personal experiences and concerns regarding the profession, with those of other professionals (Bryman, 2009, p. 99). For reasons outlined in what follows, the review of literature continued to play a central role as a *method* to correlate, compare and contrast personal and professional theories and practices throughout the remaining stages of the project, *rather than being confined to its beginning and the purpose of identifying a gap and justifying its aims.*

Description

Having formulated the aims and foci of my study, identified a suitable methodological point of departure for achieving them, and ascertained that they correspond to broader professional concerns and a 'gap' in its existing literature, it was time to begin treading along the emerging path. In ethnographic research, the phase that follows the initial preparation is referred to as fieldwork and is often considered 'almost synonymous with ethnography' (Whitehead, 2005, p. 3). It is defined as a time and 'form of inquiry that requires ... the total immersion of the researcher in the field', or culture of interest 'for an extended period of time' (Whitehead, 2005, p3). During fieldwork, ethnographers gather descriptive information about a culture, its wider contexts, social settings, or specific phenomena, events, behaviours, experiences, individuals, theories and practices (Bryman, 2009, p. 447; Ellis, Adams, Bochner, 2010; Reeves, 2008; Sangasubana, 2011). The most widely-known and established fieldwork methods are participation, observation, interviewing, and writing field notes based on these (Anderson, 2006; Atkinson, et al., 2003; Duncan, 2004; Ryang, 2000; Taber, 2010; Whitehead, 2005).

The general tenets of fieldwork and the basic methods used for it are common to a wide variety of other qualitative research approaches. Most approaches to autoethnography similarly include at least some amount of taking 'field notes' and producing 'thick descriptions of personal and interpersonal experience' as part of their process and final product (Ellis, Adams, Bochner, 2010). In addition to these basic methods, autoethnographers continue to develop further fieldwork methods to match their particular fields of interest, research questions, philosophies and theories. In line with these, they also develop novel

ways to understand and practice fieldwork and other aspects of the research process.

Given that autoethnography's fundamental inclination is an emphasis on including and acknowledging the researcher's involvement in all parts of research, I have found it increasingly difficult to speak of fieldwork, immersion or incubation, in relation to any phase of the present study (Barbour, 2011, p. 87). Building on the imperative of objectivity as discussed with Hadot and science research protocols, the researcher's prior and ongoing immersion in one or more cultures is the very premise of autoethnography, and not simply a phase of it.

Precisely this becomes the problem of narrowing down the field such that autoethnography is able to distinguish the personal, professional, and scientific.

Mapping the field and its tools

To nonetheless make an attempt at narrowing down the field and define the tools I might be using, I collated notes and produced descriptions of my various cultures of interest, based on my prior and ongoing involvement in them. More specifically, I set out from the characteristic, retrospective method of autoethnography that consists of writing about 'moments perceived to have significantly impacted the trajectory of a person's life' and 'stem from, or are made possible by, being part of a culture and/or by possessing a particular cultural identity' (Ellis, Adams, Bochner, 2010). Because I had a vivid memory of a relatively small number of past experiences of physiotherapy that I perceived to be pivotal to my professional development leading up to this study, it was relatively simple to note and collate these into a single word document saved on my computer. Further, following relatively standard academic protocols and ethics guidelines, and matching

suggestions proposed for autoethnography, these accounts gradually reduced in size as I excluded personal names and other elements that would make it possible to identify others mentioned in them (Tolich, 2010; Morse, 2002; Chang, 2008).

Another factor delimiting the description of physiotherapy for the purpose of the present study was the peculiar situation of my participation in physiotherapy during my postgraduate studies. Due to regulations concerning overseas practitioners, I had not gained registration under the 'General Scope of Practice' with the Physiotherapy Board of New Zealand until as late October 2014, following an almost 5-year long period of working through and towards registration (PBNZ, 2017). Apart from a few exceptions involving clinical work, being registered under the 'Limited Scope of Practice' up to that point focused the majority of my experience and practice of physiotherapy to its postgraduate study at AUT University Auckland, which included some supervised clinical practice in its early stages, and some teaching and research assistance later on (PBNZ, 2017).

My participation in physiotherapy thus increasingly focussed on the study of its theories and practices via its written literature, documents, and texts more broadly speaking. The lengthy process of applying for full professional registration initially drew forms, policies, and websites into my focus that were either directly related to my application in New Zealand, and from there, gradually branched out to similar materials from international sources. Pertinent examples consequently included the websites of the Physiotherapy Board of New Zealand (<http://physioboard.org.nz/>) and Physiotherapy New Zealand and the majority of forms and documents provided through these (<http://physiotherapy.org.nz/>); specific policies like the HPCA Act that

‘provides a framework for the regulation of health practitioners’ (New Zealand Ministry of Health/MOH, 2015), and the Health and Disability Commissioner Act 1994 and Code of Rights (Health and Disability Commissioner/HDC, 2009); and the website of the World Confederation of Physical Therapy and the various guidelines, policy statements, and other documents, including those specifically addressing registration and certification (<http://www.wcpt.org/>). Reading and working through these inadvertently turned into an in-depth study of the definition and boundaries of contemporary physiotherapy theory and practice. This led to a further branching out from information provided by professional and legislative authorities, to related material from other professional organisations, and a wide sweep of research publications, physiotherapy textbooks, and material from my first one-and-a-half years of coursework based postgraduate studies at AUT University.

A review of literature

Literature on research paradigms and methodologies became an increasing focus throughout this process. This provided me with further information about the philosophical, theoretical, and practical framework underpinning physiotherapy and its approach to clinical and scientific practice, and education. It also provided me with information on a wide variety of other philosophies and related, qualitative research paradigms (Bryman, 2012; Giddings & Smythe, 2010; Grant & Giddings, 2002; Crotty, 1998; Miles, Loughlin, & Polychronis, 2008; Nicholls, 2009a). I began collating notes into separate documents, beginning with their broad distinctions into interpretive, critical, and postmodern approaches.

Given their primarily written format, the philosophies and practices of Levinas and Hadot further continued the shift in focus toward

'literature based participation' that had inadvertently accompanied my current involvement in physiotherapy. Levinas's extensive *oeuvre* makes it virtually impossible to describe, let alone analyse it in any singular piece of writing. However, Derrida's famous comparison of Levinas's thinking to 'a wave on a beach, always the same wave returning and repeating its movement with deeper insistence' provides some consolation to this problem (Critchley & Bernasconi, 2002, p.6). Following this implication that Levinas's work revolves around a principal recurring theme, I mainly focused on his two major publications, *Totality and Infinity* and *Otherwise than Being or Beyond Essence* as primary sources for his theories and practices (Levinas, 1969, 1998b). Due to the depth and complexity of his central theme and the language he used and developed, I additionally turned to sections from other works of his, and a range of secondary literature to generate and elucidate my notes (Bernasconi & Critchley, 1991; Critchley & Bernasconi, 2002; Derrida, 1960, 1978; Levinas, 1990, 1996, 1998a; Levinas & Nemo, 1985; Lingis, 1994, 1998; Robbins, 2001; von Wolzogen, 2005).

Two groups of literature related to Levinas provided further resources particularly relevant to my overarching aims: firstly, a growing number of publications drawing on Levinas's work to inform a variety of healthcare related theories and practices (Broom, 2013; Burcher, 2011; Clifton-Soderstrom, 2003; Naef, 2006; Nortvedt, 2003, 2008; Surbone, 2005; Tiemersma, 1987). A second group comprised a small number of publications exploring overlaps and differences between Levinas and Asian theories and practices (Kalmanson, 2010; Kalmanson, Garrett, & Mattice, 2013; Ronell, 2004; Wu, 2014). Following the methodological imperative of objectivity as discussed above, a final group of literature provided at least some insight into the relationship between his

philosophy and his life (Chinnery, 2010; Levinas, 1990, p. 291; Malka, 2006).

My reading of Hadot focussed on three of his major books, one article, and an interview collection as primary literature sources (Hadot, 1995, 2002, 2006, 2009; Hadot, Simmons, & Marshall, 2005). Secondary literature included the introductions to the latter books, as well as sections from other books, journal articles, blogposts, and publications that make no specific reference to his work, but appeared to resonate with it strongly (Bakewell, 2010; Chase, 2010a, 2010b; Chase, Clark, & McGhee, 2013; Critchley, 2008; Davidson, 1997; Irrera, 2010; Lamb, 2011; Sharpe, 2011). These provided sufficient background to Hadot's theories, practices, and personal and philosophical life that I could collate in separate document next to my related personal notes.

Participation in Shiatsu and Zen during my doctoral studies also increasingly gravitated towards literature study as a result of a range of circumstances. To date, only a small number of academic studies involving Shiatsu have been published (Kleinau, 2016; Long, 2008; Robinson, Lorenc, & Liao, 2011; Sedlin, 2013). To produce a similarly comprehensive, descriptive document for Shiatsu, I thus turned to a range of books in English and German, as well as websites, journals, newsletters and articles published by professional Shiatsu organizations worldwide (Beresford-Cooke, 2003; Kawada & Karcher, 2009; Kishi & Whieldon, 2011; Masunaga & Ohashi, 1977; McClelland, 2011). As a member of the German Shiatsu Society (www.shiatsu-gsd.de) and the Shiatsu Practitioners of Aotearoa New Zealand (SPAANZ, www.shiatsu.org.nz), I particularly drew on resources provided by or accessible through these organisations.

Finally, several opportunities for hands-on Shiatsu practice also presented themselves despite all constraints and allowed me to add a few current, personal notes to those on past experiences and current readings. Particularly thanks to joining the SPAANZ I was able to meet with fellow practitioners at two of the association's yearly conferences, attend a weekend workshop under the supervision of one of NZ's senior instructors, and receive and exchange treatments on several other occasions. Outside of this, I have also led an introductory evening workshop in Shiatsu, next to occasional opportunities to provide Shiatsu treatments to private clients.

Having been an active member of a German Zen association, I took notes on personal experiences, reflections, and intuitions gained from past study and practice. Following my arrival in New Zealand, I made a number of visits to local Zen communities to attend regular sittings, introductory workshops, a weekend retreat, and a few public lectures by various Zen and other Buddhist teachers. Unfortunately, a combination of factors steadily increased the time between these occasions, paralleled at home due to challenges to persist with solitary practice. While this has enabled additional notes based on current participation in core practices, the latter developments further shift the economy towards literature study as a predominant mode of participation during this project.

Thus, to further complement my personal notes and descriptions, I drew on historical and modern texts concerning Zen and, somewhat more broadly, Buddhist traditions. Loosely focused on the particular lineage in which I have been a member for the longest time, I included ancient sutras, treatises, texts and commentaries, small-scale publications from a variety of groups, publicly available print and

electronic books, podcasts, and audiobooks (Chadwick, 1999; Deshimaru, 2012; Okumura, 2012; Uchiyama, Okumura, Leighton, 1997; Suzuki, 1988; Tenbreul, 2011). I also reviewed academic literature drawing on Zen and Buddhist theories and practices to explore issues related to healthcare, research, and related matters (Adam, 2006; Bentz & Shapiro, 1998; Gaskins, 1999; Krägeloh, 2013).

Academic literature on a variety of martial arts, their history, potential contributions to modern healthcare, scientific research and other fields similarly informed my thinking (Bradford, 2011; Chew, 1995; Faggianelli & Lukoff, 2006; Lin, Hwang, Chang, & Wolf, 2006; Macarie & Roberts, 2013; Mroczkowski, 2009; Noy, 2015; Ritscher, 2006; Wayne & Fuerst, 2013; Woo, Hong, Lau, & Lynn, 2007). This was either during early stages of the study where it served the identification of a corresponding gap in inquiry alongside general support for an attempt to fill it. Or it was during later stages of the study in relation to specific emerging issues, rather than the initial description of the respective traditions. For the latter purpose, I yet again focussed on literature from within those traditions.

Largely due to Aikido being a modern martial art, most literature consisted of modern publications, which, in turn, cover a variety of aspects from history to philosophy, theory and practice, as well as the lives of its practitioners (Amdur, 2009, 2014; Burdy & Orban, 2013; Friday & Humitake, 1997; Stevens, 2011; Ueshiba, 1988). Especially in the martial arts, recent times have also seen an explosion of a wide variety of audiovisual and other publication formats. While I have engaged these both prior to and during this study, their volume discouraged me from reflecting and drawing on them as explicit sources. Due to complex relations between martial traditions and

various spiritual traditions, I also turned to additional readings more specifically touching on Shinto, Shugendo, and Daoism (Antoni, 2012; Deshimaru & Leonard, 1991; Friday & Humitake, 1997; Mason, 2002).

My concerns with using literature as means of immersion and source of information for various practice descriptions was alleviated in the context of the martial arts. Compared to other literature fields I have mentioned, this was the field in which I managed to sustain extensive physical immersion, without legal, regulatory, or other constraints. This comprised regular weekly practice sessions in a variety of arts and group settings, starting up and coordinating a small training group as its instructor, and organising, teaching, and attending a variety of weekend and weekly seminars across NZ, Europe, and Asia.

These concerns originated from an issue that is central to the martial arts, Zen, and Shiatsu alike, and raised a range of methodological questions from the very beginning. Specifically, it is their long history of emphasising personal, physical practice and experience, over the writing and study of written documents as a means for gaining and conveying insight. Time and time again, it is reiterated that ‘one must first train the body’ (Friday & Humitake, 1997, p. 11), and therewith begin a lifelong effort of primarily studying and ‘expressing one’s truth with one’s whole body and mind instead of thinking’ (Chadwick, 1999, p. 323).

Consequently, there are methodological questions raised by this: How could I use my personal, physical practice as a resource for the initial description of a given culture and its experience, but also as a method for their further analysis, and the final presentation of my findings? It was ultimately due to these questions that I turned towards

autoethnography and especially postmodern approaches to it. These not only matched the focus of exploring the self, the other, and their relation, but advocated and exemplified a variety of approaches for the integration of personal, physical, or embodied experience as a central method for gathering information, as well as its further analysis and final presentation (Adams & Holman Jones, 2008; Barbour, 2011; Ellis, Adams, & Bochner, 2010; Spry, 2006, 2011).

Especially during the early stages of my study the inclusion of personal, physical practice and experience as sources of information seemed to blur the boundaries between the personal, professional, and scientific even further. What resolved at least part of this problem, somewhat paradoxically, was that I converted my physical practice and experience into written notes via theoretical reflection, abstraction, and summary, as a way to describe and further reflect on it for the purpose of this study. My notes varied in genre and extent and could be written on whatever I had available at the time. As is common in most ethnographic research, they encompassed mental notes, brief, jotted notes, and much more detailed notes (Bryman, 2012, p. 450; Sangasubana, 2011, pp. 569-570). Where I was drawing on existing written literature, they also included copies of text passages, quotes, and summaries of larger sections. But whatever the initial medium, I would eventually word process and file them, collating my working materials on the various practice fields.

Following interpretive approaches to ethnography and autoethnography, arrival at thick descriptions can be thought of as the end of a research project, and the latter term is equally used in reference to their final product (Bryman, 2012, p. 451). Through illustration and illumination, these descriptions are thought to help

insiders (cultural members) and *outsiders* (cultural strangers) gain insight, understanding, and familiarise themselves with cultures, or facets of them that they might not have noticed otherwise (Jorgenson, 2002). On this basis, they are also thought to provide readers with the necessary information for further analysis, including 'the creation of general statements about a culture' and 'judgments about' the significance and 'transferability of findings' to other areas that might interest them (Bryman, 2012, pp. 392, 717; Nicholls, 2009b, p. 643).

It has been argued that thick descriptions are themselves a product of at least some of analysis. First hints providing evidence for this can be found in the fact that they differ from raw field notes and constitute continuous, running 'texts ... that can be read' as such, rather than disparate collections of singular clippings (Nicholls, 2009b, p. 643). At a minimum, such texts are 'created by' pulling together and 'discerning patterns ... evidenced by field notes, interviews' (Ellis, Adams, Bochner, 2010). At the same time, it would be difficult to argue that analysis is the distinguishing factor between fieldnotes and thick descriptions, if the former are not only 'based on ... observations', but are also 'summaries' that specify key dimensions of whatever is observed' and include 'the researcher's reflections on them' (Bryman, 2012, p. 447).

Thus, although my initial collections of notes relating to culture, tradition, or philosophy, were not running texts as such, I have thought of them as documents containing thick descriptions. From the very beginning then, my review of literature, and immersion and description of physiotherapy was accompanied by a layer of interpretation that I discuss in the following section. In the first instance, this interpretation is defined by a range of criteria regarding the choice and filing of

particular notes and a closely related group of themes emerging at this early stage.

Interpretation

According to Hadot, fulfilling the imperative of objectivity in relation to the study of ancient philosophical texts is necessary to make an ‘adequate and objective judgment: this is what was said’ (Hadot, 200, p. 68). He further argued that ‘there is always added to the effort of objectivity a supplement, a surplus, which’ consists in subsequently making ‘a judgement of value: this has significance for my life’ (Hadot, 200, p. 68). Especially due to the way that Hadot specified how something that was said should be significant, he acknowledged that ‘we are in a certain sense implicated in the interpretation’ at this stage in such a way that ‘this time, one can speak of a return to subjectivity’ (Hadot, 200, p. 68).

In a general sense, Levinas’s frequently quoted statement ‘*traduire, c’est trahir*’, to translate is to betray, closely resonates with the argument that all interpretation is subjective (Critchley & Bernasconi, 2002, p. 19; Lingis, 1998, p. xxxviii). Levinas’s interest, argument and use of the terms *translation* and *betrayal* are more specifically related to the methodological problematic raised by his work. If his admiration and reference to Rosenzweig can be used as a means to elucidate certain theories and practices, then the following quote by Rosenzweig provides some pertinent insights into the basic ideas underlying Levinas’s specific adaptation, and further support for the present argument concerning the practice of interpretation:

Translating means serving two masters. It follows that no one can do it. But it follows also that it is, like everything that no one can do in theory, everyone's task in practice. Everyone must translate, and everyone does. When we speak, we translate from our intention into the understanding we expect from the other ... When we hear, we translate words that sound in our ears into our understanding – or, more concretely, into the language of our mouth ... our individual speech (Rosenzweig, 1994, p. 47).

That the ethnographer's background, expectations, and subjectivity play a role in the interpretation of texts has been widely discussed and acknowledged in scientific literature. Largely corresponding to Rosenzweig's perspective, the critical point being acknowledged is that interpretation already is integral to all parts of fieldwork. That is, it is 'generally agreed that what we 'see' when we conduct research is conditioned by many factors' including our prior knowledge, personal dispositions, and scientific interests. These factors are equally 'likely to influence what is or is not recorded' (Bryman, 2012, pp. 451, 574). Thus, it is not only the case that interpretation is subjective but also an integral part of the research process from the very beginning.

A judgment of value

I have sought to gather comprehensive information to increase the likelihood of collating accurate descriptions of my respective cultures and 'maintain a fairly open mind so that the element of flexibility is not eroded' (Bryman, 2012, p. 450). Yet already my initial literature review and subsequent collections of notes were orientated toward my research questions and aims, with this orientation constituting a first layer of subjective involvement and interpretation. That is, I was continuously making an initial 'judgement of value' based on what I believed to have significance for my research (Hadot, 2009, p. 68).

In the first instance, this meant that I was filing notes into documents in relation to the specific elements of my research. Each document thus had a range of relatively generic sections collating notes corresponding to my research questions, aims, foci, and methodological imperatives established so far. In summary, these were sections on:

- ❖ my personal experiences of physiotherapy, Levinassian philosophy, Shiatsu, Aikido and other martial arts, Zen, and Hadot's work
- ❖ cultural (or culture-specific) theories and practices related to these
- ❖ the personal, social, and historical context of physiotherapy, and the other traditions in focus here
- ❖ other defining, characteristic, or underpinning theories and practices
- ❖ theories and practices regarding the self, the other, and their relation
- ❖ theories and practices regarding their respective practice environments
- ❖ theories and practices that could be of value to their mutual comparison and critique
- ❖ theories and practices that could be of value to the broadening and further development of physiotherapy, autoethnography, and the other theories and practices in focus here
- ❖ theories and practices that initially did not seem to be related to either of these areas, but could prove to be following further analysis.

This constituted an initial coding process developed from my primary material. Having put the broad framework provided by these generic

sections in place, I then began filing my notes in more specific sub-sections subjacent to the latter. Given that I was engaging well-established cultures, traditions and philosophies, where possible I initially titled these secondary sections according to the specific or technical terms and expressions used for their respective theories, practices, concepts, and other themes. In most cases, I then added brief notes or quotes underneath these titles that I perceived to illustrate them particularly well, or would define the meaning of each of these titles in a fairly concise way.

Throughout the study, I have struggled with a definitive use of terms such as practices, theories, notions, themes, concepts, or categories. As is common in many qualitative research approaches, such labels help provide an initial overview of general features, themes, concepts, and broad categories, native to sources (Bryman, 2012, p. 568; Charmaz, 1983, p. 186; Nicholls, 2009b; Whitehead, 2005, pp. 16-17). However, three issues grew from my later analyses that contributed to ongoing struggles with these terms: firstly, the way that they are commonly used in qualitative research often implies a hierarchical order that seemed overly artificial; secondly, virtually all of these terms are incompatible with the most central notions from Levinas's work, and some of my other sources that I discuss in subsequent chapters; and finally, particularly Hadot argued and advocated for a convergence of theory and practice, thus making it difficult to ever speak of one or another in overly definitive terms as if they were distinct.

This being said, I have not been able to find any other, more satisfactory, terms and thus finally, decided to use them very loosely and interchangeably to counteract these issues as best as possible. This allows for an easy transition to a further list of some of the initial

concepts, notions, themes, and categories that appeared to be of value to the study, and helped me further ‘label, separate, compile, and organize’ my early, extensive descriptive collections of notes (Charmaz, 1983, p. 186). I have already introduced some of these in the introduction to the thesis and will also be exploring more of them in detail in subsequent chapters, and further commenting on some in later sections of the present chapter. Thus, I will only present some of them in a summary list here, and add a few, brief comments to them to illustrate some of the ways in which I have made my initial judgments of their value to the study. Finally, I present the terms that I have used as titles for some of my secondary sections in italics to distinguish them from the latter. This may be considered as the developing of emergent key themes in a process of secondary coding:

- ❖ To begin with then, Levinas would frequently use the terms *totalization*, or *thematization* in reference to what he considered to be a fundamental *evil* or *violence* that ‘occurs whenever I limit the other to a set of rational categories’ (Beavers, 1990, p. 3).
- ❖ Already implicit in the latter quote, Levinas perceived this violence to originate in the theories and practices of *ontology*, *epistemology* that have defined and dominated ‘the philosophical tradition from Parmenides to Heidegger’ and have been the focus of his critique (Critchley & Bernasconi, 2002, p. 16). According to Levinas, ontology and epistemology thus understood exhibit a ‘relation to otherness’ that consists in ‘suppressing or reducing all forms of otherness by transmuting them into the same’ (Critchley & Bernasconi, 2002, p. 16).
- ❖ To appreciate his critique more fully, it was thus necessary to clarify his understanding of *otherness*, *the same*, *the ontological-*

epistemological relation, and a range of terms closely related to the latter, including *being*, *knowledge*, and *knowing*.

- ❖ Although he critiqued *Husserl's and Heidegger's phenomenology* as equally belonging to this tradition, Levinas referred to *his method* as a *phenomenological reduction*, that enabled him to explore the limits of knowledge, but in this limit, also 'a forgotten experience from which it lives' (Levinas, 1969, p. 28).
- ❖ This forgotten experience was what Levinas referred to as *ethics*, *the fundamental*, or *ethical relation*, which he argued to be 'otherwise than knowledge' and continued to explore throughout his work (Critchley & Bernasconi, 2002, p. 11).
- ❖ Levinas developed a wide range of terms in reference to pertinent elements of the ethical relation, including a notion of ethical *subjectivity* that is characterised by *passivity* and '*responsibility for the other*', and differs from '*the ego*', or same (Levinas, 1998b, pp. 119, 135).
- ❖ On the other side of that relation then was what Levinas referred to as *otherness*, the *other*, and sometimes capital *Other*, who presents himself to the *self* as a *face*, in *the face-to-face-relation*, in a way that exceeds 'the idea of the other in me' (Levinas, 1969, p. 50).
- ❖ Further, because the other presents himself in an *excess* of knowledge, 'comes from the *exterior* and brings me more than I contain', the other also brings a *teaching* (Levinas, 1969, p. 51);
- ❖ And finally, never comes alone, but is always already in the company of a 'third party... another neighbour' or simply, *the Third*, *Fourth*, *Fifth*, and so forth, and this Third 'introduces a contradiction... the birth of the question' of *justice*, *politics*, and *coexistence* (Levinas, 1998b, p. 157).

- ❖ Hadot's critique of philosophy was more specifically directed at *academic or scholastic philosophy* and its longstanding 'tendency to emphasise the theoretical, abstract, and conceptual' (Hadot, 2002, p. 274).
- ❖ Using *his historico-philological method* and *methodological imperatives* Hadot turned toward *ancient philosophy* in search of an alternative, most notably, *Plato, Aristotle, Stoicism, and Epicureanism*.
- ❖ Though not exclusively limited to these, it was there that he found the notion of *Philosophy as a Way of Life* in reference to an approach to philosophy that emphasised the close relation between *theory* and *practice* rather than discarding the latter in favour of the former (Hadot, 1995).
- ❖ The introduction of this notion made it necessary for me to clarify what Hadot meant by *daily, or everyday life* in general, and a *Way of Life* more specifically (Hadot, 2009, pp. 101-102; 2002, p. 38);
- ❖ and in close conjunction with the latter also *the practices, or exercises* characteristic of (ancient) philosophy as a way of life; as well as the *schools* and *teachers* that developed them and differed from the early sophists, that is, the 'professional teachers' who taught knowledge and argumentative skills geared at political success in exchange for payment and invented a system of 'education in an artificial environment' in ancient Athens (Hadot, 2002, p. 13).
- ❖ 'The concept of *michi, ... path*', or *Way of Life*, 'both defined and unified ... Japanese art and religion' from medieval times onward. Merging 'implications drawn from a worldview common to Buddhism, Taoism, and Confucianism' it was widely adopted

as a central concept underpinning ‘activities of all sorts – from games and sports to fine arts, from practical endeavours to religious practice’ (Friday & Humitake, 1997, p. 16). Having maintained this central place, it equally underpins Zen, Aikido, and Shiatsu and numerous other Japanese martial, spiritual, and healing traditions until today.

- ❖ As in the case of ancient Greek and Roman philosophy however, there is a wide *variety of schools and lineages* across and within each of these traditions.
- ❖ Despite significant *overlaps*, there is consequently also a wide variety of *differences* between these as each of them has their own interpretation of the ultimate *goal*, and have developed their own, characteristic *theories* and *practices* that comprise their respective ways, and reflect their respective *influences*, as for example in the case of *Zen-Shiatsu*.
- ❖ As a therapeutic tradition, Shiatsu is most overtly related to physiotherapy given its focus on *manual therapy*, or *touch* as its primary therapeutic practice (Kishi & Whieldon, 2011; McClelland, 2011).
- ❖ Further due to its explicitly therapeutic focus, it is also most overtly related to certain understandings of *health, sickness*, and their relation to the *body*, as well as other aspects of human existence related to these. But even though they might be more implicit, corresponding definitions are also extant in Zen-Buddhism, Aikido, and other spiritual and martial traditions.
- ❖ Definitions of *health, sickness*, and related terms also play a pivotal role in physiotherapy and contribute to the definition of its *aims*, and the development of corresponding *theories* and *practices*.

- ❖ Clearly reflected in its name, physiotherapy also revolves around specific understandings of the *physical*, or *physio-*, and *therapy*, that are fundamental to its self-understanding (i.e. *professional identity*) as a (*healthcare*) *profession*.
- ❖ The physiotherapy profession has become particularly closely associated with the medical profession and adopted its *underpinning philosophy (ontology, and epistemology) and scientific method*.
- ❖ Although it is a central part of it, the practice of physiotherapy is not confined to clinical practice' but 'encompasses all roles that a physiotherapist may assume such as patient/client care, health management, research, policy making, educating and consulting, wherever there may be an issue of public health and safety' (PBNZ, 2017). Consequently, physiotherapy also ascribes to particular theories and practices pertaining to *clinical practice, professional education, policy making*, and more, and all of these are critical to *professional identity, organisation, boundaries*, and similar aspects.

Without attempting to be exhaustive, this list reflects the growing array of sections and subsections that began to amass in my early collections of notes as I continued to thematise my study and practice of physiotherapy, Shiatsu, and the other disciplinary arenas of this study. Further, while these terms provided me with a rough framework to organise my notes, I still had to ascertain that they were not only valuable for the present project, but also *adequate*. And finally, even with their value and adequacy established, my original list was still far too extensive to be included as a whole.

A judgment of adequacy

In many ways, my ability to make a judgement regarding the value of certain notes and themes was based on a judgment of adequacy that I had made before in a somewhat taken-for-granted fashion. Simply put, this was the judgement that the various texts and documents I would be drawing on were, in fact, an adequate source of information. That is, my basic assumption was that they could provide me with adequate information about the theories and practices of physiotherapy, Levinassian philosophy, or other fields, rather than merely my own theories, practices, and relation to them.

As implied in Hadot's statement from which I am drawing this notion, the question of adequacy is intimately related to the question of objectivity in the common sense of the term. In the present context, it concerns a judgment that I needed to make in order to establish whether a certain term, concept, or theme adequately reflected what was meant, or done, whether 'this is' actually 'what was said' by an author or culture (Hadot, 2009, p. 68). Ultimately, the same question is also at the center of the question or 'crisis of representation' that has been debated in the context of ethnographic research (Bryman, 2012, p. 544; Flaherty, Denzin, Manning, & Snow, 2002). Lying at the heart of autoethnography, it raises the question as to whether and how our observations, notes, and descriptions can adequately represent others, and even ourselves at all.

Rather than trying to prefix an exhaustive discussion at this point, I will take a practical approach here, and revisit it in relation to specific themes and decisions I have made with regard to it over the course of the study. In relation to my use of written documents as a central source of information, and written notes as my primary method for its

description, for example, I began my research following a widespread assumption in qualitative research. This is that written texts do provide adequate insights into cultural realities, including their histories, identities, theories and practices, and can be used for further interpretation and analysis (Bryman, 2012, pp. 554-556; Ellis, Adams, Bochner, 2010; Nicholls, 2009c, pp. 12-13; Whitehead, 2005).

One argument that has been made against this assumption, is that documents do not provide 'transparent representations' of social reality, but rather create, or belong to a separate 'documentary reality' (Atkinson and Coffey, 2011, p. 79; in Bryman, 2009, p. 554-555). Rather than using this to dismiss the use of documents altogether, Atkinson and Coffey have argued for certain measures that should be taken if documents are used as a means to gain understanding of a culture. Overlapping with Hadot's imperative of objectivity, the first of these is that 'documents should be examined' in relation to 'the context in which they were produced ... their implied readership' and 'distinctive purposes' (Atkinson & Coffey, 2011, in Bryman, 2012, pp. 554-556).

Given that I sought to acknowledge the wider context of my various cultures, traditions, and philosophical sources and their written texts, and precisely because these are related to the former via their intentions and audiences, I began my research by considering them as both part and product of a culture that enables some form of insight into its history, identity, theories and practices (Nicholls, 2009b, pp. 642-643). Further, I was also using past and present personal experience, physical practice and, in the context of these, conversations with others as additional sources of information. Thus, I was also implicitly accommodating Atkinson and Coffey's second measure, by using additional materials to supplement the use of written literature

for description, interpretation and analysis (Atkinson and Coffey, 2011, in Bryman, 2012, pp. 554-556).

To some extent, this second measure is inherently accommodated, and the arguments against the use of written texts somewhat mitigated by adopting the modern use of the term text in reference to pictures, music, events, behaviours, practices, and ‘anything, in fact, that carries cultural significance’ (Bryman, 2012, p. 717; Nicholls, 2009b, p. 643). I have found this broader understanding to be further supported in the preference of physical over theoretical study and practice in Zen, Budo, and Shiatsu; and the use of physical practice and experience advocated in postmodern approaches to autoethnography. Irrespective of the exact definition of the term *text*, my initial use of a variety of sources provided diverse perspectives that helped me to establish the value and adequacy of my initial notes and the labels I used to organise them.

Closely related to these particularly theoretical reflections, writing experiments and conversations with teachers, friends, colleagues and supervisors provided me with the means ‘to ensure that’ my initial notes, ideas, and understandings regarding a theory, practice, or concept were adequately representative of these, and ‘reasonably based on the data’ I had accumulated (Nicholls, 2009b, p. 644). Still remaining relatively close to my raw notes, my first writing experiments took a variety of forms ranging from paragraphs, sections, and several pages of writing primarily shared with my supervisors, to blog posts on the website of my martial arts group, and even a self-published book on some of my thoughts on training and teaching martial arts at the time (Maric, 2014). Through sharing my thoughts and observations with others and reaching back out into the communities from which I had

drawn my notes, I received feedback and was thus able to discuss and reflect even further (Spry, 2011, pp. 128-134).

As a result of this process, I was able to identify inconsistencies and gaps in my understanding, notes, section titles and thematic labels. I then returned to physiotherapy, Zen, Levinassian philosophy and the other fields to account for these by more specifically focusing my study and practice (Whitehead, 2005, p. 18). Where warranted, this led to me adding further notes, sections with titles corresponding to new concepts, and in some cases the beginning of a process of re-coding and re-thematising some of the concepts and sections, and regrouping the notes within them. In this way, the process of interpretation was a crucial part of my exploration, in that it began testing its most fundamental assumptions: that the cultures and philosophies I had personally been immersed in were of value to the critique and further development of physiotherapy theory and practice; and my initial descriptions and understanding of them and contemporary physiotherapy were sufficiently adequate for this purpose.

Comparison & critique

At this point, this list of key themes was still relatively general and rather extensive, thus making it necessary to continue refining it. The following questions were particularly important for this purpose:

- ❖ Which theories and practices of Zen, Shiatsu, Budo, ancient and Levinassian philosophy, could be especially valuable to the further development of contemporary physiotherapy?
- ❖ To which of its theories and practices in particular?
- ❖ And how?

Generally this would be approached in a comparative analysis aimed at narrowing and refining essential thematic interpretations. On the one hand, comparative method is intrinsic to a wide variety of quantitative and qualitative approaches (Bryman, 2012; Ellis, Adams, Bochner, 2010; Grant & Giddings, 2002; Sangasubana, 2011). It is also implicit in any literature review, and inherent to autoethnography, for example, wherever personal and cultural experience are correlated and compared to cultural experience using literature or other methods (Ellis, Adams, Bochner, 2010). It is similarly implicit in critical inquiry and critical autoethnography, given that the necessary basis of critique is the comparison of one situation, phenomenon, theory, practice, and value, with another (Denzin, Lincoln, & Smith, 2008; Grant & Giddings, 2002; Nicholls, 2009a, 2009b, 2009c; Quicke, 2010). Émile Durkheim, one of the founders of modern sociology, even argued that ‘the comparative method’, and by extension, ‘comparative sociology is not a special branch of sociology; it is sociology itself’ (Durkheim, 1982, pp. 147, 157).

Levinas was highly critical of the major assumptions underpinning the comparative method, and the sociology, anthropology, and ethnology of Durkheim, Lévi-Strauss, and others (Levy, 2006; Strhan, 2016). Because his critique was based on his entire philosophy and relates to the overall methodological problem presented by it, I will defer commentary to subsequent chapters of this thesis where his philosophy is discussed in detail. Despite all of his criticisms however, there are several observations that can be made about his work that justify the use of comparison as a research method, beginning with the fact that he also argued that comparison is nonetheless necessary and inevitable despite all of its risks and shortcomings (Levinas, 1998b, p. 157).

A similar situation presents itself with Hadot, who for a long time considered himself 'reticent' and even 'hostile to comparative philosophy' and 'comparativism' (Hadot, 2009, p. 144; 2002, p. 278). His primary reason, not entirely unrelated to the reasons raised by Levinas, was somewhat more simplistic: 'it could cause confusions and arbitrary connections', which would thus not be objective and adequate, but subjective (Hadot, 2002, p. 278). Notwithstanding these concerns, Hadot's work also provides support for the use of comparative methods in a variety of ways, and he admitted to having gradually changed his mind during later stages of his career (Hadot, 2009, p. 144). His eventual change of heart was a result of him observing 'undeniable' and 'troubling analogies between the philosophical attitudes of antiquity and those of the Orient'. This led him to argue that Oriental philosophies could 'perhaps give us a better understanding' and were in some cases 'more enlightening than anything that can be found in Greek thought'. They could furthermore 'just as' or even more 'effectively inspire and guide philosophical practice', because they have survived as active traditions until today (Hadot, 2009, p. 144; 2002, pp. 277-279).

Thus, Hadot's work not only provides support for the use of comparative methods in general, but even a comparative approach to and with ancient Greek and Asian philosophies and practices. A growing range of studies drawing on Levinas's work across a variety of fields similarly supports a comparative approach to and with his work in general. It has in fact been argued that Levinassian philosophy might be especially 'well suited to engage philosophical worldviews that have developed outside of the Western orbit' precisely because it is 'critically situated' with regard to it (Kalmanson, Garrett & Mattice, 2013, p.2). Due to this critical kinship and a range of thematic analogies, it has also

been argued that the comparative study of *Levinas and Asian thought* might ‘offer a fresh perspective ... to explore or even expand on the Levinassian ethical project’ (Kalmanson & Mattice, p. 2), including ‘what aspects of his overall project can be questioned and reformulated through his encounter with other philosophical traditions’ (Kalmanson, 2010, pp. 205-206).

Comparison

Based on my research and reflections on the possibilities and challenges of comparative methods, I broadly looked for anything that appeared to be a correlation, whether terminological, theoretical, or practical, regardless of how obvious or implicit it seemed to be. These included:

- ❖ overlaps, similarities, analogies, and commonalities;
- ❖ contrasts, differences, and contradictions;
- ❖ any repetitions, or regular patterns;
- ❖ outliers that did not seem to correlate to anything else in any way.

Terms put in italics in the above lists of interpretative themes on pages 72–76 already represent some of the labels, themes, and terms that I not only found to be potentially valuable, but valuable because they seemed to overlap, contradict, build on each other, or present complete outliers when compared to the rest. In the process of separating and regrouping my notes in this way, I also began engaging in ways to explore and reflect on my initial intuitions regarding the similarities and differences between theories, and practices. As with my earlier writing, I once again took these back to others as a way to prevent insulation, gain external feedback, and be prompted to continue

reflecting on my first explorations in this area (Ings, 2013, p. 6; Jacobs, 2008, p. 160; Spry, 2011, pp. 128-134).

Conversations with my supervisors presented contrasting perspectives that challenged my thinking and writing, indicating theoretical and methodological inconsistencies, gaps, or alternatives, and potential pathways for solving problems encountered along the way. I thus had to revisit my writing and notes, and return to my studies and practice to make further, 'select observations' and take new notes specifically relevant to the issue at hand (Bryman, 2012, p. 420; Whitehead, 2005, p. 18; Bryman, 2009, p. 420). The back-and-forth processes between writing, discussion, and reflection was crucial to evaluate that correlations I made were sensible and 'reasonably based' on the material I had gathered (Nicholls, 2009b, p. 644). Given that my study was largely based on having observed and intuited many of these correlations in advance, this was established relatively quickly, providing reassurance that what I had collated so far provided a solid foundation for further exploration.

Critique

These reflections on the use of comparison as a research method, and particularly its potential benefits, established my writing focus at this point. Broadly speaking, I needed to define instances where comparison of theories and practices 'perhaps gives us a better understanding' of them (Hadot, 2002, p. 277). As is common in qualitative research, this is initially in the sense of gaining a more comprehensive understanding of a given phenomenon under study (Reeves, 2008, p. 2). Drawing on a variety of sources gave me: a deeper perspective on ontology and epistemology in general; how they have been construed in mainstream philosophy; the various positions that have been argued for by different

philosophers; their place in qualitative, healthcare research; Levinas's understanding of ontology and epistemology; and the ontological and epistemological positions underpinning Zen.

That it is possible and beneficial to engage in a comparative critique of the ontological and epistemological assumptions underpinning mainstream healthcare from a Levinassian perspective has already been argued by a growing number of researchers in other healthcare professions (Broom, 2013; Burcher, 2011; Clifton-Soderstrom, 2003; Naef, 2006; Nortvedt, 2003, 2008; Surbone, 2005; Tiemersma, 1987). The particular importance of this comparative engagement and my reason for placing it at the beginning of Chapter Three, lies in the fact that these assumptions shape and lay the foundation for all further healthcare, and physiotherapy theories and practices. As this shaping role is especially visible in relation to the definition of physiotherapy's aims and associated parameters, specifically, health and sickness, I contrast these with alternative conceptions of health, sickness, and healthcare aims as I develop my argument.

This critique of ontology and epistemology has also been a major factor 'for reducing the vast amount of' material I had gathered up to this point and making decisions about which additional theories and practices to include (Bryman, 2012, p. 577). That is, such fundamental critique revolves around the same general healthcare issues for physiotherapy theories and practices, establishing the pervasiveness and influence of its fundamental assumptions across other areas. Hence the need for this critique before moving on to the exploration of genuine potential alternatives.

Rather than being limited to a specific domain, this also provides the foundation for critique of theories and practices developed with respect to other domains. In Chapter Four, for example, I engage the same critical perspective in comparing current notions of professionalism, professional identity and physical therapy with alternative conceptions. In the process of doing so, I also apply this same critical perspective to contrast those alternative conceptions against one another and the alternative theories and practices I develop as a result.

Subjectivity & eclecticism

Effectively, this critical perspective was one such theory in itself, as much as its application was methodical practice. Thus, a concurrent function of my comparative writing was to explore which aspects of a theory or practice could be extended or reformulated through ‘encounter with other philosophical traditions’ (Kalmanson, 2010, p. 206). This is equally true for the critical perspective developed in Chapter Three and refined over subsequent chapters.

In the context of qualitative healthcare research, ‘the generation of theory’ and ‘the refinement of theoretical categories’ are considered ‘the ultimate aim’, and are meant to provide theoretical explanation and understanding of a relevant social or medical problem or phenomenon as a result of research (Bryman, 2012, pp. 419, 570; Nicholls, 2009a, p. 531). In critical inquiry more specifically, this theory is thought ‘to illuminate social structures and their oppressive effects in order to raise her/his own and the research subjects’ (Grant & Giddings, 2002, p. 19). Depending on the approach taken by the researcher, this knowledge is either thought to raise awareness of these problems, inspire change, or even provide additional concrete theoretical and

practice ideas for change itself (Nicholls, 2009a, p. 530; Grant & Giddings, 2002, p. 19).

In the present study, I aim to explore and develop both a novel critical perspective, and a range of concrete theoretical and practical alternatives. Because I did not begin this study with a readily formulated critical perspective, but this perspective was the result of extensive comparative engagement, it did not make sense for me to speak of critique as a separate activity from this development, nor distinct from the comparative process. Rather, it was precisely through this process that I was gradually able to develop my critical, clinical, scientific and educational theories and practices alike. That is, by continuously revising and rewriting my material, continuing discussion with supervisors, further study and practice, and ongoing theoretical reflections, I was gradually able to refine my developing theories and practices and add nuance and structure to my writing about them (Bryman, 2012, p. 559; Nichols, 2009b, p.644; Whitehead, 2005, p. 17).

As is common in qualitative research, I developed a large portion of my critical and clinical theories and practices by combining one or more from my various sources into a kind of ‘amalgam’, using or adapting existing labels to refer to them, and dismissing others (Bryman, 2012, p. 569-570; Nicholls et al., 2016). Hadot referred to this approach as *eclecticism* and argued that it ‘is potentially of great importance in the contemporary world’ (Hadot, 2009, p. 102). Finding support for it in the work of Henry David Thoreau and other philosophers, Hadot described eclecticism as consisting in ‘choosing what seems to be the best solution each time’ regardless of the philosophy, tradition, or culture it comes from (Hadot, 2005, p. 232; 2009, p. 103). Yet Hadot was aware that it is ‘often rather poorly viewed by philosophers because it might

result in an overly subjective, if not relativist, ‘anything goes’ approach to science and philosophy, as has been argued against Paul Feyerabend’s critique of epistemology (Hacking, 2010, p. xii; Hadot, 2009, pp. 102-103).

To understand why Hadot did not consider this objection to apply to his own work, it is necessary to recall that he only thought eclecticism to be important in the context of that ‘supplement, or surplus’ that is added to the effort of objectivity’ (Hadot, 2009, p. 68). In other words, it is the establishment of objectivity that prevents ‘arbitrary systematisation’, amalgamation, misappropriation and other ‘creative mistakes’ (Hadot, 1995, pp. 71-77; 2009, p. 74). Though once established, amalgamation and systematisation are not only possible, but even desirable. Following Hadot, it is precisely in this way that, ‘at its best, comparative research opens up a space for creative contributions to larger ... conversations’ as noted by Kalmanson and Mattice (2013) in relation to the comparative study of Levinas and Asian thought (p. 1). This meant that the final choice I made with regard to the theories and practices that I focused on and combined was based on: their relation to my personal experience, study, and practice; having established their relevance to my research question and aims; and in a second, overlapping movement, determined the adequacy and value of my initial descriptions and understanding of them as well as my critical and comparative engagement with them.

At this point, it was especially important to consider ‘negative cases’ that would ‘defy early theorising’ and help further ‘refine or refute naïve ideas’ emerging through the study (Nicholls, 2009b, p. 644). In the context of qualitative research, accounting for the latter is thought to be crucial to ensure that a study’s findings, along with the theories

and practices developed in it, are as consistent as possible and have the necessary depth to make a substantial and justifiable ‘contribution to the literature relating to the research focus’ (Bryman, 2012, p. 580). In some approaches, theoretical saturation is defined as a point where not even a single case that is inconsistent with the developed theory can be found (Bryman, 2009, p.567). But even in its milder variations, accounting for negative cases is considered important to determine whether there are ‘no new research questions to be asked or no new comparisons to be made or no new theoretical insights to be developed’ and the theories and practices are sufficiently well developed (Bryman, 2012, pp. 421, 452).

The philosophical positions presented by the various cultures or practice-domains I research, have largely contradicting implications for the notion of theoretical saturation and its methodological pursuit. Because saturation is particularly relevant in relation to research findings, in this case, a set of ‘fully’ developed theories and practices, I was obliged to account for saturation at least in passing. I thus took the notion of theoretical saturation and working through negative cases as a general motivation to ensure that the theories and practices were coherent, consistent, and as well developed as possible.

Despite his foregrounding of objectivity and theoretical coherence, subjective coherence is nonetheless intrinsic to Hadot’s eclecticism in two ways. Given their relation to the personal, these both resonate with the general, underlying tenets of autoethnography, and are relevant to a corresponding resolution of theoretical saturation in autoethnography, and its subsequent, final methodological stage. Hadot argued that ‘one can speak of a return to a subjectivity’ where the judgment of value that follows the judgment of objectivity is

concerned, and this return of subjectivity is, in fact, a methodological imperative in itself (Hadot, 2009, p. 68). The reasons that make this return of subjectivity and eclecticism possible and necessary are firstly, because 'for the Greeks philosophy was not the construction of a system but a choice of life' (Carlier, 2009, p. ix); yet secondly, 'in the contemporary world ... the schools no longer exist' (Hadot, 2009, p. 102). In other words, at a certain stage, before, during, or after having established the objectivity and adequacy of one's insight into a given set of theories and practices, philosophy is bound to the philosopher making an 'existential choice' (Hadot, 2009, p. 140). The philosopher has to 'make a judgment of value' with regard to the theories and practices in question by asking: which of them have 'a given significance for my life' and which do not (Hadot, 2009, p. 68).

Although abstracted from the specific field of its application, it is crucial to note that, at least in this sense, Hadot effectively argues for subjective choice as a methodological imperative in the study of ancient philosophy. And given that the ancient schools no longer exist, he advocates for this choice to be made eclectically, depending on 'what seems to be the best solution' in any given case or time (Hadot, 2009, p. 103). Applied to the present study, this ultimately corresponds to acknowledging the researcher's personal involvement in participation, observation, interpretation, comparison, critique, and now, the development and final presentation of theory and practice (Bryman, 2012, pp. 574-575). More specifically, it is to acknowledge that an element of choice or subjective eclecticism is at play from the very start, and influences when saturation is achieved, as a result of the researcher making a judgment regarding what has or does not have 'a given significance' for the study (Hadot, 2009, p. 68).

This is not to say that I did not seek to establish coherence across the theories and practices that I have developed. Rather, it means that the theories and practices I have explored, developed, and am presenting here, ultimately reflect a range of very subjective and eclectic choices. I *sometimes also* made these irrespective of whether or not strict theoretical coherence was achieved in the theories and practices brought together, or whether one or more negative cases could be found to refute them.

Practice

The second way in which ‘coherence of the self’ is intrinsic to Hadot’s method and understanding of philosophy is already implied in the methodological imperative of subjective eclecticism. Due to its importance to Hadot and the present study, I decided to discuss and present it separately, as the final methodological imperative guiding my approach to autoethnography. For Hadot, the express purpose and central characteristic of philosophy as a way of life, and the very reason that warrants the return of subjectivity, is that the philosopher must put philosophy into practice, personally, in living. That is, it is not just a matter of choosing a set of possibly ancient theories and practices, but actualizing them in one’s life, thought, and actions (Hadot, 2009, p. 68).

Thus understood, ‘the ultimate aim’ of research may not be ‘to generate theory’, but rather, to practice it (Nicholls, 2009a, p. 531). It is ‘to transform the practitioner’s way of looking at the world’, but to do so with the particular purpose of transforming the philosopher’s self and ‘his or her way of being’, doing, and living in the world (Chase, 2010a, p. 2). By ‘addressing the student’s larger way of life’, the methodological imperative of practice thus implies that one should practice one’s

choice of philosophy in theory and practice, in one's personal and professional life, and finally, demands 'daily or continuous repetition' (Sharpe, 2011, p. 5).

Hadot's strong emphasis on practice played a crucial role in my initial attraction to his work, resonating strongly with my own experiences and concerns regarding academic philosophy and research, as well as the strong emphasis placed on practice in Zen, Budo, and Shiatsu. To a large extent, the notion of a way of life and the methodological imperative of practice consolidated my hopes for this research, as a study aimed at developing physiotherapy theory and, especially, practice. It also meant that I needed to consider whether the theories and practices I would develop are practicable, and, ideally, evaluate by practising them in my personal, professional, clinical and scientific life.

Dialogue

The strong emphasis given by Hadot to practice in ancient philosophy implied that 'even someone who neither wrote nor taught anything was considered a philosopher, if his life was, for instance, perfectly Stoic' (Davidson, 1997, p. 199). Hadot argued that it is not necessary 'to construct a philosophical system before' one can 'live philosophically' (Hadot, 2002, p. 275). And finally, that in ancient philosophy, 'the choice of a way of life has not been located at the end of the process of philosophical activity' but 'at the beginning, in a complex interrelation' with a variety of historical, social, and personal attributes (Hadot, 2002, p. 3).

This preference of practice and life over theoretical reflection, discourse, and writing is not meant to suggest the dismissal of thinking in favour of action, nor should they be thought of as opposing one

another. Rather, all practice is philosophical insofar as it corresponds to an underlying worldview, as much as discourse, ‘logic, physics, and ethics are’, or at least were and could once again be ‘both practical and theoretical’ (Davidson in Hadot, 2009, p. 94). Notwithstanding all emphasis on the way of life, ancient philosophers still thought of dialogue as an inseparable and particularly important part of philosophical life, and so to practice and live ‘as a philosopher also means to reflect, to reason, to conceptualise’, as well as engage in discourse and dialogue (Hadot, 2002, p. 280).

The importance attributed to dialogue, a term that was also used to refer to the written texts of ancient philosophical schools, was based on the practical ‘formative, educative, psychagogic, and therapeutic’ potential it was perceived to have (Hadot, 2009, p. 54; 2002, p. 176). These functions also describe the effects that the various philosophies and practices have had for me as their student and reader in the context of this autoethnography. That is, they have been educative insofar as they provided me with insight and understanding. They were formative and psychagogic insofar as they shaped and reshaped my personal, professional, clinical and methodological thinking and practice alike. Beyond dialogue being merely advantageous, Hadot considered there to be an obligation for it as a means to ‘reveal and rationally justify this existential option, as well as this representation of the world’ (Hadot, 2002, p. 3). To engage in spoken and written dialogue is thus also a requirement implied in the methodological imperative of practice.

For Hadot, it was particularly important to write in a style accessible to a wider public and thus potentially relevant to everyday life. This contributed to my decision to use the term ‘passivity’ rather than ‘radical passivity’ that is commonly used in Levinassian literature to

define its difference to the couplet active/passive (Hofmeyr, 2009; Wall, 1999). I have also experimented with a variety of terms through the course of my writing and use several of them in synonymous fashion in the following chapters. Despite methodological difficulties encountered along the way and discussed in the following section and again in the final chapter, everything that I have written would not have been possible to inscribe were it not for it being embedded in my personal life. It is this that I have tried to convey in the opening sections of the thesis and within this chapter.

Methodological difficulties

One of the major methodological challenges was the simple consequence of not having a clearly predefined theoretical and methodological framework, but developing it along the way, with relatively little guidance from existing literature due to the specific combinations of research domains I aspired to. It could certainly be argued that I could have avoided this entanglement by choosing an existing, readily set out approach to autoethnography. However, the possibility of doing so would rely on one either coming to research as a *tabula rasa*, or being able to wipe away the philosophical baggage one brings to it. Both of these approaches seem incongruent with autoethnography as I have described here. Given that none of the philosophies and practices falling outside of the current boundaries of contemporary physiotherapy corresponds closely to any of the existing research paradigms, I was thus effectively left without choice with regard to circumventing this problematic.

The greater subsequent challenge was to put the theoretical framework developed throughout the study into methodological practice. Defining in a sense the 'heart' of the present thesis, throughout the following

chapters I develop this theoretical framework while exploring how it might be put into clinical physiotherapy practice first and foremost. Levinas formulated this as a ‘methodological problem’ that results from the question as to ‘whether one can at the same time know and free the known of the marks which thematization leaves on it by subordinating it to ontology’ (Levinas, 1998b, p. 7). He largely refrained from commentary on the possibility of converting his philosophical insights into practice. Yet he primarily sought for a resolution in a kind of ‘ethical writing’ that consist in an effort ‘to enact within language’ a movement ‘between two orders of discourse’ that he referred to as ‘the Saying and the Said’ (Critchley, 1999, p. 165).

I will briefly revisit this Levinassian theme in the final chapter and review where and how I might have or have not been able to do justice to this problem and its resolution, methodologically speaking. One of the most difficult areas has been to do so in the format and structure of the thesis. The remaining chapters follow a common structure of academic writing, moving from the now outlined methodological approach, to its application to the study’s central areas of inquiry, and their final revision and conclusion.

Ethics and ethos

In a sense not entirely unlike that of Levinas, Hadot argued that ‘the philosophical act transcends the literary work that expresses it; and this literary work cannot totally express’ what is lived in one’s daily life (Hadot, 2005, p. 234). He further cautioned that ‘by habit, distraction, and the concerns of life, philosophical discourse quickly becomes purely theoretical’ and lose its practical relevance’ (Hadot, 2009, p. 110). It is therefore necessary to continually remember that discourse may well be part of and means to an end, but never exclusively so.

The greater and possibly more important part and means to this end remains the practice of one's philosophies in one's life, and thus more broadly, the development of a way of life, or *ethos*. As noted by Foucault, in ancient Greece and Rome, this ethos could and needed to be seen in someone's entire 'way of being and one's way of behaving ... in their attire, in their manner, their gait, the calm they display in responding to events, etc.' (Foucault in Frost, 2009, pp. 540-541). In the context of this research, it meant that my primary focus always remains on the exploration and development of a physiotherapy practice, or ethos that I would have to put into practice in my personal and professional life, first and foremost.

The present study also centers around ethics insofar as the practice-ethos it seeks to develop is based on what is ultimately a conjoined notion of ethics derived from Levinassian ethics, the theories and practices of ancient Greek and Roman philosophy, as well as Zen, Budo, and Shiatsu. As I develop this ethics in the following chapters, I emphasise its fundamental difference and, in many ways, opposition to normative, contractual and procedural ethics commonly thought of and prefixed in scientific research. Though this general mention of their difference presents an opportune moment to present a few practical decisions I have made with regard to conventional research ethics for the purpose of the thesis.

My study, like most autoethnographies, does not involve any human participants other than the researcher (and supervisors). I was thus not required to submit an application for ethics approval to the Auckland University of Technology Ethics Committee (AUTEK). Following my initial exploration of autoethnography and the broad debate around

ethics in autoethnography, I nonetheless endeavoured to account for potential issues arising through the course of my study and its publication (Anderson, 2006; Ballard, 2009; Dauphinee, 2010; Roth, 2009; Tolich, 2010; Wall, 2008). I thus compiled a few very general notions to guide my study, practice and writing during this research project:

- ❖ The most basic of these guidelines, applying to academic research generally, was to gain an understanding of and continuously reflect on my methodology (Tolich, 2010).
- ❖ I also went through all necessary protocols in fulfilling my responsibilities to research and the university, from my initial application to enrol in the doctoral program, to the proposal presentation and approval of my candidature after its first year, through regular progress reports (Tolich, 2010).
- ❖ Given that my study did not involve human participants other than myself, and my supervisors in their customary role, informed consent was partially implied, and partially given in the supervisory agreement discussed and signed shortly after my enrollment in July 2011. My supervisors were also those I consulted primarily to gain feedback with regard to my theoretical reflection, conceptualization and writing.
- ❖ Building on the fundamental assumption that the personal and cultural are inseparable from each other and, thus, every personal story or experience inevitably implicates others, I sought to 'protect the privacy and safety of others by altering identifying characteristics such as circumstance, topics discussed, or characteristics like race, gender, name, place, or appearance' (Ellis, Adams, Bochner, 2011; Morse, 2002; Tolich, 2010).

- ❖ Finally, even though acknowledgement, transparency, and even vulnerability of the researcher are generally advocated as the particular strength of autoethnography, it is just as frequently pointed out that it carries risks for the researcher that warrant consideration (Adams & Holman Jones, 2008; Ellis & Bochner, 2000; Gingrich-Philbrook, 2005). I thus sought to minimize the risks that could result from undue exposure of personal information by continuously reflecting on this issue over the course of my writing.

In summary

In the present chapter, I have described the methodological approach for the thesis by drawing together my philosophical background and the qualitative research methodology of autoethnography. I began by describing how my philosophical background led me to identify autoethnography as a suitable methodology that I could adapt to the requirements of the study. I then outlined how matching philosophy and methodology consolidated the aim of my research as a *study and development of the self, the other, and their relation in physiotherapy theory and practice*. This consolidating clarified that description, critique, development, and practice were the focal areas needing to be addressed to achieve this aim. In relation to the early stages of the study, I discussed objectivity—or beginning with the personal—and relevance—or correlating the personal and the professional—as the first methodological imperatives guiding my approach to autoethnography.

I then sought to describe the path that I have taken in following this central aim and methodological imperatives. This required describing the fields I engage and the methods I use for engaging and reflecting, as well as generating understandings for further analysis. I then

introduced two further methodological imperatives adapted from Hadot's work that helped begin the process of organising, improving, and focusing the information collated in early stages of this project by making judgments of adequacy and value. The crux of my methodology then becomes comparative method—comprising comparison, critique, and eclecticism—in order to develop a critical perspective for the further analysis of existing theories and practices, and a theoretical framework for the development of physiotherapy practices based on fundamental ethics.

Already an integral part of this framework, I introduced practice as the final methodological imperative. I argued that this imperative further consolidates the primary orientation of the study, yet simultaneously, emphasises the challenges encountered in the process of adapting autoethnography to the theories and practices developed throughout it. Given the potentially drastic implications of a comprehensive liaison along these lines, I finally decided in favour of the more practical, partial approach to their conjunction as presented in this chapter. Because they depend on a more detailed understanding of the theories and practices developed in the following chapters, and because I did not intend methodology to become the primary focus of my study, I will only revisit some of these implications and challenges in the concluding chapter of the thesis as part of my discussion of its strengths and limitations. Having briefly introduced practice, fundamental ethics and passivity as central to my critical perspective and development of physiotherapy, in the following chapter I continue to develop them as I contrast and compare these notions with physiotherapy's identity and professional grounds.

Chapter Three

Practice and Passivity

Evil is not the inclusion of finite games in an infinite game, but the restriction of all play to one or another finite game (Carse, 1986, p. 108).

Once again, I have said that Being is evil in certain situations of my description: it is the man who is not in front of Being, but who eagerly encroaches on Being and who never has enough, who as every other creature besides, desire increase and always wants more, wants more immoderation (Field & Levinas, 1993).

Introduction

In the previous chapter, I laid out the methodological framework developed for this study by tying together my philosophical background with the qualitative research methodology of autoethnography. I outlined how particularly Pierre Hadot's notion of philosophy as a way of life and its inherent emphasis on practice helped consolidate the aim of my research as not only oriented toward the critique and development of physiotherapy theory, but its practice. The broader conjunction of autoethnography with Hadot's and Levinas's work and methods, and resonating elements from my other sources, additionally clarified the focal areas needing to be addressed to achieve this aim, as well as the path, methodological imperatives, and tools that would guide their exploration.

Throughout this process, I also introduced the central notions of Levinas's philosophy relevant to the study, and specifically, to the development of a critical perspective to be applied to the exploration of

physiotherapy and other theories and practices, as well as their revision, or further development. Having introduced these notions in the previous chapter, I now continue to explore and develop them by applying them to the theories and practices of contemporary physiotherapy. I begin by discerning some of physiotherapy's defining philosophical and practical foundations, and critically review these by drawing on Levinas's critique of ontology and epistemology. I then propose a momentary reorientation of physiotherapy research and practice toward itself, particularly the self of the therapist. In this context, I review and discuss the place of self-practice in contemporary physiotherapy, and juxtapose this with its role in ancient Greek and Roman philosophy, as well as Zen, Budo, and Shiatsu.

In the final section of the chapter, I develop a range of self-practices. Due to their particular content and orientation, I eventually refer to them as *practices of passivity* by drawing on Levinas's homonymous notion. I argue that they are feasible, practicable, and an instrumental first step toward a novel physiotherapy theory and practice. I conclude the chapter by examining the effects and implications of these practices for the self of the therapist, and how these practices and the self thus affected can provide the foundation for the development of an otherwise approach to physiotherapy.

The foundations of contemporary physiotherapy

In line with a growing body of research, in Chapter One I argued that any attempt at reviewing and further developing physiotherapy theory and practice at a fundamental level requires the thorough scrutiny of the profession's history, as well as its contemporary theories and practices (Kumar, 2010; Nicholls & Cheek, 2006; Ottoson, 2011; Terlouw, 2006). Particularly research from the emerging field of critical

physiotherapy history suggests that contemporary physiotherapy is predominantly shaped by biomedical discourses. This positioning has also been argued as a critical element ensuring the profession's longstanding position as a prominent voice in contemporary western healthcare (Gibson & Martin, 2003; Grant & Giddings, 2002, p. 14; Nicholls & Cheek, 2006).

Biomedical discourses are underpinned by positivism, which emphasises 'objectivity, systematic and detailed observation, testing hypotheses through experimentation, and verification' (Grant & Giddings, 2002, p. 14). These, in turn, are understood to enable the discovery of facts about realities that are 'equated with Truth' and either inform or become the basis for further action (Grant & Giddings, 2002, p. 13). The pervasive influence of positivism is clearly visible in evidence-based medicine (EBM) that has become a prominent practice paradigm in orthodox healthcare (Greenhalgh et al., 2014; Holmes et al., 2016; Miles et al., 2008).

The influence of EBM is thought to reach into various aspects of contemporary physiotherapy such as its underpinning notions of health, the body, physical functioning and normality (Gibson, 2014; Jorgensen, 2000; Rosberg, 2000), movement and function (Allen, 2007; Cott, Finch, & Gasner, 1995; Gibson & Teachman, 2012; Wikström-Grotell & Eriksson, 2012), evidence, knowledge, expertise (Shaw, 2012), and therapeutic touch (Bähr, Nicholls & Holmes, 2012). How then do the positivist underpinnings affect the profession's aims and practice aspirations, and how might these be critiqued from the perspective of Levinas's fundamental ethics and related understandings of ontology and epistemology?

The aim of physiotherapy

According to the WCPT and Physiotherapy New Zealand respectively, the aim of physiotherapy is:

to provide services that develop, maintain and restore people's maximum movement and functional ability ... at any stage of life, when movement and function are threatened by ageing, injury, diseases, disorders, conditions or environmental factors ... help people maximise their quality of life, looking at physical, psychological, emotional and social wellbeing ... in the health spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation (WCPT, 2016a).

to help restore movement and function to anyone affected by an injury, disability or health condition (PNZ, 2017).

The definitions of health, disease and disability underlying these formulations draw heavily on the World Health Organisation (WHO) definition of health as '*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*' (WHO, 1948), and the WHO's International Classification of Functioning, Disability & Health (ICF). This provides a tool for the comparison and measurement of 'levels of health', using 'optimal health' as its benchmark and 'common metric...applicable to all people irrespective of health condition' (WHO, 2002, p. 3). The WHO further defines disabilities as:

an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations (WHO, 2014).

These definitions are inherently positivistic because they rely on the belief that (i) impairments, disability, and activity limitations exist, are

‘real’ states or phenomena, and not subject to our imagination, (ii) are observable and, therefore, inherently objective (Grant & Giddings, p. 14; Nicholls, 2009a, p. 527-528). This further allows for these phenomena to be accounted for numerically, and thus compare and measure them using ‘common metrics’, including through classification systems like the ICF (WHO, 2002, p. 3). Preference of such numerical methods also underlies the widespread use of quantitative research in biomedical literature that is homonymous with the scientific method associated with positivism. The belief in the objective existence of phenomena and the objectivity of their scientific findings leads to the belief in their universality and generalizability, which ultimately renders them ‘applicable to all people’ (WHO, 2002, p. 3).

The WHO definitions of health and all variants of sickness also rely on the latter assumptions and are particularly pertinent to healthcare practice: their existence making both health and ‘the absence of disease’ attainable, and thus available as an aspirational *aim* of healthcare (WHO, 1948). Their distinction from each other further points to the underlying reductionism characteristic of positivism and the scientific method. This reductionism underlies many health professional specialisations and further underpins the view that ‘physical, mental, and social well-being’ can be distinguished from each other and thus treated separately (WHO, 1948).

It is important to keep in mind however, that this reductionism is only a variant of the belief in the independent existence of object-phenomena that allows their identification and distinctness from each other and the subject-observer. The gradual progression from general to specific implied in reductionism also underlies the definition of impairment as ‘a problem in body function or structure’ (WHO, 2014); and hence

physical movement and functioning as an ‘essential element of health and wellbeing’, which in turn underpins the physiotherapy profession’s name-giving, historical specialization on physical therapies (WCPT, 2015a, p. 3). These definitions evidence the underlying, positivist belief in their distinguishability, and the profession’s ongoing, primary focus on the physical.

Hadot discussed another characteristic of positivism was discussed by Hadot in *The Veil of Isis* that he called the Promethean and the Orphic attitude in reference to two alternative approaches to nature (Hadot, 2006). Playing on the Greek myth in which Prometheus stole fire from the gods and gave it to the humans for their benefit, Hadot argued that the eponymous attitude is defined by a utilitarian approach to nature in which knowledge is sought for human purposes. According to Hadot, the Promethean attitude underlies many historical and modern human endeavours including the natural and medical sciences that display an effort to manipulate nature. This corresponds to positivism insofar as to arrive at and implement such useful knowledge, nature must be objectively observable and allow for human manipulation (including observation, measurement, knowing).

In extension, I argue that the desire to manipulate natural phenomena underpins western science and biomedicine. In relation to physiotherapy, lack or loss of ‘maximum movement and functional ability’, for example, is the principal motivation and justification for all research and practice (WCPT, 2016a). Similarly, the notion of evidence-based practice and its progression from diagnosis to aetiology, prognosis, and treatment, expresses the utilitarian orientation of healthcare science and practice that grows from the underlying perception of a phenomenon or state as undesirable. For a phenomenon

to be perceived as undesirable however, it is necessary for it to be identifiable, thus returning to the underlying characteristics of positivism and affirming the paradigm's close relation to healthcare.

According to Cave (2012), virtually all of science, but specifically medicine 'emerged from the pursuit of indefinitely increasing lifespans' and the associated identification of death, ageing, and sickness as undesirable (p.310). It could further be argued that the desire to elongate lifespans has shifted the focus towards 'prevention... as a key component' of 21st century physiotherapy (APA, 2014; Deusinger et al., 2014; Hitchcock, 2014). In consequence, ailments that have previously been considered an intrinsic part of ageing, and even 'ageing' and 'infirmity' themselves, are now increasingly considered undesirable 'degenerative and chronic conditions' that 'threaten' health and are to be prevented (Armstrong, 2014; Deusinger et al., 2014; Kreiner & Hunt, 2014). Recognition of these undesirable phenomena therefore fundamentally shapes the aims of contemporary physiotherapy.

Critically, these foundations not only orientate subsequent practices, but are themselves already practices. That is, a Promethean or positivist 'view' entails observation, identification, definition, and manipulation, thus situating the observer-practitioner and observed-object in a relation that makes these epistemological practices possible. It is, therefore, not only a set of theories and practices that logically correspond with one another, but also relations of subjects and objects, and these relations correspond with a particular ontological understanding of the subject-self and object-other. In positivism, this self is understood and acts on the world through gaining and applying knowledge to it, while the object-other of research and practice is

characterised by lacking such knowledge and skills (Grant & Giddings, 2002, p. 14-15).

These epistemological characteristics of positivism are clearly visible in extant definitions of physiotherapy. Physiotherapy New Zealand, for example, states that ‘a physio will use their in-depth knowledge of how the body works, combined with hands-on clinical skills, to assess, diagnose and treat your symptoms’ (PNZ, 2017). Adding to this, the definition provided by the WCPT highlights that the profession is not only ideologically but legally tied to the theoretical, practical, and relational foundations of positivism, stating that ‘Physical therapists are ... professionally required to: undertake ... examination; evaluate the findings; formulate a diagnosis, prognosis and plan’ and intervene accordingly (WCPT, 2016a).

The ethics of physiotherapy

Having outlined the way in which the aim and definition of physiotherapy advocated by the WCPT and PNZ express the ontological and epistemological foundations of the profession, I now turn to their further exploration and critique. Drawing on Levinas’s critique of ontology and epistemology, I argue that these foundations contradict its fundamentally ethical motivation, which is equally implied in its aim and definition. This aligns with research exploring the implications of Levinas’s philosophy for other healthcare professions but develops the argument more specifically in relation to physiotherapy theory and practice (Armstrong, 1999; Burcher, 2011; Clifton-Soderstrom, 2003; Naef, 2006; Nortvedt, 2003; Surbone, 2005).

To reiterate, Levinas used the terms ontology and epistemology to describe any ‘relation to otherness that is reducible to comprehension

or understanding', or in other words, any relation in which 'all forms of otherness' are reduced in such a way that they can be grasped conceptually, comprehended and thus manipulated by an ultimately superior, knowing ego (Critchley & Bernasconi, 2002, p. 11). By referring to them as a relation rather than merely theories, Levinas emphasised their intrinsic, immediate practical nature. That is, it is the way in which they always already coincide with a reductive relation to the other, in the act of comprehension, that enacts that *totalization* that Levinas referred to as 'the first act of violence' (Beavers, 1999, p. 3). In a Levinassian sense, this radically fundamental act that further 'occurs whenever I limit the other to a set of rational categories, be they racial, sexual, or otherwise' lies at the heart of all historical and modern day acts of human violence (Beavers, 1999, p. 3).

This is crucial for the critique of physiotherapy, because it infers the fundamental violence of the profession's theoretical and practical foundations, and implies that they are not, in fact, ethical in the sense to be developed here. According to Levinas, the other is precisely 'not given as a matter for reflection ... not a phenomenon but an enigma, something ultimately refractory to intentionality and opaque to ... understanding' (Critchley & Bernasconi, 2002, p. 8). Thus, practices that approach the other as a knowable phenomenon reduce and limit the other to epistemological categories, thereby denying their un-encompassable otherness. In the practice of physiotherapy, this happens whenever practitioners impose professional categories on the other, beginning, even, with fundamental definitions of health, sickness, the use of specialised diagnostic labels such as rotator cuff tendinopathy, plantar fasciitis, and similar, but also the practice of diagnosis itself (Brukner & Kahn, 2009, pp. 108-126, 201-677).

In a sense resonating with Levinas's characterisation of the other as unknowable, French physician and philosopher George Canguilhem argued that the notions of *The Normal and the Pathological* developed in the medical sciences do not represent ontological realities, but rather epistemological constructs (Canguilhem, 1989). As such, he discerned these constructs as based on two underlying epistemological practices: firstly, the establishment of 'constants or invariants' as a means for 'metrical determination', because 'the science of an object exists only if this object allows measurement and causal explanation' (Canguilhem, 1989, p. 221); and secondly, the identification of biological norms with mathematical averages building on the belief that natural phenomena can be represented numerically.

Canguilhem argued that there is no evidence for such constants, invariants, or states in biological life, and that they can neither be justifiably established, nor rendered universally valid using mathematical concepts. Rather, biological life presents itself as a highly dynamic process of *continuous change*, and it is this process of change, alongside the ability to adapt to and tolerate these changes that should more accurately be considered as representative of health. Thus understood, it could be argued that pathological states like, e.g. inflammations, can equally be identified as adaptations to novel circumstances, and therefore be considered 'healthy', rather than pathological, simply because they deviate from some defined 'normal', or healthy state (Canguilhem, 1989, p. 198). Health is, therefore, neither a measurable, normative or objective state, nor pathology a deviation from it (Canguilhem, 1989, p. 186). Instead, both are in a constant process of change and diversification over time, space, circumstance, and from subject to subject, and thus their categorization as positive or negative first and foremost qualitative and subjective.

Canguilhem referred to the combination of the subject's ability to change or establish new forms of life, and assign normative values to them as the subject's *normative capacity*, and argued that it is much rather the presence or loss of this capacity that might be thought of as health or sickness rather than any particular state defined as such (Canguilhem, 1989, pp. 183-184). Critically, in Canguilhem's view this loss can be genuine, that is personal, or from within, or they can be spurious, synthetic, or from without. From this perspective, the healthcare profession's today, and their professional categories, theories and practices effectively rob or undermine the subject's normative capacity and render it sick, or incapable, irrespective of whether or not a genuine loss is factually present. This notion echoes a 'rapidly growing movement, led jointly by clinicians, academics and patients' that 'aims to reduce harm from overdiagnosis, overscreening, and overtreatment' (Greenhalgh et al., 2014, p. 6).

The qualifier 'over-' however, implies an agreement with these practices and their underlying foundations in a general sense, whereas the present, more fundamental critique does not. It is in this more radical sense that I argue Canguilhem's work resonates with a Levinassian critique of 'modern medicine's imposition of scientific language on illness experiences which universalizes persons into general categories before understanding their specificity' (Clifton-Soderstrom, 2003, p. 459). Similarly resonant, the following quote by Portuguese writer and philosopher Fernando Pessoa (1888–1935) helps to elucidate its overall sensibility and central tenets by using yet again slightly different terms:

Helping someone, my friend, is tantamount to treating them as if they were incapable; If that person is not incapable, then you are making him incapable, or else assuming that he is incapable. You are, firstly, committing an act of tyranny and, secondly, an act of scorn. On the one hand, you are limiting the freedom of another person, on the other, you are basing yourself, at least unconsciously, on the idea that someone else is worthy of scorn and unworthy or incapable of freedom (Pessoa, 1997, p. 103).

In summary, I argue that the critique presented here is crucial as a first step toward the potential realignment with an ethical motivation that I will pursue in the present thesis and, as has been argued, underlies all medical and therapeutic practice (Burcher, 2011; Clifton-Soderstrom, 2003; DeSogh, 2008; Holm, 2006; Larner, 2008; Myhrvold, 2006; Nortvedt, 2003, Surbone, 2005, Tiemersma, 1987). In addition to exposing a primary act of violence in medical practice and its ontological and epistemological foundations, this critique also carries a range of more practical implications. The potentially most drastic one, and the one I will explore in the following would be a cessation, or at least momentary interruption of our extant scientific and therapeutic practices. Given that these have revealed themselves as an incapacitation and immobilisation that reduces or restricts the other and the other's infinite otherness, constant change, or movement, I argue that this seems particularly pertinent to a profession whose precise aim is to 'develop, maintain and restore people's maximum movement and functional ability' (WCPT, 2016a).

Such a drastic interruption undoubtedly appears antithetical to the common therapeutic intuition that we have to know, and on its basis, do something to achieve this aim. Throughout the remainder of the chapter I argue that it is nonetheless worthwhile to consider this interruption for the purpose of exploring and developing other avenues

for theory and practice. In a later section of this chapter for example, I explore the *letting go of practice* as one such possibility to integrate a Levinassian sensibility into physiotherapy. Before doing so however, I first turn toward a broader implication of this interruption that provides the context for the subsequent development of more specific practices.

Reorienting physiotherapy practice

Why not define the philosopher not as a professor or a writer who develops a philosophical discourse, but, in accordance with the concept which was constant in antiquity, as a person who leads a philosophical life? (Hadot, 2002, p. 275).

In very general terms, the interruption of our scientific and therapeutic practices in their current form implies a step back from conventional forms of grasping and manipulation of nature, the other, or specific conditions of the other by acquiring or applying knowledge. But while this introduces a rift between the self and other, I argue that it also opens a space for an inward turn of sorts, including an exploration of *self-practice* as an alternate arena for professional engagement. In the present section, I discuss the hitherto role of self-practice in contemporary physiotherapy and juxtapose this with its understanding and place in ancient philosophy, Zen, Budo, and Shiatsu to consider novel possibilities for physiotherapy practice.

Professional practice

Though they are not referred to in these terms, it could be argued that a variety of practices of the self are already an intrinsic part of professional practice, beginning with the development of physical therapists through professional education. The WCPT specifies that education ‘should equip [physical therapists] to practice without

limitation within the scope of practice defined in individual countries’, and encompass the ‘completion of a curriculum that qualifies the physical therapist for practice as an independent autonomous professional ... [that this] will enable physical therapists to attain the knowledge, skills and attributes described in the guidelines for physical therapist professional entry level education’ (WCPT, 2015b, p. 1). Here, professional education is concerned with the development of professionals that are necessarily characterised by a particular professional *identity*, or self, characterised by its professional ‘knowledge, skills and attributes’.

Following the development of entry level professional identity, professional education is deemed a requirement and practised as Continuing Professional Development (CPD). Defined as ‘the systematic, ongoing structured process of learning that underpins professional practice ... it enables physical therapists ... to maintain, develop and enhance their personal and professional skills, knowledge and behaviours, and ongoing competence to practice’. It is argued that this ‘advances practice, service delivery and ultimately outcomes’ (WCPT, 2011a, p. 2). The definition of CPD further promotes the idea that professional identity needs to be practised on an ongoing basis to be maintained, developed and enhanced; that certain ‘personal and professional behaviours’ are part of this identity; and ‘competence’ lays the foundation for the quality, efficacy, and advancement of practice (WCPT, 2011a, p. 2).

As a process of development of professionals, it could be said that undergraduate education represents a time of *self-transformation* or at least the development of an additional identity. Whether as a replacement or addition, the professional self being developed is both

clearly described and progressively distinguished from the personal self. While the WCPT's definition of CPD also implies that personal skills, knowledge, and behaviours are supplementary to professional ones, based on my experience in both undergraduate and postgraduate physiotherapy education, I argue that this supplementation nonetheless affirms their underlying distinction and the gradual exclusion of the personal from the professional.

This supplementary and subordinate relationship is similarly evident in *self-reflective practice* and supervision, with the latter advocated as a self-reflective practice aimed at 'helping the development of a professional identity' (PNZ, 2012b, p. 1), and the former as an 'activity in which a person reflects on the process and outcomes of a situation with the aim of improving or affirming their professional practice' (PBNZ, 2011, p. 22). Thus, supervision and self-reflection are practices based on existing, professional theories and practices of the self, and are aimed at aligning the 'person' with these theories and practices, rather than encouraging the practitioner to reflect on them in a more fundamental sense.

Another type of self-practice encompassed in professional education is *peer-to-peer practice*. This is because the 'complex skills' pertaining to professional identity and practice are 'introduced and then developed through practice on peers...prior to application in the clinical context' (WCPT, 2011, p. 8). Specifically, practice with peers is self-practice in two respects: firstly, for the practitioner developing their skills on peer-clients, and secondly, for the peer-client being practised on, who is developing their professional knowledge of the client-perspective and experience.

The PBNZ 'Code of Ethics' further states that 'physiotherapists take responsibility to maintain their own health and wellbeing' (PBNZ, 2011, p. 18). Yet in this context, self-practice still remains in service of professional practice on or for others, rather than on or for the self, in the strictest sense of the term. Though paradoxically, self-practice also lies at the heart of physiotherapists' efforts to re/habilitate clients' abilities to maintain their own health and wellbeing. Thus, notions like helping others help themselves also exist in physiotherapy, for example, in framing and directing practice to support the capacity of the body and its tissues to adapt and self-repair (Mueller & Maluf, 2002).

Of particular, historical interest to physiotherapy, the German Naturheilkunde movement that briefly shared a name with the latter and played a large role in its development in continental Europe, explicitly advocated the mobilisation of 'patient's natural healing powers (Lebenskraft) by means of physical agents such as water, air, light, movement' (Brauchle, 1971; Terlouw, 2006, p. 56). This example highlights that physiotherapy is not alone in this effort, but that supporting the body's natural healing properties is a common thread across many historical and existing healthcare professions, including naturopathy, the current form and denominator for Naturheilkunde, as well as osteopathy, and chiropractic (Ottoson, 2011). As another example pertinent to the present study, Shiatsu practice is likewise thought to aim at 'joining forces with a person's natural healing ability' (Kawada & Karcher, 2009, p. 1).

One could argue that the ultimate goal of these practices is for the client to engage in the advocated self-practices 'across the lifespan' (WCPT, 2015c). This emphasis has been popularised in recent years in

the field of health promotion, where patient education, health behaviour and lifestyle change have taken up ‘established and uncontested position[s] not only in health research but among policymakers, the media and the public more generally’ (Cohn, 2014, p. 157). It can also be seen in the WCPT’s definition of health promotion as ‘the combination of educational and environmental supports for actions and conditions of living conducive to health’ and its purpose as ‘to enable people to gain greater control over the determinants of their own health’ (WCPT, 2015, p. 4).

It has, however, been pointed out that the exact role of physiotherapists in health promotion is not entirely clear, and that there is a consequent gap in the practice of health promotion in physiotherapy (Taukobong, Myezwa, Pengpid, & Van Geertryuden, 2013; Verhagen & Engbers, 2008). Yet despite this lack of clarity, both the WCPT and PNZ argue that ‘health promotion and injury prevention education are core components of any physiotherapy discharge plan’ (PNZ, 2012a, p. 26). This underscores that clients are to engage in certain practices *across their lifespan*, whereas therapists are primarily educators aiming at ‘modifying people’s health beliefs’ and behaviours ‘through education initiatives’ (Cohn, 2014, p. 158).

Thus, even this initial overview suggests that at least two types of self-practice are already well established in physiotherapy: self-practices for clients learned from professionals and subsequently practised across their lifespan; and self-practices for professionals aimed at developing and maintaining their professional identity, knowledge, skills and competence about client’s practices. The question is therefore not so much whether self-practice has a place in contemporary physiotherapy,

but rather, whether an expansion of its understanding and application is possible, and how this might be justified.

What can nonetheless be said about the contemporary approach to self-practice from the critical perspective developed so far, is that it perpetuates the same violence that pervades its foundations. That is, distinguishing practice in the present sense further strengthens the distinction between the knowing and educating professional, and the 'discrete, stable, homogeneous, observable and, crucially, measurable' client (Cohn, 2014, p. 159). And, similarly, professional self-practice oriented toward the development of a professional identity undoes the potential otherness of therapists to practitioners to the confines of a group identity, or sameness. In other words, the assimilation of individual professionals into a group identity reduces or subordinates their fundamental, personal difference and otherness. What remains as a professional identity presents a restricted category that is equally irreconcilable with a Levinassian notion of ethics and a profession that, as discussed before, aims to maximise rather than restrict movement and functional ability.

Further exacerbating this, the current distinction and types of self-practice limit the possibilities of broadening the theory and variations of self-practice in physiotherapy. From this perspective, they provide additional exemplary support to one of the central theses of the present study: that the professions current foundations restrict broadening and change at a fundamental level, hence contradicting their underlying ethical motives and aspirations. This broadening however, is the precise aim of the present work, motivated by its second central thesis: that drawing on other philosophies and practices can revive this underlying agency and provide examples for otherwise theories and practices.

Physiotherapy as a way of life

The first possible alternative to the physiotherapy profession's conventional placement of self-practice that I propose, is to reconsider the self-practices currently relegated to clients as a central part of professional self-practice. A physiotherapist's practice would then not only consist in instilling self-practice in clients, but in engaging in the same practices, in the same way, and for the same purposes. The medical profession already has some implicit historical relation to this approach through the Oath of Hippocrates, which recommends that the physician lives according to their 'diet' so as to embody proof for the advice given to clients (Modified from Repschläger, 2011, p. 20).

The principle of incorporating one's philosophy into one's own life lay at the heart of Hadot's critique of professional or academic philosophy, and the most central characteristic of the alternate approach to philosophy that he explored was that it 'aimed at addressing the student's larger way of life ... demanding daily or continuous repetition' (Sharpe, 2011, p. 5). Hadot argued that this approach was as necessary now as ever, and that it was both 'still "actual" and can always be reactualized' (Hadot, 2002, p. 275). As with medicine, however, Hadot also recognised that ancient Greek and Roman philosophy was not sufficiently 'actual' and that it might be necessary to research other 'models of life' beyond the confines of occidental thinking, as for example, 'in the oriental philosophies' (Hadot, 2002, p. 279).

Taking Shiatsu as one such example, one can consonantly find that 'self-maintenance and personal development are ongoing requirements for the Shiatsu practitioner' (McClelland, 2011, p. 98). As is customary in many courses worldwide, in my own training, I was thus also required to receive treatments throughout the course. While undoubtedly aimed

at improving our own practice, it was clearly stated that this also helped us to develop the habit of practising what we would recommend to our clients. Shiatsu hence differs from physiotherapy, insofar as it offers a comprehensive ‘mixture of philosophy, self-help and professional expertise, exercises and stretches, thoughts on living’ and a ‘way of life’ that is to be lived by practitioners in at least equal measure as by clients (Kawada & Karcher, 2009, p. 3).

Closer yet to Zen practice, it is similarly argued that ‘the most important point in Buddhism is that each of us practices it ourselves. We must apply every teaching and every practice to ourselves’ (Uchiyama, 2004, p. 149). Consistent with this emphasis, Zen and martial arts teachers have long been admired particularly if and when they enact their philosophies throughout their lives, and their biographies continue to be published and used as inspiration and guidance for study and practice precisely for this reason (Braverman, 2003; Chadwick, 1999). The inscription on Kashima Shinryu master Kunii Zen’ya’s tombstone for example, states that ‘the master prayed regularly ... never laying aside his diligence. Awake or asleep he kept his sword ... Into his seventy-second year’ – the year of his death – ‘he practised martial art morning and evening’ (Friday & Humitake, 1997, pp. 48-49).

As I have tried to show, the importance of practice across the lifespan is already recognised and considered critical both as a crucial element of client’s and professional’s self-practice. What the particular emphasis of the latter traditions adds to this however, is the import they place on the professional, or educator to engage in the same practices as the students throughout their life; and on exactly this as the fundamental professional and educational practice. Following Hadot and the Asian

traditions featured in this thesis, it is precisely through self-practice that a theory and practice can become a *way of life*, and, as such, become the foundation for one's professional practice. We could thus rephrase Hadot's question regarding the redefinition of the philosopher and ask:

Why not define the physiotherapist not as a professional who develops and maintains therapeutic theories and practices and applies them to others, but as a person who practices them on her/himself across their lifespan, and in this sense, leads a physiotherapeutic life?

The import of this question and the recontextualization of self-practice that it suggests lies in the challenge it presents to the hierarchical structure between therapist and client that pervades contemporary physiotherapy and the ontological and epistemological relation. This builds on the argument that, in the case of ancient philosophy, 'even someone who neither wrote nor taught anything was considered a philosopher, if his life was, for instance, perfectly Stoic' (Davidson, 1997, p. 199). Applied to physiotherapy, this would mean that even someone who neither learned nor received physiotherapy but lives a life according to the theories and practices usually reserved for clients could be considered a physiotherapist. Redefining the physiotherapist as a practitioner in this sense thus presents a radical questioning of the profession, its status and practice, given that all of these are commonly built on and defined by the accumulation and application of professional knowledge.

The associated assumption underpinning the argument that 'real change must begin inside myself' is not exclusive to Hadot's work, but can also be found in Zen philosophy and its application to other fields

(Brandon, 1982, p. 94). In the context of western healthcare, the notion of the 'wounded healer', first introduced by the psychotherapist Carl Gustav Jung in 1951, is similarly grounded in the idea that somebody who has suffered from a particular problem is better positioned to help someone suffering from a similar one. According to Jung, it was 'the physician's experience of being wounded' that not only led to the development of a mutual, experiential understanding, but 'makes him a brother of the patient, rather than his master' (Daneault, 2008, p. 1219). It has thus been argued that this perspective not only 'offers the possibility that physicians' health' can contribute to healthcare practice, but does so by additionally mitigating the hierarchical, epistemological relation between client and therapist (Daneault, 2008, p. 1219).

So far, the notion of the wounded healer has, perhaps, been most prominently researched and integrated into psychotherapy and related professions, though it has also made its way into many other healthcare domains, including nursing and general medical practice (Conti-O'Hare, 2002; Dunn, 2015; van den Brink, 2013, p. 85). Whilst it has been argued that seeking and receiving professional help, or engaging in therapeutic self-practice, 'should carry no more stigma or alarm than the football player who needs physiotherapy to relieve his pain and keep him competent for his task' however, evidence of a more fundamental, professional integration of such practices remains scarce within physiotherapy (Zigmond, 1984, pp. 70-71).

In my own experience of having several 'successfully rehabilitated' several injuries myself, telling my clients about them has repeatedly prompted many of them to say that this greatly reassured their confidence in me, as well as their belief in a positive course of their own

rehabilitation. While this is only anecdotal evidence, its simple point here is that ‘the notion of the wounded healer’ and its wide spread across a variety of traditions, geographic locations, times, and healthcare professions supports the argument that an integration of self-practice in the sense I have tried to develop here could be beneficial to contemporary physiotherapy (Daneault, 2008, p. 1218). Further historical support for this can also be found in ancient Greek philosophy and medicine, for example in Plato’s statement that ‘the most skilful physicians, rather than being models of good health, are those who have suffered from all sorts of illnesses’ (Daneault, 2008, p. 1218). While Jung went so far as to argue that as much as ‘a good half of every treatment ... consists in the doctor’s examining himself’, I argue that at least some integration of self-practice into physiotherapy might be warranted on this basis (Jung in A. Stevens, 2011, p. 170).

Nonetheless, such a reconsideration of self-practice comes with a number of considerable challenges. Conceiving self-practice as fundamental to physiotherapy, for example, further challenges the conventional role and hierarchical authority of the professional, by opening the possibility of viewing non-professionals as equals, or perhaps even more qualified than trained professional. In a general sense, this aligns with central concerns of critical, radical, and feminist research, insofar as it is ‘explicitly political ... aimed at emancipation’ and asking ‘questions regarding social values and norms, institutional priorities, and socio-cultural power relations’ (Gibson & Teachman, 2012, p. 475).

Already well-established across a variety of healthcare professions, critical research is now increasingly making its way into physiotherapy, rehabilitation, and the closely related field of disability studies. In their

study of walking and disability, Gibson and Teachman argued that ‘dominant discourses’ in rehabilitation ‘risk perpetuating particular ideas about disabled people, what they should be, do, and value, that closely aligns with western notions of normative bodies and independence’ (Gibson & Teachman 2014, p. 1332). Such discourses, they argue, ‘risk privileging or discrediting particular ways of being and doing’ (ibid, p. 1329). It should be evident that this is of particular import to physiotherapy because it locates the causes of impairment ‘in anatomical or physiological departures from “normal” that need to be “fixed” or cured’, which in turn justify the existence and ‘reliance on specialized professionals to diagnose and treat these conditions’ (Roush & Sharby, 2012, p. 1716).

The present thesis aligns with these arguments and their challenge to dominant, hierarchical discourses, structures and relations. Drawing on Levinas and my other sources, it additionally contributes a perspective unconsidered to date. In a study drawing on Levinas’s and Canguilhem’s work in relation to disability DeSongh (2008) has explored the convergence of disability studies and the dis/ability of language and philosophy. Different from this, my focus in drawing together Levinas’s and Canguilhem’s perspectives here, was on their potential implications for a reconsideration of dis/ability to physiotherapy or other healthcare practices. Beginning with the therapeutic relation, this critique and otherwise directions sets out from a moderation of the hierarchical relation between the physiotherapy professional and client.

Practices of passivity

Where the initial critique of fundamental physiotherapy theory and practice suggested a preliminary interruption and reorientation in the search for novel possibilities, the previous section focused on a reconsideration of self-practices as a fundamental arena of physiotherapy. In this section, I turn to the exploration and development of a range of corresponding self-practices. I then close the chapter by considering their further implications for a novel understanding and practice of physiotherapy.

Letting go of practice

Following a Levinassian critique of ontology and epistemology, I have argued that a fundamental violence, consisting in a reduction, limitation or immobilisation of the other, pervades the theories and practices underpinning contemporary physiotherapy. I consequently argued that it is pertinent to explore ways for refraining from this harm given that the express aim of physiotherapy is to ‘develop, maintain and restore people’s maximum movement’ (WCPT, 2016a). Going back to the idea that the initial possibility for doing so consists in refraining from practice altogether, and this already constitutes a self-practice for the professional physiotherapist, I now continue to explore this practice and the peculiar effort required for it.

Specifically, I argue that this effort requires overcoming certain resistances within the practitioner, as well as the broader context of physiotherapy practice. My reasoning for this begins with a personal experience from my first encounters with Levinas’s work and its initial impact on my professional practice that led me to question the ethics of my practice and left me wondering what I might do differently. My concerns became particularly clear when a client vehemently stated

they would not accept if I was to claim to know more about their body or pain than they did. I was momentarily stuck for words and needed a few moments before finding my way back into the conversation, but an underlying feeling of unease persisted long after the treatment session. In those few words, my client had exposed my customary approach to clients, as an expert, holding - as I thought - all relevant knowledge and skills in hand. Upon reading the argument that 'the current educational system in the West is rooted in fear of silence' many years later, I could readily identify with the 'fear of silence' I experienced in this encounter (Zembylas, 2007, p. 37). Not knowing what to do or say, with my knowledge and skills put into question, I felt deeply uncomfortable.

Kishi & Whieldon acknowledge that it is difficult to withhold practice 'when the model we use', even if merely 'unconsciously, is the scientific one' (Kishi & Whieldon, 2011, p. 78). What their statement reiterates however is that resistance is never exclusively intentional, but also operates in ways that we might not be able to influence as easily. In physiotherapy, professional education and theory run counter to passivity, demanding knowledge and active intervention on the side of the practitioner. Alongside the societal, legal, and professional rules and regulations, professional education and identity ultimately enable the identification and classification of not-practising as an 'antisocial' practice that 'does not align ... with the demands of moral norm[s]', much as has been noted in relation to Lacanian psychoanalysis (Modified from Adam, 2006, p. 321).

Nonetheless, I argue that this theoretical exploration remains warranted for a number of reasons. To begin with, if not-practising can be thought of as being metaphorically akin to not-speaking, then such

non-practices could be thought to open the possibility for an ‘exercise of silence’ or listening in healthcare practice (Zembylas, 2007, p. 37). In some approaches to person-centred care for example, it has already been argued that ‘an understanding of the patient’s perspective should underpin good practice in an equal therapeutic relationship’ (Kidd, Bond, & Bell, 2011, p. 155). Cruz, Caeiro and Pereira (2013) likewise argue ‘patient’s needs and perspectives’ should be incorporated into physiotherapy in a way that is ‘complementary to the traditional diagnostic and procedural hypothetico-deductive reasoning’ (p. 6). Critically however, this is achieved precisely by ‘listening attentively to the actual words that are spoken’ as part of the pathway ‘leading to diagnosis and treatment’ (Burcher, 2011, p. 13).

There is resonance in this to the ‘receptivity and susceptibility’ that have been described as the heart of Kishi’s further development of Shiatsu (Kishi & Whieldon, 2011, p. 85). In the context of Zen, it is similarly thought that ‘we have to stop the inner conversation, one’s self-repetition, the “being-in-love” with one’s own thoughts and ideas’ if we want ‘to become directly and immediately receptive for the moment, for that which happens now’ (Modified from Tenbreul, 2011, p. 83). Critically, such receptivity approximates the Levinassian critique of epistemology insofar as it implies that ‘physicians must not be misled into believing that their attentiveness implies a complete understanding’ (Burcher, 2011, p. 13). Non-practice, listening and receptivity thus understood cannot consist in a momentary intervention, but rather in an effort ‘to rigorously hesitate’ in a more pervasive sense (Ronell & Dufourmantelle, 2011). This rigour lies in probing into and interrupting one’s urge to practice on an ongoing basis, ‘staying open to the full speech and discourse of the other’, and

refraining ‘from representing and offering a closed knowledge’
(Modified from Adam, 2006, pp. 118-119).

From their respective viewpoints, the assumption underlying these approaches is that hesitating in this manner presents an approach to ‘patients in a manner that respects their alterity and otherness’ (Clifton-Soderstrom, 2013, p. 458). Rather than assuming that ‘we know what our Shiatsu partner needs for their healing or that we actually have the ability to heal this person’, liberating them from our delimiting grasp becomes the primary therapeutic practice and creates ‘space for’ further ‘healing to occur’ (McClelland, 2011, pp. 64-65). The emphasis on continuity implied in the notion of a way of life further stresses that we inflict harm whenever we close this space, thus implying a much more fundamental *letting go of practice* than a momentarily interjected intervention. For this to be possible in turn, it is also necessary to let go of the aim to which practice is directed, and that remains the driving force for therapeutic intervention.

Letting go of knowledge

Drawing on Canguilhem, I have critiqued the underlying tendency to establish constants or invariants in healthcare, as in the theories, concepts, definitions and related knowledge, that are commonly imposed on clients (Canguilhem, 1989). The teaching of *emptiness*, or *impermanence* is one of the two most central teachings of Buddhism that resonates well with this critique of constant knowledges in the medical sciences. In an overarching sense, it alludes to the insight that ‘nothing that appears is permanent’ (Okumura, 2012, p. 83), but rather, ‘things are always changing’ (Chadwick, 1999, p. 81).

In further resonance with Canguilhem's perspective, more specific to health and sickness, the teaching of impermanence implies that ageing and sickness are normal, healthy and inevitable phenomena of 'the cycle of birth' and death (Okumura, 2012, p. 4). Buddhist practitioners are therefore encouraged to practice *acceptance* of birth, ageing, sickness and death, and practice an attitude of 'living straight through whatever reality of life' they are 'faced with' (Uchiyama, 2004, p. 132). What is more, resisting them is thought to create an additional and far greater suffering than these phenomena themselves.

Hadot found inspiration to research a similar practice in Michel de Montaigne's essay 'To do philosophy is to learn to die' (Hadot, 2009, p. 125). It has further been argued this understanding of philosophy as a practice for learning to die 'was axiomatic for most ancient philosophy', though taking different forms across various philosophical schools (Critchley, 2008, p. xi). For the Stoics, 'the exercise of dying' sat 'within the perspective of the preparations for the difficulties of life, the *praemeditatio malorum*' (Hadot, 2009, p. 105). Accordingly, difficulties like sickness, ageing, death, and natural catastrophes, 'were neither good nor bad but indifferent, the consequences of the necessary course of events in the universe, which had to be accepted' and 'became goods or evils according to our attitude toward them' (Hadot, 2009, p. 156). Motivated by the same insight into the inevitability of these phenomena, the Epicureans argued that 'it is useless to worry about death', but one should rather turn one's attention and efforts to life (Critchley, 2008, p. xxvii).

Similarly, it is often argued by teachers and students of the Japanese martial arts, that their practice is 'about learning to die' (Gaurin, 2012, p. 8). Resonating with the Stoic perspective, the martial tradition of

Kashima Shinryu understands itself as an art and ‘science of acceptance and resorption in all its myriad applications’ (Friday & Humitake, 1997, p. 65). Many of its practices consequently aim to prepare the practitioner for all sorts of difficulties, and develop an increasing degree of acceptance, calmness and relaxation, as a foundation for action.

Relaxation is also at least one of the aims of virtually all approaches to Shiatsu. In many instances, this overlaps with the sense of ‘helping people to be aware and helping them to tolerate those parts of themselves from which they are trying to escape’ (Palmer, 2014, p. 7). This principle includes becoming ‘acquainted with the manifestations of our resistances against the flow of life’, which inevitably includes pain, ageing, sickness and death’, thus also helping us to ‘deal with these resistances more consciously’ (Rappenecker, 2014, p. 1). Thus understood, Shiatsu could equally be considered *a practice of acceptance* grounded in the belief that ‘there is nothing which needs to be fought, and nothing, which needs to be eliminated’ (Rappenecker, 2003, p. 4).

The sizeable, ready opportunity this presents to physiotherapy, would be to reconsider, for example, its many integral exercises aimed at relaxation as an approach to *the practice of acceptance* and the *letting go of knowledge* rather than its pursuit. In some instances, there is evidence that this is already beginning to occur, as for example in the use of Acceptance and Commitment Therapy (ACT) as part of the management of chronic pain (Scott-Dempster, Toyne, Truman, & Barker, 2013). ACT is a relatively recent derivative of Buddhist notions like mindfulness-based approaches developed by psychotherapists that have been shown to give people with chronic low back pain a different approach to their pain, which ‘rather than fearing, blocking, or

resisting’, helps them ‘find ways to move through it and live with it’ (Doran, 2014, p. 10).

Reintegrating (chronic) pain, ageing, sickness, and death through practices of acceptance would significantly broaden the aims of physiotherapy, though it would not represent a fundamental disruption. As a redefined health-goal, it would echo ‘the common denominator of the therapies specialising on the restoration of the capacity to enjoy’, that is, ‘the will to non-acceptance’ that identifies them as just another symptom or cause of suffering (Modified from Adam, 2006, p. 130). As in the case of practice, for the practice of acceptance to be fundamentally different, a more penetrative and continuous letting go of knowledge would be necessary to ensure that whatever alternate or temporary norms are established, nothing will ‘keep them from being eventually transcended again’ (Canguilhem, 1989, p. 206).

In the Zen tradition, the tendency to establish constants, and in this sense, hold on to knowledge, is considered to have a negative effect on the other on whom knowledge and norms are superimposed, and the self that imposes them alike. Limiting not only the other’s movements, ‘the moment I have a fixed image of another person, I not only trap that other person, but I also trap myself’ (Lehnherr, 2012). As a self-practice then, letting go of knowledge also presents a largely unconsidered, first autotherapeutic practice for physiotherapists, in addition to the foregoing reorientation of practice onto the therapist.

Evidently, letting go of our knowledge and goals in this pervasive sense is radically different from the customary practice of physiotherapy, where ‘specific, measurable, attainable, realistic, time-based ... short

and long term goals' are set with clients and are to be 'used at the beginning and end of treatment' (PNZ, 2012b, pp. 24-25). However, to 'rigorously hesitate' implies not only letting go of practice, but also of all knowledge to the point of forgetting 'that I knew what I knew' (Ronell & Dufourmantelle, 2011). Having an empty, or 'beginner's mind' (Suzuki, 1988), is not to be misunderstood as 'a cessation of thought, however; since it is not possible to stop thinking', but to 'develop the capacity to allow our thoughts to pass through and not become stuck' (Kishi & Whieldon, 2011, p. 76). Going back to the earlier critique of metrics, rulers and measurement tools:

Letting go of thought is letting go of my yardstick ... this doesn't mean I should discard this yardstick, because it's all I can use. Letting go doesn't mean it disappears; it is still there, but we know that it is relative and limited. That is the way we can see things from a broader perspective. Our minds become more flexible (Okumura, 2012, p. 128).

As with the practice of relaxation, if letting go of knowledge can be considered a practice of flexibility, then physiotherapeutic practices aimed at increasing flexibility could be reconsidered as physical variants for letting go of knowledge in themselves. If as in the case of Shiatsu, physiotherapy could additionally be 'performed with this empty-mind rather than from theory', then letting go of knowledge might open a pathway to a different approach to practice, and to clients (Kishi & Whieldon, 2011, p. 76). Such a disruption would develop the Levinassian critique of therapeutic practice in an applied sense, beginning with a reorientation toward self-practice, and their further inversion through the relocation of the expert-therapist to a position of the not-knowing, and the previously known or knowable into the position of the unknown.

This inversion is crucial for the approximation of fundamental ethics and the therapeutic relation attempted in this thesis. In ethics, I precisely 'receive from the Other beyond the capacity of the I ... But this also means: to be taught. The relation with the Other' is 'an ethical relation' precisely because it 'is a teaching', because 'it comes from the exterior and brings me more than I contain' (Levinas, 1969, p.51). That I receive 'beyond the capacity of the I' and the other 'brings me more than I can contain', emphasises that I am not only the student and the other the teacher in this relation (Levinas, 1969, p. 51). More radically still, it suggests that any knowledge I acquire can never be comprehensive: can never be established as constant or invariant, and thus, cannot be utilised as such.

Levinas's focus was primarily on describing its *otherwise than being* and *otherwise than knowledge* as the crucial characteristic of the ethical relation. Therefore, the practice of letting go of knowledge presents a further, concrete practice and movement toward an otherwise therapeutic relation. This could consist in a momentary interruption in putting a diagnostic label on a condition a client presents with, where this appears to be feasible. It could also be a far more radical ongoing practice wherever the holding on to any one label or idea takes place, beyond its momentary consideration, or positing. Though daily clinical practice and the rules and regulations by which it is governed today would still put considerable restriction on the latter.

Letting go of intention

In the Zen tradition, the what is sought for through letting go of one's practice, knowledge and aims, is referred to as *mushotoku*, 'desiring to obtain nothing, without striving for a goal' (Deshimaru, 2012, p. 96). It

is consonantly argued that since ‘everything is ... emptiness’ and there is consequently, ‘nothing to look for, nothing to be obtained’, goals and desires merely constitute one of the most fundamental causes of human suffering (Deshimaru, 2012, p. 96). Letting go of one’s goals and intentions, becoming ‘detached from our desires’, therefore, constitutes another practice overlapping with those of letting go of practice and knowledge (Deshimaru, 2012, p. 41). As in the case of letting go of knowledge, in physiotherapy practice, the extent of this could vary anywhere from a letting go of the therapist’s goals to make space for goals as defined and aspired to by clients; to the more radical letting go of all goals altogether and at any point in time. Though equally impeded by health policy, rules and regulations that require the setting down of (client’s or therapist’s) goals and the measurement of therapeutic success, or efficacy according to them, it is particularly the latter possibility that I focus on here.

Much in line with this more radical approach to the letting go of goals implied in Zen practice, the philosophical schools of Stoicism and Epicureanism similarly thought that ‘the principal cause of human suffering is the passions’, and thus ‘philosophy is in the first place, a therapeutics for the passions’ (Davidson, 1997, pp. 196-197). Their respective definitions of passions encompass ‘unregulated desires and exaggerated fears’ (Hadot, 1995, p. 83), as well as ‘false judgements’ passed upon events and circumstances (Hadot, 2009, p. 154). Each school consequently had an approach to reducing the passions, for example via ‘the limitation of desires’, or the acceptance of circumstances like sickness, ageing, and death falsely identified as undesirable (Hadot, 2009, p. 88).

As a centrepiece of Zen, *mushotoku* is practised in virtually all activities of daily life. Each meal, for example, is considered ‘an opportunity to practice ... having few desires and knowing how much is enough’ (Okumura, 2012, p. 108). Its most quintessential practice, however – *zazen* (commonly translated as meditation, but literally ‘sitting zen’) – is frequently also referred to as *shikantaza*, that is, sitting (*za*) without a goal (*shikan*), to emphasise the paramount centrality of letting go of all desire and intention (Deshimaru, 2012, p. 22). Since there is ‘nothing to look for and nothing to flee from’, and ‘both searching for and fleeing from are themselves’ unnecessary forms of suffering, all there is to do is letting go of them (Deshimaru, 2012, p. 87).

Shikantaza offers a radical call to let go of even one’s desire to be free of desires, and places its practice counter to any application, use, or benefit (Deshimaru, 2012, p. 84). It is not so much the case that Zen philosophy and practice is dismissive of ‘the incorporation of *zazen*’ into therapeutic practice ‘if doctors or psychologists felt their patients had greatly benefited from’ it (Uchiyama, 2004, p. xxvii). Though such appropriations are nonetheless considered to perpetuate non-acceptance; a ‘utilitarian Zen, or Zen for the sake of bettering or improving your condition or circumstances’ (Uchiyama, 2004, p. xxvii). Contrary to this, *zazen* practice:

was never intended as a means of disciplining the mind or of becoming physically healthier. Our ideas about a mind to be trained or a body to be made healthy are expressions of the view of existence, which presupposes that there are things that can be accumulated. The wish to train and discipline our minds and bodies is nothing but our own egoistic desire (Uchiyama, 20014, p. 109).

Beyond the flexibility gained through initially expanding one's understanding of the goal of healthcare, and then letting go of it, the implication here is to additionally let go of all intention. Adding an inversion of therapeutic agency to the previous inversion of the therapeutic relation, 'the desire of the analyst', therapist, or practitioner 'can thus not be to do good or to heal ... Strictly speaking, the analyst wants nothing' (Modified from Adam, 2006, pp. 320-321). Certainly, to practice with an attitude that 'we are not fixing somebody ... not curing this person of a disease' remains within a desire to heal, even if merely by 'creating a space for healing to occur' (McClelland, 2011, p. 64-65). But the practice of *letting go of intention* highlights that we cannot practice it intentionally, as this would close the very space in which an unknowable healing might occur.

Letting go of self

The letting go of practice, knowledge, and intention already present a variety of challenges to the therapist. They are intrinsically difficult to action, and antithetical to the theories and practices that are conventionally thought to define professional identity. If the intention to heal, the knowledge that it motivates, and all subsequent practice, are fundamental pillars of the this identity, then letting go of them effectively implies a letting go of the professional self altogether.

As discussed before, for Levinas, the identification of the self is effected through its ontological and epistemological relation to the world, as 'the ego ... reduces the distance between the same and the other' and transmutes 'all otherness to itself' (Critchley & Bernasconi, 2002, p. 15-16). Based on this understanding of epistemology as a movement resulting in the identification of the other with the same, the fundamental violence highlighted by Levinas is effectively a

consequence of its perpetual *self-identification*. From this perspective, it is, even more radically, possible to say that ‘war presents itself as necessary for self-protection, when in fact it is...self-identification’ (Carse, 1986, p. 120).

Building on this critique and the intensity of the violence it addresses, Levinas described the conscious, knowing ego or self as the usurper of the place of the other and consonantly prefaced *Otherwise than Being* with Blaise Pascal’s phrase, ‘*That is my place in the sun. That is how the usurpation of the whole world began*’ (Levinas, 1986, p. 24; 1998b). If accordingly, ethics ‘is critique... the critical putting into question of the liberty, spontaneity and cognitive enterprise of the ego’, then I argue that ethics itself could be considered a therapeutic practice that counteracts the fundamental violence of self-identification (Critchley & Bernasconi, 2002, p. 15). As in the case of letting go of knowledge however, Levinas did not consider this practicable by the self but rather, effected by the other, who ‘escapes the cognitive power of the subject’ (Critchley & Bernasconi, 2002, p. 15).

Hadot on the other hand, considered nature as ‘infinite’ and ‘ineffable’ (Hadot, 2006, p. 319), and argued for a more active rapprochement of ethics, through a philosophy in which ‘one practices to transform the self’ (Hadot, 2009, p. 93). Described as ‘an effort to undo themselves from the partial self and elevate themselves to the level of the superior self’, and ‘identity with ... reason considered as God’, problematically places the ancient philosopher’s efforts diametrically opposite to the critique of self-identification (Hadot, 2009, pp. 107-108). At the same time, Hadot did not ‘like the expression “self-practices” that Foucault brought into style’ after having read Hadot’s work, precisely because of its self-elevating or –inflating implications (Hadot, 2009, p. 93). For

Hadot, transformation of the self to a superior, universal self and even identification with God did not imply an elevation, but the realisation that ‘we are something microscopic in the immensity’ of the greater whole that surrounds us (Hadot, 2009, p. 137). I argue that this re-approximates his iteration of self-transformation with ethics, as *letting go of the self*, though Hadot’s choice of words undoubtedly risks perpetuating its potentially violent interpretation and practice.

In very few passages, Levinas criticised this problem in traditions that, like Buddhism, argue that since nothing is permanent and ‘no beings have self-nature’, practitioners merely need to recognise that they are ‘one with all beings’ (Okumura, 2012, pp. 34, 85). Evidently, this reduces the difference between self and other, even if it leads to their identification as no-thing. As with Hadot however, I argue that this is primarily a terminological problem, resulting from the reading of such statements in isolation from other theories and practices from these traditions that I will discuss in later chapters.

Assuming this possibility, Zen practices offer practical guidance with regard to a rapprochement of ethical practice by letting go of ‘our attachment to our self as though it were a substantial being’ (Uchiyama, 2004, p. 100). Insight into its impermanence and the suffering caused by it leads eventually to the admonition that ‘to study the Buddha Way is to study the self’, but precisely ‘to study the self is to forget the self’ (Okumura, 2012, p. 27). Because practice, knowledge, and intention create the self, letting go of them is effectively to practice ‘the total abandonment of self, of its thoughts and aims, of its desires, and of its entire mental construction ... a complete devastation, an absolute loss ... total destitution, the death of the self, the extinction of the self and of all grasping’ (Deshimaru, 2012, pp. 100-101).

Finally, because neither letting go of intention, knowledge, or practice, can be intended or practised by the self, they become ‘practice[s] of radical negation’ (Collins, 2012, pp. xi, xii). One cannot simply let go of one’s intention, knowledge, practice, or self in any final sense given their inherent difficulties and contradictions. It follows then that, ‘no state [can] be attained other than our practice of letting go’ (Okumura, 2012, p. 61).

The practices of passivity

That this is the final result of the self-practices developed so far should clarify the way in which their pursuit inherently refutes the criticisms of egocentricity raised against them (Atkinson, 2006; Delamont, 2007). It is not that they undo the ‘permanent danger of egoism in the efforts one makes to perfect oneself’ (Hadot, 2009, p. 107). However they can be said to expose a harmful egocentricity of the commonly taken for granted, outward focus of the knowing, doing, and seemingly charitable self. They may also present a set of practices to mitigate or even reverse this harm that are not only possible in healthcare science and practice, but necessary to approximate fundamental ethics.

Given their particular nature and focus, they are also described as practices of privation and catharsis (Adam, 2006, p. 126). The practice of cleaning in Zen and the martial arts, for example, is considered ‘a symbol and tool for us to clean everything out of our mind and body’, and this further aligns it with the ‘purification rituals’ central to the Shinto tradition (Loori, 2002, p. 160). Shinto practitioner and Aikido founder Morihei Ueshiba considered his art as a whole a form of purification, and this notion is shared by many martial traditions in

their foregrounding the need 'to shave off excess rather than build and tack on more' (Aunkai, 2007; Stevens, 2001).

Applied to physiotherapy and its professional practitioner, I argue that the practices explored here lead to a radical privation of its theories, practices, and self-understanding. Building on the theoretical framework underpinning this thesis, I argue that this privation warrants their denomination as *practices of passivity*, in that they consist of practices of interruption or cessation of various kinds of activity, thus rendering their practitioner passive. This however raises the question: what is actually left after all this destitution, and how might this *passivity* constitute or be meaningful for physiotherapy theory and practice?

A partial answer to this question has already been offered in the argument that practices of passivity require a peculiar, but nonetheless significant effort from the practitioner: from resisting the urge to practice, to the effort required to develop greater flexibility by letting go of thoughts, intentions, and the self. It could be argued, then, that there is much left to practice, even though the aims, addressees and contents of such practices appear contrary to common conceptions of physiotherapy. But what sort of practitioner might be left after all this letting go?

The therapist as passivity

As a practice that consists of sitting, breathing, and, at most, focusing on these, *zazen*, or *shikantaza*, leaves the practitioner with nothing but the bare minimum of physical and mental activity. It is thought that 'through the incessant concentration on posture ... and breath ... letting-go gradually becomes easier' (Modified from Adam, 2006, p.

196). The fact that there is something to practice however, reaffirms that there is still something left at this bare minimum of existence and practice. Without going into an overly detailed definition of them at this point, initially, these are the mind, thought of as its capacity to focus, and the body, understood as one's seated posture and breath at which the focus of the mind is directed.

The fact that practice consists in focusing the mind on the body further implies that there is a particular relationship between them and that this relationship plays a critical role in the practice of letting go. Roughly speaking, the general assumption regarding this relationship that underpins Zen, Budo, and Shiatsu practice is that the mind has an inherently stronger tendency to be active and hold on, whereas the body retains closer proximity to functions of 'letting go' through the inevitability of exhalation, excretion, and decay that parallel its ingestive and constructive needs and activities. Practice thus aims at returning an overproductive or dominant mind closer to the functions of the body, or connecting mind and body. It is for this reason that focusing the mind on the nearly passive functions of posture and breathing is foregrounded in Zen practice (Adam, 2006, p. 196; Tenbreul, 2011, p. 83).

It could be argued that other practices sharing this orientation are not too far from this conception, for example, the way in which awareness and proprioception (as the physical sense and organs of bodily awareness) are thought of and practised in contemporary physiotherapy and other similar therapeutic modalities. According to Moshe Feldenkrais, 'the crucial work' of his method 'consists in leading to awareness in action', that is, 'the ability to make contact with one's own skeleton and muscles and with the environment' during movement

(Feldenkrais in Chaitow, Bradley, & Gilbert, 2014, p. 254). Similarly, a recent study on Norwegian psychomotor physiotherapy integrates body awareness as a central element for relaxation in trauma patients (Ekerholt, Schau, Mathismoen, & Bergland, 2014). Through its practice, patients firstly ‘became aware of a variety of bodily sensations other than pain and physical stiffness’, and this ability ‘to be within the body ... gives awareness of tension signals and allows a reduction of tension before pain develops’, thus providing them with embodied coping mechanisms and practices (Ekerholt et al., 2014, pp. 5-6).

However, the problem with such approaches remains that, as long as they are aimed at a ‘restoration of the capacity to enjoy’, they are still enclosed within the predominant framework of contemporary healthcare (Adam, 2006, p. 130). By contrast, in Zen, ‘awareness does not label or name, it only reflects’ and thus ‘means that ... your mind should not get caught by any idea’ of health, sickness, or else, but remains ‘open’ (Chadwick, 1999, p. 312). From this perspective, the practice of awareness would rather be a variant of acceptance where each and every encountered phenomenon is witnessed and accepted *as it is*, prior to mental or physical evaluation and manipulation.

Applied to the body, such practices imply *becoming aware of the body as it is* as expressed in Shiatsu, Zen, and the martial traditions. Founder of Aunkai Bujutsu, Minoru Akuzawa, for example, considers his method a means ‘to understand what is “natural” within our bodies’ (Akuzawa, 2007). Consonant reference to something ‘natural’ in relation to the mind and body can be found in ancient Greece and Rome, for example in Galen’s understanding of *euexia* as ‘the natural state’ that marks the ultimate goal of medicine (Modified from Repschläger, 2011, p. 19).

In the Sino-Japanese traditions, *hara*, which broadly translates as the abdominal area though it ‘is a much fuller concept ... than this anatomical definition could suggest’, is considered a fundamental element of the natural body as it is (Kishi & Whieldon, 2011, pp. 15-16). Its common English translation as the *center* fails to encompass its varied meanings but suffices in the absence of a more comprehensive term. Incessantly targeted in martial arts, Zen, and Shiatsu practice, a sense of one’s center is arrived by shaving off excess, and further developed through a wide range of practices, including abdominal breathing, massage, Sumo-style stomping, and other exercises (Inaba, 2006, pp. 48-63).

Terminologically, the notion of a natural state and the idea of a ‘centre’ are equally problematic because they appear to imply permanence and the existence of an anatomical or physiological norm. As such, the center might suggest the existence of an essence, inherent to the self and sufficiently permanent to be identified independently from everything that is non-essential or extrinsic to it. In contrast, Gibson’s description of the subject as an assemblage in the context of rehabilitation studies resonates with Levinassian ethics and Zen philosophy insofar as it highlights the irreconcilability of their understanding of self with the notion of a centre. According to Deleuze and Guattari, from whom the notion of assemblages is drawn, subjects are ‘collections of heterogeneous elements that in coming together produce particular effects ... are not stable or closed systems, but rather temporary connections that continually come together and then break apart, forming different assemblages with other elements that produce different effects’ (Gibson, 2014, p. 1329). As, or with such assemblages, the self can ‘have no center ... is never stable, but ... is the production that is being constantly made and unmade’ (Gibson, 2014, p. 1330).

While a discussion of the notion of assemblages is entirely outside the scope of this thesis, I argue that the apparent irreconcilability between impermanence, passivity and the notion of a center is reconciled in the philosophies and practices of Zen, Budo, Shiatsu, and Levinassian ethics. Significant here are the ways time and temporality are used to describe them akin to assemblages, as ‘temporary connections that continually come together and then break apart’, and are ‘constantly made and unmade’ (Gibson, 2014, p. 1330). Such brief moments of time that allow only fleeting connections, that are then immediately unmade, play a pivotal role in the reconnection of the mind and body, and the development of the center in zazen and martial arts practice for example (Friday & Humitake, 1997, p. 77; Tenbreul, 2011, p. 115).

To clarify how this is the case, it is critical to note that the *practice of the present moment* is considered to overlap with the practice of accepting whatever emerges in a constant stream of change in the context of Zen and ancient Greek philosophy alike. According to Hadot, Roman emperor and Stoic philosopher Marcus Aurelius considered the final purpose of the *premeditation malorum* as ‘becoming aware that the moment one is still living has infinite value’ and thus ‘living in an extremely intense manner as long as death has not arrived’ (Hadot, 2009, p. 105). Akin to the Epicurean motto ‘carpe diem’, ‘the Stoic is ... not a miraculously insensible being’, but ‘believes that one must say yes to the world in all its reality, even if it is atrocious’ (Hadot, 2009, p. 105). Consequently, the practice of *prosoche* – attention to the one’s present impressions, desires, and actions – ‘is a concentration on what we can really do; we can no longer change the past, nor can we act on what is not yet. The present is the only moment in which we can act’ (Hadot, 1995, pp. 55, 84; 2002, p. 138; 2009, p. 163).

Okumura consonantly writes that the practice and definition of *zazen* is a practice of the present moment, as ‘whenever we deviate from where we are now, we immediately return to what’s right here, right now, by letting go’ (Okumura, 2012, p. 86). As I have argued, this entails letting go of activity, knowledge, and intention, and returning to our posture and breath as that which is ‘right here, right now’. The assumption underlying this is precisely that the present moment is the only moment in which we can act, as much as the only moment there is:

The word “now” means at this present moment, the only reality. The past is already gone and the future has yet to come. Neither is reality. Only this moment, now, is reality. And yet this now is strange and wondrous. We cannot grasp it because it has no length ... So when is the present? The present is nothing. It is empty ... When we try to grasp it, there is no substance ... This present moment, which is zero or empty, is the only reality (Okumura, 2012, pp. 252-253).

Focusing on posture and breathing, connecting mind and body, and returning to our self-centre in the present moment thus finally lead to the realisation that both this moment and everything in it is empty, insubstantial, or impermanent, being ‘constantly made and unmade’ (Gibson, 2014, p. 1330). The practice of the present moment is therefore simultaneously a practice of the *empty-self*, and precisely this is what remains of the self after the practices of passivity. It is a self that ‘is not attached to any object and simply rests in the natural flow of being, that is, in the clear situation of potential that is open in all directions. This situation of potential is our natural source, the clear water itself’, that which is natural within our bodies after all excess is shaved off (Modified from Tenbreul, 2011, p. 115).

It is alternatively referred to as *shizentai* (Japanese: *shizen*, meaning nature, or natural; and *tai* encompassing the meanings of body, posture, and attitude), in reference to an embodiment of calmness, relaxation and the ability to move anywhere, anytime with *mizu no kokoro*, the heart-mind of water (Sanner, 2012, p. 30). Renowned swordfighter Miyamoto Musashi further referred to it as ‘the stance of no stance’, in which one inhabits mind and body at all times (Sanner, 2012, p. 56). In Kashima Shinryu, the stance of *mugamae* (Japanese: *mu*, meaning ‘not, nothing, without, nothingness, non-existent, non-being, or no thing’, and *gamae/kamae*, meaning stance) is considered the very heart of the tradition (Friday & Humitake, 1997, p. 76). With ‘no outward signs of readiness for action ... The swordsman stands exposed’ in ‘a position of pure, unlimited potential’, free and open to move in any manner and direction (Friday & Humitake, 1997, p. 77).

According to one of Kashima Shinryu’s fundamental laws – *dōsei ittai*, or motion and stillness as one – this situation or position of potential, open in all directions, at once, embodies *motion within stillness*, but like all positions, postures, situations and moments, it is only a fleeting moment amongst others, and thus simultaneously *stillness within motion* (Friday & Humitake, 1997, p. 70). It alerts the practitioner to the dangers of fixating on any one thing or moment, and simultaneously emphasises the necessity not to be distracted or disturbed too easily, but stay calm, even in the midst of a storm; ‘in the same way that the moon, reflected on a body of water, responds with the waves and current, neither swimming against them, nor being carried away by them’ (Friday & Humitake, 1997, p. 65).

Critically, I argue that it is through their *simultaneousness* that motion and stillness can be considered *as one*, and reconciles the paradox

between having and not having a center or self. Thus, it may be possible to retain a self despite all its destitution and impermanence, and it is this self that might form the basis for an alternate foundation for physiotherapy practice. Due to its inherent, de-constitutional passivity, and in lieu of any otherwise discernable therapeutic activity, this remnant of the self, or therapist can only be thought of as *passivity*. This passivity precedes the ontological mode of being, and is 'not derived from an ontology of nature' but 'a meontology ... a primary mode of non-being (me-on)' corresponding to the fundamental ethical relation (Cohen, 1986, p. 25). In the following chapter, I explore this notion of the *therapist as passivity*, and its import for a physiotherapy that is not grounded in ontology and epistemology, but ethics.

In summary

Having laid out my theoretical and methodological framework alongside a range of pertinent notions in Chapters One and Two, in this chapter I continued to develop them by applying them to physiotherapy theory and practice. Drawing on Levinas's understanding of *ontology* and *epistemology*, I began with a critique of some of the fundamental theories and practices of contemporary physiotherapy, by reviewing the broader definitions of health and sickness in which they are expressed. I have argued that this critique radically questions the profession's foundations and self-understanding, and suggests a profound process of self-inquiry and -transformation. Before developing initial practices involved in this process, I reviewed the place of *self-practice* in contemporary physiotherapy and juxtaposed this with my other philosophical and practical sources to argue for its respective reorientation.

The subsequently developed *practices of passivity*, included letting go of professional practice, knowledge, intentions, and finally, the self. Building on the critique of contemporary physiotherapy and the discussion of these practices, I argued that they are not only feasible, but even necessary, if a practical approximation of fundamental ethics is sought. I argued that the present critical perspective, consequential inward turn, and practices of passivity already constitute the first theoretical and practical steps toward such an otherwise foundation for physiotherapy practice. And finally, a first look at the remnants of this foundation provided a glimpse of a novel, radically different notion of the physiotherapist-self. In the following chapter I will develop the notion of the *therapist as passivity* further, to discern its potential role, challenges and implications for an otherwise physiotherapy.

Chapter Four

Passivity and Accompaniment

Im innersten Heiligtum ... wo ihm seiner Erwartung nach alle Welt und er selber sich zum Gleichnis herabsinken müsste für das, was er dort erblicken wird, erblickt so der Mensch nichts anderes als ein Antlitz gleich dem eigenen. Der Stern ... ist Antlitz worden, das auf mich blickt und aus dem ich blicke. ... Und dies Letzte ist nichts Letztes, sondern ein allzeit Nahes, das Nächste; nicht das Letzte also, sondern das Erste (Rosenzweig, 2002, p. 471).¹

Introduction

The preceding chapter opened the exploration and development of physiotherapy theory and practice that constitutes the central focus of this study. Primarily drawing on Levinas's analysis of ontology and epistemology, I began this exploration with a critique of some of the fundamental theories and practices of physiotherapy by reviewing how they shape its aims and concomitant definitions of health and sickness. I then argued for a momentary reorientation of physiotherapy research and practice toward the physiotherapist, as well as the understanding and practice of self that underpins the profession. In developing a range of corresponding practices for the practitioner, I eventually described them as practices of passivity due to their focus on the letting-go of practice, knowledge, intention, and the self. I finally argued that passivity is not only a somewhat paradoxical objective for practice but

¹ *In the innermost sanctum ... where man might expect all the world and himself to dwindle into sameness of that which he is to catch sight of there, he thus catches sight of none other than a face like his own. The star ... has become face, which looks upon me and out of which I look. ... And this last is not last, but the always nearest, the nearest; not the last then, but the first (Modified from Rosenzweig, 2005, pp. 446 – 447).*

also the only characteristic of the self that remains at its center after all its destitutions.

In the present chapter explore the *self as passivity* and its potential for the development of a novel foundation for physiotherapy in greater detail, beginning with a novel understanding of the professional self of the physiotherapist. I argue that passivity is a necessary theoretical and practical waypoint to another fundamental characteristic of the self. Over the course of this chapter, I gradually arrive at this other characteristic as I develop an otherwise understanding of the physical therapist and, finally, refer to it as *accompaniment*.

The first of three broad sections of this chapter, ‘Beyond passivity’, draws on a claim that can be identified across my philosophical and practical sources: that what one finds in the midst of this passivity at the center of the self, and especially through it, is a *relation* to something other than itself. The second section discusses this claim, by juxtaposing and critiquing different views of ‘The fundamental relation’ from within Zen, Budo, Shiatsu, and ancient Greek philosophy, from a Levinassian perspective. The final section, ‘The self in relation’ explores characteristics of the self as passivity-in-relation, in conjunction with emergent understandings of the professional therapist and physical therapy.

Beyond passivity

The initial problem arising from practices of passivity is easily understood if we recall that all therapeutic research and practice is ultimately aimed at helping others, being therapeutically active and, ideally, effective. Undeniably, this also includes the present study despite all efforts to find a different approach for action or agency.

More specifically, all that is left at this point is a passive therapist doing nothing, and even more radically, a self so passive that it is even being nothing, or no being. Evidently, this is more than just unsatisfactory at first glance, as it leaves no knowledge or practice that can be meaningfully applied, or practised as physiotherapy for the benefit of others. In this sense, it could be argued that the practices of passivity and self as passivity are irrelevant to others and, by extension, not significant for physiotherapy. It is thus necessary to verify whether this is the case, or whether passivity so considered can somehow be of service to physiotherapy and its recipients after all.

A second issue suggests or opens toward a possible resolution to the initial problem, yet carries a potential to merely exacerbate it. That is, I have argued that the first way in which passivity is meaningful to physiotherapy is, as a theoretical notion and objective for a range of practices for physiotherapists aimed at a revision of the theories and practice of physiotherapy, beginning with those concerning our professional identity. As professional practices for the therapist—especially as practices that appear to relieve the therapist of all responsibilities by radically incapacitating the therapist-self and leaving no way out from this self—these practices could easily be criticised as nothing but self-indulgence.

It is this twofold focus on the self—as object of research practice, and singular finding, or beneficiary of research practice—that earned certain approaches to autoethnography the critique of being self-centered, ego-centric, qualitative methodologies. Hence, those engaged in autoethnography are required to remember and foreground what is considered imperative for social and healthcare research alike: to be meaningful and helpful to others, and ideally to be meaningful for

others by being about them (Atkinson, 2006; Delamont, 2007; Ings, 2013).

Drawing especially on Hadot, I have presented a counterargument that societal change can just as much begin with changing oneself and was considered preferable in ancient Greek and Roman philosophy, and still has this place in many Zen and Budo traditions. This argument also constituted an important departure point for the present study and was further expanded through additional arguments developed in Chapter Three. The critique of ontology and epistemology highlighted an as yet unconsidered egocentricity inherent in the fundamental theories and practices of physiotherapy.

The notion of passivity was developed as a momentary interruption, as well as the opening toward a potential novel direction, beginning with a deflation of the professional self and its practices. Notwithstanding these counterarguments and practices, the danger of egocentricity can appear to have been amplified through becoming reality in a self that is characterised by nothing but passivity, maximally withdrawn into itself. It is thus all the more necessary to clarify if and how the self and practices of passivity can be meaningful to physiotherapy recipients rather than leading to a culminating egocentricity.

The 'permanent danger of egoism' is acknowledged in all of the sources on which I am drawing here (Hadot, 2009, p. 107). It is hence reiterated in their teaching and practice to prevent students and practitioners from misunderstanding passivity as the aim or end of practice. This misunderstanding is thought to be especially facilitated after a letting go of practice, knowledge, intention and self, when a sense of 'having let go', or even 'self as passivity' can instil itself. Consequently,

practitioners are alerted to this as a 'dangerous time ... when attachment is cunningly disguised by an air of false liberation, as with hermits' (Deshimaru, 2012, p. 107).

In this warning, the danger of this time is alluded to as resulting from holding on to passivity as a thing, or fixed concept in itself and, as such, also for the self. Far more than just being a danger, this misunderstanding, as well as the self-liberation within which it can be disguised, is ultimately criticized as 'false' (Deshimaru, 2012, p. 107). By means of dismissal, Deshimaru finally warns against the sense of comfort, security, and contentment that can be perceived through a diminution of one's needs and self and, akin to the shelter provided by one's home, might justify one's withdrawal from the world. According to Deshimaru, this kind of 'retreat' can be observed in the practice of hermits who 'reach realisation alone, and only for themselves ... the exact opposite of true liberation' as it is understood in Zen (Deshimaru, 2012, p. 108).

Given such emphasis of the gravity of the dangers of the practices of self-as-passivity, how does one deal with their practice and potential effect? The undoubtedly simplest solution would be to dismiss passivity altogether and revert to other practices or continue one's search for alternatives. Contrary to this, my aim is to continue to explore ways to mitigate such dangers and pitfalls that can be drawn from Zen, Budo, Shiatsu, ancient Greek and Roman philosophy, and Levinas's thought. The general direction of this path is implicit in their descriptions regarding passivity (emptiness, or other terms), as well as their curiously overlapping warnings against it being 'not a sure harbour, or a place of retreat which the soul should enter' and withdraw to (Levinas, 1998, p. 136). It becomes even more evident when looking at the

meaning of the Japanese term for taking Buddhist vows—*shukke*—which, as a practice, marks a practitioner’s distinct departure on the path of Buddhist practice, and literally translates to ‘leaving home’ (Nonomura, 2008, p. 204).

In its simplest sense, leaving home refers to the practitioner’s transition to a new way of life, which in the case of monastic practice includes a very literal, physical relocation. Applied to the critique of passivity and the potential self-contentment resulting from its misunderstanding and malpractice, it suggests the continuation of the practice of letting go and ‘leaving home’ at any point at which one might get attached to or be tempted to establish a home. Even more drastically, its particular place as the very entry gates to the path effectively defines the path itself as the constant practice of leaving home, not resting and not finding a place of retreat. Evidently, if passivity can be one such place, then the practice of not resting must eventually also apply to passivity itself, to let go of letting-go itself as ‘there is no state to be attained other than our practice of letting go’, and thus somewhat paradoxically, continue along the path of passivity to go beyond it (Okumura, 2012, p. 61).

If we further consider passivity as a fundamental characteristic of the center of the self, arrived at through its practice, then its continuation as a practice equally means to say that it is by going through the center of the self that we go beyond it. This is also how the subsequent step and meaning of the ‘study of the self’ as thought of in Zen is ‘to forget the self’ (Okumura, 2012, p. 27). That is, the objective of the practices focused on the self and its center, is not the condensing and strengthening of passivity as an isolated self-center that shelters it from the world. Rather, it is a *de-velopment* closer to the etymological

sense of unwrapping or undoing, but an undoing to such a complete extent that it eventually reveals any such center as an opening towards something beyond the self (Harper, 2017d).

How is it that one can go beyond the self-center by going through the self? This crucial question requires further exploration of some of the practices discussed so far. In addition to the connection of mind and body, in the martial tradition of Kashima Shinryu for example, it is thought that ‘properly executed ... technique’ further ‘calls for the sword, the mind, and the body to operate as three integrated phases of a single phenomenon’, or in other words, ‘as one’ (Friday & Humitake, 1997, pp. 69, 83). There are thus specialised practices focussing on the connection of any two, or all three of these components. In defining it as a theoretical and practical requirement, the threefold connection between mind, body, and sword could also be thought of as either a corollary effect of all its practices, or, as an underlying requirement for an action to be identified as a properly executed technique.

Whichever approach is taken, the critical point is that they invariably rest on the assumption that it is indeed possible to not only connect one’s mind and body but also with something beyond these, beginning, for example, with the sword. Especially in the combative context of the martial arts, this is not only a possibility, but a necessity, given that something other than one’s body, mind, or sword is likely to eventually connect with any or all of these whether ‘one’ wants this or not. Beyond being a necessity, the common theme across most Japanese martial traditions, Shiatsu lineages, and other arts underpinned by similar worldviews is that the preferable way to connect to something other than one’s self is with, or through one’s center. Development of one’s self-center is thus necessary as a means to eventually be able ‘to

connect to our partner’, sword, opponent, paintbrush, or canvas ‘from our *hara* or centre point’ (McClelland, 2011, p. 82).

As discussed in Chapter Three, there are specific practices in Shiatsu and many other arts that sometimes entirely overlap and sometimes differ but are nonetheless variations on the theme of developing one’s bodily self-center, one’s mind-ful sense, and their connection. In the martial arts, these are then either expanded by practices for connecting to one’s opponent, client, or training partner through one’s center, or by practices that facilitate the development of one’s center through the aid of a partner or object. Though the crux is that they are nonetheless de-velopmental practices of passivity in the preceding sense. That is, they are based on the assumption that ‘to be in your *hara*’, your center, is not only ‘to be in right relationship with yourself’ and with others from there, but also already to be in right relationship ‘with the world’ (Kishi & Whieldon, 2011, pp. 15-16). They do not aim to develop a connection beyond the self as an adjunct to its center, but rather, a process of pairing down to a connection beyond the self that is already in place, effect, and practice in its center.

Analogous to practices of developing one’s center, practices of the present moment further elucidate this point. From a Zen perspective, for example, next to being empty, the present moment is also ‘the only time we can meet’ (Okumura, 2012, p. 253), or as Hadot notes, ‘it is the present instant that puts us into contact with the whole cosmos’ (Hadot, 2009, p. 166). Importantly, the only way in which we can practice the present moment is *through*, which must ultimately mean through to the extent of *barely being*, a constant letting go, passivity. Only through the practice of passivity can we meet something or someone else, and thus, in and as passivity the self *is* in contact with

something other than itself. By being in my center, barely because I can only be there in each and every fleeting present moment, I let go of my 'view of myself as an independent substantial entity' and in doing so re-view my self-center as a dependent insubstantial entity, a passivity, or self-in-relation (Uchiyama, 2004, p. 103).

This enables the formulation of a provisional response to the question as to whether passivity and its practices engender nothing but a wholly egocentric self, irrelevant to others and particularly irrelevant to a therapeutic profession. While there is such danger inherent in passivity, this danger results from misunderstanding passivity of the self as the sole end of practice, and the self as passivity as the essential core of the self. Egocentric practices of passivity open an opposing perspective on practices of connection to something other than the self and its center, beyond passivity, beyond the present moment and, by extension, of the self as passivity as, fundamentally, a self-in-relation. The self as passivity is relevant to others because it is *fundamentally* related to them. How exactly this fundamental relatedness of the self might also present and enable an unburdening, or alleviating of the other and the other's ailments in the therapeutic sense that the etymological root of the term *relevare* suggests, is discussed in what follows (Harper, 2017).

The fundamental relation

In developing an understanding of the fundamental relation, I juxtapose and critique a range of overlapping perspectives from within Zen, Budo, and Hadot's iteration of ancient Greek and Roman philosophy from a Levinassian perspective and argue where they are consistent with fundamental ethics. This draws out what is necessary in considering any relation to be fundamental to the self, and the importance of passivity in it. A range of characteristics of the self are

then developed that can be applied to the professional self of the physiotherapist.

There are two coincident arguments that can be identified in Levinas's perspective and the others I reference. The first of these is that the relation is somehow *fundamental* to the self. This is clearly stated in Levinas's argument that it is the 'irreducible structure upon which all other structures rest' (Levinas, 1969, p. 79), as well as in its identification as 'the fundamental category of Buddhism' (Modified from Adam, 2006, p. 156). The second argument is that it is not just central in a philosophical or theoretical sense, but also located as central in a physical sense in Zen, Budo, and Shiatsu. This also strongly resonates with Rosenzweig's location of it in 'the innermost sanctum' of the self, as well as certain arguments raised by Levinas that I will introduce later (Rosenzweig, 2002, p. 471).

Distance and causation

The Zen Buddhist understanding of the fundamental relation builds on the teaching of impermanence, discussed in Chapter Three, as it is applied to all existence—self and other alike. Accordingly, neither the other nor the self are considered to exist as independent, substantial entities which, in turn, implies that each is brought into existence dependent on the mutual relation to its other. The relation is thus understood as fundamental to self and other because it is that which 'brings both the I and you into existence as such', rather than being enabled through their existence as a secondary possibility (Modified from Adam, 2006, p. 190)².

² 'Es ist nicht so, dass Ich und Du von vornherein als substantielle Personen vorhanden sind und dadurch gegenseitige Beziehungen entstehen koennen, sondern die Beziehung erst laesst Ich und Du als solche entstehen' (Adam, 2006, p. 190).

This second assumption underpinning Zen, that ‘all abstract entities’ only ‘have meaning because of their mutual relations’ is referred to as the teaching of interdependence, co-dependent origination, or co-dependent arising (Uchiyama, 2004, p. 98). Understood as an inseparable pair, impermanence and interdependence do not argue for the nihilistic notion that no thing exists at all. Their critical point is rather that instead of existing objectively and independently, things come into existence as *subject* to ‘various conditions of interdependence’ (Uchiyama, 2004, pp. 99-100). A closer look at the Sanskrit term *sunyata* that is commonly translated as emptiness and as such contributes to the impression that the teaching of impermanence corresponds to a nihilistic view of existence, further elucidates this point. As a derivative of the term *suvi*, ‘meaning expansion or centrifugal movement’, it ‘is not a negation of the concept of existence but contains the idea that every existence and its elements are dependent on the principle of causality’, that is ‘are relative and interdependent’ with constantly changing conditions (Deshimaru, 2012, p. 28).

This relation of impermanence and interdependence, as well as its implications, is reiterated in one of the sutras central to the Soto-Zen tradition stating that ‘form is emptiness, emptiness is form’ (Deshimaru, 2012, p. 45). The first half of this statement alludes to the emptiness of all forms of existence according to their impermanence and constant change; whereas the second part reiterates that the latter teaching, in itself, already encompasses the understanding that not only change and death, but also birth and life are an equal reality of all

forms of existence that momentarily arise through their ‘co-dependent origination’ (Deshimaru, 2012, p. 45). Consequently, Zen does not teach that nothing ever comes into existence, but rather that any ‘seemingly fixed form’ that arises does so dependent on all of its relative, ever-changing conditions ‘within the flow of impermanence ... a temporary form similar to an eddy in the flow of a river’ from which it emerges and into which it dissolves again (Uchiyama, 2004, pp. 99-100).

Resonating with this understanding of impermanence, a conception underpinning the martial tradition of Kashima Shinryu in its drawing on Shinto, describes the ‘ultimate natural law or rhythm of nature’ as a process of ‘ongoing integration, disintegration, and reintegration’ alternatively referred to as ‘arise, return to source, go forth’ (Friday & Humitake, 1997, p. 68). The ‘Shinto concept of *musubi*’, further describes the process through which all forms of nature are thought to ‘arise’ in the context of this fundamental rhythm of nature (Friday & Humitake, 1997, p. 68). Considered the original creative principle of nature, *musubi* is understood as a ‘process by which elements are brought together to create new life and new entities’ (Friday & Humitake, 1997, p. 68).

The ‘native term *musubu*’, from which *musubi* derives, already encompasses this meaning and can alternatively be translated as ‘to give birth’, ‘to bring together’, ‘to create’, or even ‘to give life’ (Friday & Humitake, 1997, pp. 63-64). There are many more meanings and interpretations associated with this term that far exceed the possibilities of this thesis. But even these few, nonetheless, central ones sufficiently elucidate the close resonance of *musubi* to the concept of interdependence as it equally proposes that new forms of existence come to life by being brought together, that is, by means of their

mutual relation (Friday & Humitake, 1997, p. 68). According to the concept and process of *musubi*, all forms of existence thus come into being as beings-in-relation.

Hadot developed a similar theory by drawing a philological, rather than nominative 'conception of nature as creation' from the work of Henri Bergson and Maurice Merleau-Ponty (Hadot, 2009, p. 126). In line with his historico-philological approach, Hadot argued that an understanding of nature as process was 'the original meaning of the word' *phusis* in ancient Greek philosophy (Hadot, 2006, p. 314). Drawing on the German writer, poet, and philosopher Johann Wolfgang Goethe and his theory of 'the genesis of forms' Hadot further explored the creative process of nature (Hadot, 2006, p. 218).

According to Goethe, 'the fundamental law of natural phenomena', i.e., creation, is to be found 'in the two forces of polarity and intensification' (Hadot, 2006, p. 222). As the two forces underlying the process of creation, polarity proposes the emergence of two poles as a result of separation as originary differentiation. The force of intensification or 'ascension' implies a subsequent (mutual) reunification and amalgamation into singular form, prior to their next separation, and so forth (Hadot, 2006, pp. 218-225). Already in its terminology, Goethe's theory thus resonates with Buddhist and Shinto theories of existence as governed by a fundamental, spiralling (centrifugal and expansive process) of mutual creation, decay and recreation (Deshimaru, 2012, p. 28; Friday & Humitake, 1997, p. 68).

From a Levinassian perspective, on the other hand, any theory of creation in which existence, form, self and other are mutually created, is irreconcilable with the argument that this relation is fundamental to

them. Mutuality renders the separated forms as equal, specifically by rendering them equal in their relation to one another. This makes the equality as such identifiable as self-same, reducing 'the distance between the same and the other' by making them an object and part of the self in the form of knowledge and comparison (Critchley & Bernasconi, 2002, p. 15). While it is true that 'a relation with otherness' is still maintained in the ontological and epistemological domain of this knowing self, Levinas argued that this exemplifies and initiates a suppressive form of relation that eventually results in 'transmuting all otherness to itself' (Critchley & Bernasconi, 2002, p. 16).

For Levinas this was not just a risk but also the underlying assumption of philosophical thought in the tradition from Plato onwards (Levinas, 1969, p. 126). It is especially expressed in its approach to the world from the perspective of ontological and epistemological understandings of being, that is, as existence that sets out to relate and explore the world on its own terms, and within its own terms (Levinas, 1969, p. 126). The ontological and epistemological self is thus neither fundamentally related, a situation that would preclude it from choosing if, when, and how it could relate to the world. Nor is its primary movement relative in a way that maintains its difference from the world, but only in ways in which their 'opposition fades' (Levinas, 1969, p. 126). That is, the epistemological self reduces the *distance* between self and world by means of comparison, making the other same-to-itself in its ontological ground and epistemological categories.

Given that Hadot presented his work as an exposition of ancient Greek and Roman philosophical thought, supported by modern works on this tradition, it is not surprising that Levinas's critique can also be levelled against his work. This is especially the case in the theory of *phusis* and

its practice via 'the view from above' discussed by Hadot by drawing on a reading of Plato's *Timaeus* (Hadot, 2006, p. 183). According to Hadot, Plato specifically argued that the goal of 'lived physics' was and can once again be to 'become aware of the fact that we are part of the Whole ... the universe ... the All' of creation, or *phusis* (Hadot, 2006, p. 183; 2009, p. 95).

The Levinassian problem becomes evident in Hadot's description of *phusis* as a 'means to overcome oneself and to move onto the plane of universal reason' (Hadot, 2009, p. 60). Hadot argued that 'what is capital' in how one overcomes the self, is 'the impression of immersion, of dilation of the self in Another to which the self is not foreign, because it belongs to it' (Hadot, 2009, p. 8). Rather than effecting an 'opening to others', as Hadot paradoxically also described it, I argue that, in Levinassian terms, the dilation of the self in the other reduces the distance between them by rendering them into the *same* (Hadot, 2009, p. 60).

That this is not a subsumption 'of the self in Another' but rather of the other into the same, is grounded in Hadot's identification of this other with 'universal reason' (Hadot, 2009, pp. 6, 60). Consequently, the practice of *physics* leads to dilation of the self in the sense of its identification with universal reason, a 'becoming conscious of ... our identity with reason' (Hadot, 2009, p. 107). This is dilation of the self in the sense of a letting go of the knowing ego inasmuch as identification of the self with universal reason appears as an ascending to a higher plane identified with universal 'reason ... considered as God' (Hadot, 2009, pp. 107-108).

In discussion of this problem inherent in this ‘view from above’ in the previous chapter, I argued that the same problem pervades Zen and Budo practices insofar as they are meant to lead to the realisation that the self is ‘one with all beings’ (Okumura, 2012, p. 34). Even if this *one* is ultimately referred to as nothing due to the impermanence and the insubstantiality of all existence, as in the case of Zen, sameness and identity with the self is nonetheless retained in this nothingness, becoming one all-encompassing (no)thing in itself. That is, if all existence was indeed one, then no present or future existence is separate from it, but only a permutation of the same that constantly recreates, or re-forms itself and its parts, yet ultimately stays the same, much as in the case of an eddy in the river (Uchiyama, 2004, pp. 99-100).

Regardless of the specific terms used for it, the consequence of the belief in universal identity as the ultimate, underlying reality of nature, is that there can be nothing other than the self, therefore no relation to anything other, and relation not fundamental to the self. This is also the case if the self is equal in its relation to the other, which is therefore not other, but self-same, and especially if its sameness consists in a mutual, contributive, active role in this relation. This would require its existence as self prior—and thus fundamental to—the relation. Finally, to have such an active, participatory role in this relation would mean that it has an active role in its own creation, or rather re-creation, since to have this ability would just as much require its prior existence.

Capacity and causation

That creation is, in fact, a self-referential process and capacity of the self rather than mutual is already a critical, integral assumption inherent in its universal identity. It is thus also not surprising that its

description as such pervades Hadot's theory of *phusis* and the sources from which he draws it. Particularly explicit in the opening pages of *What is Ancient Philosophy?*, Hadot writes that *phusis* 'originally meant the beginning, the development, and the result of the process by which a thing constitutes itself' (Hadot, 2002, p. 10). *The Veil of Isis* continues with this conception of existence as a product and process of self-creation (Hadot, 2006). Specifically, the same argument is implicit in Goethe's argument that whatever 'appears ... must separate itself in order to appear', and 'the separated parts seek each other out once again and may find one another and reunite ... in a transcendent mode' that 'procudes a third, which is new' (Goethe in Hadot, 2006, p. 221).

Goethe seems to suggest the existence of a range of entities involved in a mutual process of creation and recreation, by means of separation and reunification, though I argue he effectively asserts the contrary. In stating that whatever appears must separate *itself*, he firstly argues that appearance comes to existence through as much its own effort, as that from which it separates. Secondly, its efforts are at least as fundamental to its appearance as its relation to that from which it separates itself. But because it 'must separate itself' from something with which it has previously been one and with which it can 'once again ... reunite', this is not a relation to something other. Rather, it is the self-generated relation to itself through the continuous separation and reunification of its parts to create and recreate itself (Goethe in Hadot, 2006, p. 221).

Given the resonances between Hadot's and Goethe's theories of creation with those underlying Zen and Budo—via the influence of Shinto, Daoism, and Buddhism—a similar sense of creation and relation as capacity-of-self can be traced within their philosophies and practices. The notion of *musubi* provides a good example for how this

assumption plays out and even develops daily life and the comportment of the self. Its coincident relevance as philosophical and practical principle is also why it is considered of equal, name-giving importance to its phonetic and philosophical relative *bu* which forms the prefix for *Budo*, one of the central umbrella terms for the Japanese martial arts in modern times (Friday & Humitake, pp. 63-64).

Bu more specifically refers to the military arts, martial prowess, bravery, power, and skill and, as such, closely relates to the emphasis on the need to accept death as an inevitable part of the trade. Its conjunction with *musubi*, as practical possibility and ideal, is derived directly from the understanding of contact or relation as the fundamental, life-giving principle. This leads to its inverse translation as ‘stop a spear’ or ‘to end conflict’, and as a result, *musubi* is reframed as an ideal capacity: the ability to end conflict in such a way that lives are preserved rather than taken and possibly even new alliances, and therefore lives, are built (Friday & Humitake, pp. 63-64). This in turn gives birth to the romanticised ideal of martial arts like Kashima Shinryu and Aikido as ‘life-giving’ arts, and the pursuit of *musubi* as a capacity that can be acquired and applied by the self at the center of practice (Friday & Humitake, pp. 63-64).

But if it is primarily understood, pursued and practised as an active capacity of the self, then the life-giving contact to something other can no longer be considered fundamental to the self, as its acquisition presupposes the existence of the self. Its relation to something else is thus relegated to a secondary place, outside of its self-center from which it can enter into and to which it can retreat from this relation. Because this self-center does not need this relation to exist, it follows that it creates itself, as much as it becomes the source of all creation by

virtue of its life-giving capacity. But yet again, as the sole source of creation it can only give birth to something that is already part of it by means of separation, or by reuniting itself with such a part. It is thus never actually in relation to anything else, but merely with itself as it recreates itself, at will.

This is not an entirely accurate account of all aspects of the theories of *musubi*, interdependence, or *phusis*. Nonetheless, by drawing on them to develop the notion of passivity, passivity as the center of the self, and this center as characterised by a fundamental relation, I argue there are aspects of them that resonate with an egoistic and self-same resolution to the difference of self and other. A crucial argument in defence of the existence of a distinct self and other, and therefore a relation between them, can be drawn from the distinction between the knowing ego and a different kind of self, that is central to Levinas's thought, ancient Greek and Roman philosophy, and Zen alike. As indicated in Chapter Three, this is different from a self defined by its 'grasping ... its thoughts and aims, ... its desires, and ... its entire mental construction' (Deshimaru, 2012, pp. 100-101). On the hither side of the conscious knowing self is another self that appears through passivity, as a passivity, and as such, as a self in relation to something other.

In addition to this, I argue that its existence is ascertained in the imperative that the practitioner is meant to go beyond any self-centered notion or practice of passivity and return to the world to 'help all living beings' through and as passivity (Okumura, 2012, p. 5). Placing this as the first of the four vows taken by a practitioner embarking on the Buddhist path after leaving home, further emphasises the indispensable role of the relation to the self as passivity and its

continuous practice. By no means exclusive to Zen, this perspective is implicit in the ‘life-giving’ and, by extension, helpful aspirations of the martial arts, however selective their life-giving may be. And despite all terminological evidence that suggests its radical opposite, it is also integral to the ‘self-transformation’ aspired to in the ancient philosophical practices engaged by Hadot, and that ‘consists precisely in being attentive to others’ (Hadot, 2009, p. 108).

Among the arguments against a misinterpretation of relation as a capacity of the self is already its understanding as the ‘original creative principle’ of the universe, as with *musubi*, or *phusis* (Friday & Humitake, 1997, p. 68). Thus understood it is far more accurate to speak of relation as a *force* distinct from self and other, fundamental to maintaining a space between them even if it brings them together to produce something new and distinct from them. This sense of *musubi* is certainly also supported by the notion that a Budo practitioner, or practitioner of passivity ‘gains capacities’ through a *destituting* process of letting go, rather than through a process of accumulation. If and how such a non-capacity might be conceived and converted into a more active practice is an issue I will revisit in greater detail in the following chapter. At this point, it is critical to note that relation is not a capacity, and it is precisely its *not being a capacity* that affirms and defines its fundamental place in the center of the self as passivity.

The Buddhist concept of interdependence similarly teaches that ‘no single ideological explanation by itself can encompass the total range of causes’ contributing to any one single effect (Leighton, 2009, p. 191). A closely matching view is also expressed in the Stoic assumption that ‘the world is a place full of chains of cause and effect that play out in ways we often cannot understand or change’ (Vitale, 2012b, p. 3). At

least according to these isolated statements, both Buddhist and Stoic philosophies are opposed to the possibility of identifying an all-encompassing singular phenomenon as the sole, non-relative, linear source of causation. Rather, they present theories of complexity that single out the self as separate from, and in the midst of an infinite plurality of relations and relatives distinct from it. They further emphasise that this distinction cannot be undone, as all possible causative factors are unknowable, and therefore not identifiable as one, but infinite and infinitely separate from the self.

This infinite separation of self and other implies three crucial issues for this research. The first of these is that the primary defining characteristic of the relation between the self and one or more others is that they are inassimilably *separate*. Although seemingly simplistic, the difficulty with this separation is how it is to be maintained conceptually and, as I will argue later, practically. The second crucial issue is that the *relation is not a capacity of the self*, or an option. There is no fundamental intentionality. Thirdly, *relation is fundamental to the self*, that is, *prior* to its active, ontological and epistemological capacities and accumulations. As primary characteristics of the fundamental relation, these preliminary considerations appear to perpetuate the initial impression that there is close to nothing that can be identified as a self. Contrary to this, in the following I draw out the way in which these characteristics point to a different conception of self.

My analysis and juxtaposition of Zen, Budo, and Hadot is undoubtedly biased in its insistence on resonances and overlaps, especially within a Levinassian perspective that refuses assimilation. This raises the question whether their coherence is viable in determining practices that extend understandings of physiotherapy. The seeming irresolvable

difference of infinite separation—passivity of a fundamental relation—and capacity or intention as practice of a self remains.

This irresolution is central to the difficult question as to how passivity as physical therapy *traverses* to professional physiotherapy practice. That the embrace of paradox and ‘the simultaneous existence of opposites’ is considered an outstanding hallmark of Zen further compounds this issue (Deshimaru, 2012, p. 64). As a result, it is not only possible to find arguments for one or the other view of the issues juxtaposed here in Zen philosophy, but also the claim that both ‘you and I are the same thing and I’m not you and you’re not me’ (Loori, 2002, p. 128). Rather than trying to resolve this issue at this point, I turn to a Levinassian perspective to reiterate the characteristics of the fundamental relation identified thus far in less ambiguous terms and draw out their relevance to an *otherwise* self.

Proximity and causation – toward subjectivity

The inassimilable separation between self and other, and the infinite distance of the other are central arguments of Levinas’s philosophy, evidenced both in the title of *Totality and Infinity – An Essay on Exteriority* and numerous sections of it explicitly related to the notions of separation and exteriority (Levinas, 1969). In his “Translator’s Introduction” to *Otherwise than Being*, Alphonso Lingis reiterates Levinas’s view of the fundamental relation in exactly these terms, as a relation to something ‘infinitely remote’ (xxv), a ‘contact with the irremediably exterior’ (Lingis, 1998, p. xix). Similarly, a distance forever out of reach is also implied in Rosenzweig’s reference to ‘the Star’ to which a self finds itself in relation (Rosenzweig, 2002, p. 417).

This escalation of the distance between self and other is critical to locate the other as entirely out of reach in a way that ‘escapes apprehension ... exceeds comprehension’ (Lingis, 1998, p. xix). As pointed out earlier, this unintelligible excess of the other is the central aspect of Levinas’s work, related to his critique of ontological and epistemological grounds. Its critical import lies in being the defining element of the separation between self and other, and the other’s intangible resistance to the ontological and epistemological grasp of the knowing ego, the ego’s defining capacity that reduces the distance between self and other. The insurmountable distance between self and other thus situates the fundamental relation out of reach of the self and its capacities, and the other as that, which is and ‘comes to me from the exterior’ (Levinas, 1969, p. 51).

This radical exteriority means that a self can neither choose *to be in this relation*, nor choose *how it can be in such a relation*. Rather, the relation to exteriority exposes the self precisely as a passivity, defenceless with regard to it. In its defencelessness, the self is always already in a relation that precedes any relation it could have with itself, precedes the self and its being, where being (ontology) refers to identity as a being (epistemology), and identification of the being of the world. Not being able to be without it, the relation to exteriority is not only of fundamental relevance to the self, but the fundamental condition of its existence. Relation to exteriority is ‘what first constitutes it in-itself’ (Lingis, 1998, p. xvi). Levinas’s insistence on exteriority, unknowability, and passivity hence results in a restitution of all creative capacity to the relation with the other. And because this relation is a movement that comes to me from the other, we can finally say that ‘I exist through the other’ (Levinas, 1998b, p. 114).

To say that the self is a passivity is thus not to negate it, but to affirm, the self, fundamentally, as a self-in-relation. It is not an undoing, but ‘a defence of subjectivity’, however a subjectivity ‘founded in the idea of infinity’ (Levinas, 1969, p. 26). It does not mean that subjectivity does not have an inside, the ‘thought and interiority’ of a self (Levinas, 1969, p. 104), or being, but that the very center of this inside is a ‘locus finally created by this movement of alterity’ (Lingis, 1998, pp. xvi). The passivity of my being through the other defines this interiority-of-self precisely as my relation to something radically exterior, and locates this interiority in radical proximity to my self, not just *at*, but *as* the ‘innermost sanctum’ of my self-center (Rosenzweig, 2002, p. 417).

The distinction of self-centre and exteriority is critical to Levinas’s understanding of the radical proximity of the relation itself, though language almost fails in coming to terms with these notions. To say that it is just proximal to, or at the center of the self, could imply that it stands next to something else, and is therefore secondary, even if it were equivalent to other elements standing next to it. At the same time, to describe it as the center of the self could also be misleading if it were mistaken to imply that it is *of* the self, which would yet again revert to solipsistic non-relations.

More synonymous with its timely precedence, the radical proximity of the relation at/as my center suggests that it ‘subtends the structure of space’ by being closer to me than any space I can inhabit and define as my self (Lingis, 1998, p. xxviii). It is, on the one hand, a ‘closeness without distance ... the most extreme immediacy, proximity closer than presence, obsessive contact’, even to the point of being ‘sensuous’ as it touches me in my innermost self (Lingis, 1998, pp. xix, xvi). And on the other hand, this proximity is not ‘fusion’, but the very ‘contact with the

other', infinite exteriority, that distinguishes me as a separate self (Levinas, 1998b, p. 86).

Levinas's work and terminology resonate with this notion of a fundamental relation at the center of the self that provided the opening for the present chapter. Such understanding of the fundamental relation provides further support for the practice and understanding of self-inquiry and the de-velopment of the self-center as a path toward an otherwise relation with the other via a corresponding understanding of the self. Adding to Zen, Budo, and Shiatsu, I argue that Levinas's philosophy expresses the fundamental structural constitution of the relation and center more sharply than these. In juxtaposing and combining them, I have argued that the self is not defined by its cognition and capacity, but more fundamentally and 'before ... an exercise of options is possible', as a passivity in relation (Lingis, 1998, p. xxi). The self is in a relation that is, firstly, a relation to something infinitely separate; secondly, a relation with regard to which it is a passivity, due to its incapacity with regard to this insurmountable distance; and, thirdly, this relation is the source of existence as a separate self, hence defining fundamental subjectivity as 'subjection to the force of alterity' (Lingis, 1998, p. xxi).

To engage in the cathartic destitution of the self to passivity is thus not to engage in a solipsistic practice with no relation to any other, but to re-establish the self in relation, a foundation radically different from the theories and practices of contemporary physiotherapy, which are grounded in cognition and capacity. While this distinction provides a very general direction, it neither says how exactly the self is characterised in this relation, nor how it can provide a foundation for the development of an otherwise understanding of the professional

identity and practice of the physiotherapist. In the following sections I thus turn to these questions and explore the fundamental structure of the self in direct application to the development of a novel understanding of the physiotherapist.

The self in relation

To some extent, the transition from the previous to the present section of this chapter parallels Levinas's thematic transition from an exploration of the fundamental relation in *Totality and Infinity*, to an exploration of the self as it is structured in this fundamental relation in *Otherwise than Being* (Levinas, 1969, 1998b). It may seem that this transition also continues the inward movement of the present study, from physiotherapy as a study and practice of and for others, to a practice and study of the self and its *fundamental structure*. Following Levinas's definition of the fundamental relation as ethics, or the fundamental ethical relation, Critchley and Bernasconi referred to Levinassian ethics as describing 'the structure of ethical subjectivity' (Critchley & Bernasconi, 2002, p. 20). Given this redefinition of subjectivity as relational or ethical, transition from an exploration of the fundamental relation to the fundamental structure of the self thus marks an outward turn of this inward course, rather than its continuing.

Simply put, because all that the self is at this fundamental level is what it is in relation, any further exploration of its fundamental structure is, simultaneously, an exploration of the ways that its structure is in relation to the other. It is due to this inherent relevance to the other that the characteristics that define the self and its structure as ethical in a Levinassian sense are not only meaningful, but even familiar to the professional identity and practice of the physiotherapist. I further argue that the fundamental structure of subjectivity in a Levinassian sense

resonates with the way that the self-in-relation is understood across my other philosophical sources. Their respective theories regarding the fundamental structure of the self-in-relation are, consequently, equally familiar to physiotherapy. I thus explore the fundamental characteristics of the self-in-relation or ‘the structure of ethical subjectivity’ in direct application to physiotherapy and the professional physiotherapist (Critchley & Bernasconi, 2002, p. 20).

Existing professionally

To say that the self exists through the ‘contact with the other’, that ‘subjectivity is opened from the outside, by the contact with alterity’, is to say that the self is ‘called up’ by the other (Lingis, 1998, p. xxi).

Beyond reiterating that the self is always already in relation because it exists through the other, I argue that this variation of terms opens a possibility to refer to the self as *vocation*, ‘a calling’, or ‘being called’ according to the etymological root of the term (Harper, 2017r). This alternate wording immediately brings Levinas’s understanding of the fundamental structure of the self into the vicinity of a terminological genre familiar to physiotherapy, yet in doing so, implies a fundamental revision of its terms.

In the case of vocation, for example, colloquial usage may conflate the meaning of vocation and that of profession, though their etymological roots express a difference between them that is noteworthy.

Specifically, *profession* in its etymological sense implies a ‘public declaration’ in the active, verbal sense, on the side of the person making a declaration (Harper, 2017m, 2017n). Applied to physiotherapy, it would thus mean that to be a professional is largely the result of conscious choice, or act and, in the present sense, a self-

positing statement. Whereas, the notion of vocation invokes the sense of a calling that precedes and grounds any such possibility.

To say that the self is a vocation thus reiterates the idea that it is in a relation with regard to which it is passive, but which is also the source of its existence. On the one hand, this does not undo the possibility of eventually taking, or declaring one's profession in a sense that might appear to render this more fundamental level irrelevant. On the other hand, I argue that to ground this profession on the foundation of a vocation also suggests a considerable revision of what it means to take up a profession, or be a professional.

Understanding the self as vocation reiterates that what is fundamental to my role and practice as a physiotherapist is not self-identified professional knowledge, intention, identity, or practice, but my relation to the other. In this sense, the fundamental relation is not just that which 'grounds, rather than supervenes on, the practices of medicine' as argued by Clifton-Soderstrom (2003, p. 455). Rather, the fundamental relation is also that which grounds the self of the practitioner of medicine, or physiotherapy and, precisely in doing so, provides the foundation for any possible subsequent practice.

The structure of self-as-vocation also reiterates and highlights the fundamental passivity of the self. To be called up as a self and, in this sense, follow one's calling is not a matter of choice, but the fundamental, passive condition of the self. Building on the initial exploration of listening as a practice of passivity in Chapter Three, vocation-as-self also identifies listening, and listening in an obedient sense, and even obedience as defining characteristics of its fundamental structure. Without the possibility to choose whether or

not to be this calling, the self as passivity in relation is also always already structured as listening and ‘an obedience before the order has been understood, comprehended, even synthetically formulated for me’ (Lingis, 1998, p. xvii).

There is an interesting parallel to this understanding of the self as listening and obedience that can help elucidate its implications for the physiotherapist. It is found in the term *otonashi-no-kamae* that is used as an alternative for *mugamae*, Kashima Shinryu’s stance or ‘position of pure, unlimited potential’ discussed in Chapter Three in the context of letting-go of the self and its place under the sun (Friday & Humitake, 1997, p. 72-76). Among the many translations of *otonashi* are ‘silent’ and ‘obedient’, which, if combined with the other two words of the compound (roughly, *kamae*: stance, or posture; and *no*: of) result in its translation as ‘silent posture’ or ‘stance of obedience’ (Friday & Humitake, 1997, p. 72-76).

In comparison, the etymological root of the Latin *oboedire* includes ‘to listen’, ‘hear’, ‘pay attention to’, and ‘give ear to’ (Harper, 2017k). With this in mind, it becomes possible to translate a ‘silent posture’ still more explicitly into a ‘listening posture’. Given that this sense of posture actually refers to an underlying sense of self, we arrive at the self as a (posture of) listening, and in this fundamental structural sense, as a listening without choice, the self as obedient listening.

Already in the sense of paying attention, or giving ear to, obedience invokes a sense that exceeds the self as listening in a purely auditive sense. Even more evident in its meanings as to ‘be subject’ and to ‘serve’, obedience reiterates that listening is already part of the structure of subjectivity, the way that the self is *subject*. Because this

structure is one of service, this subjection implies that the fundamental relation to the other, as well as the fundamental structure of the self in relation, is one of subservience. That this structure coincides with listening, in turn, renders listening, paying attention, or giving ear to the other into the first form of service, and thus identifies the self as subject to the other as the service of listening.

Of particular interest to the therapeutic professions, the etymological meanings of obedience closely resonate with the etymology of the Greek term *therapeuein* that similarly translates to ‘attend, do service, take care of’ (Harper, 2017p, 2017q). Following from the above, the first therapeutic service, or, medically speaking, the first response provided, consists in listening to the other. Still more radically, because this listening is not an active possibility, but a structural characteristic of the self, it means that to exist as a self means to be called forth by the other to be for-the-other. In other words, because listening is not just a characterisation of its passive relation with regard to its existence, but already a service, and in this sense a response to the other, the self is ‘called up or provoked to respond to alterity’, in the sense of already being this response in its passivity (Lingis, 1998, p. xxi).

For Levinas, both *subjection* and *responsibility* were defining elements of the fundamental, ethical structure of the self, and especially the notion of responsibility became one of the most central themes of his work, equally present in both of his two preeminent publications (Levinas, 1969, 1998b). At its most moderate level, it encompasses both my responsibility for ‘the situation in which I find myself, and for the existence in which I find myself’ (Lingis, 1998, p. xiv). Considering the relative lack of choice with regard to existence, to be responsible for one’s own existence might already seem rather excessive, yet Levinas’s

notion of responsibility goes beyond this. It includes not only responsibility for the other, but even responsibility for the 'responsible moves of another' and 'the very impact and trouble with which he approaches me ... I am responsible for the very faults of another, for his deeds and misdeeds ... the pain he causes me'. And finally, this is not only the pain 'he' causes me but the pain 'he' causes to anyone else, and even for all futures and the time beyond my death, which although it 'will mark the limit of my force', will do so 'without limiting my responsibility' (Lingis, 1998, p. xiv).

It is this excessive description of responsibility that underlies the dismissal of Levinassian philosophy as ultimately impossible to apply. Though this is based on a misunderstanding that neglects his description of responsibility as a defining characteristic of the fundamental structure of the self. Just like the fundamental relation itself, as one of the central characteristics of the fundamental structure of subjectivity, responsibility 'precedes any relationship of the ego with itself' (Levinas, 1998b, p. 119). According to the space subtending order to the fundamental relation, any characteristic of the self-in-relation, including here, responsibility, is fundamental to the self in both a spatial and temporal sense. With both the structure of space and time identified as categories of the conscious, knowing ego, responsibility according to Levinas belongs to an order outside of either of these (Lingins, 1998, p. xix). In his own words, 'this responsibility appears as a plot without beginning' and is in this sense, *anarchical*, 'an obligation, anachronously prior to any commitment' (Levinas, 1998, pp. 101, 135).

Anarchy is commonly understood as political or prior-to-politics, but Levinas's notion of anarchy is considerably different from either of these. Though it does not exclude them entirely, its primary relevance

remains its indication of the anachronous precedence of the relation and the fundamental structure of the self prior to the common ontological and epistemological categories of being and time. In Levinas's understanding, 'anarchy is not disorder as opposed to order', because 'disorder is but an order, and what is diffuse is thematizable. Anarchy troubles being over and beyond these alternatives. It brings to a halt the ontological play' and signifies the primordial 'persecution' of the self with the other in relation to which it is this 'passivity beneath all passivity' (Levinas, 1998b, p. 101).

In other words, it is through its anarchical origin that responsibility can be considered as a defining element of the structure of the self as a passivity in relation, as it is 'in responsibility' that 'the same, the ego, is me, summoned [and] accused as unique in the supreme passivity of one that cannot slip away without fault' (Levinas, 1998b, p. 135). Consonant with the fundamental relation, it is in its anarchical responsibility that we can identify the self as—fundamentally—'structured as the-one-for-the-other ... provoked, as irreplaceable and accused as unique', but in this structure simultaneously separate as discussed before (Levinas, 1998b, p. 135). Rather than an exacerbation of Levinas's conception of responsibility, its anarchical, structural incidence thus means that responsibility 'is already in act' in the self, as a fundamental condition and the fundamental structure of its existence (Lingis, 1998, p. xiii).

Levinas's work thus presents a significantly different alternative to perceiving the passivity of the self as a nothingness devoid of meaning and purpose. Understood as self-in-relation, passivity strongly affirms existence as subjectivity, or self. Due to its being called forth by the other—listening and responding to the other—this self is neither in a place of, nor on its own. Turning from the outside in, only to find a

relation to the outermost outside in my innermost sanctum, this innermost now reveals itself as not even mine. Effectively, the self is 'in exile in itself. That is, driven, from the outside, into itself, but not finding a home, a position, a rest in itself' (Lingis, 1998, p. xxxi).

The word I means here I am, answering for everything and everyone. Responsibility for the others has not been a return to oneself, but an exasperated contracting, which the limits of identity cannot retain ... The self is on the hither side of rest; it is the impossibility to come back from all things and concern oneself only with oneself ... I am summoned as someone irreplaceable. I exist through the other and for the other (Levinas, 1998b, p. 114).

In summary then, to be, or exist as a subject is both to have already listened and, in the passivity of this listening, also already to have responded to the other. I have argued that this response could be understood as an original profession, in the etymological sense of an acknowledgement of one's vocation. Because this response takes place in the passivity of one's obedient listening, it remains of an order prior to the wilful declaration and effort with which one takes on a profession in the active sense underpinning contemporary professional healthcare theory and practice. The resulting understanding of the term profession thus distances and effectively dispossesses it from its common usage and appropriation in contemporary therapeutic professions. Contrary to these, it identifies the self-in-relation as professional, and its fundamental profession as being a therapist for the other.

Existing physically

Going back to the notion that 'subjectivity is a subjection to the force of alterity', Lingis further suggests that the self is a 'being exposed to being wounded and outraged' by the other (Lingis, 1998, pp. xxi, xviii). The description of this force of alterity in such intensely discomfoting

terms has two closely related critical purposes in the context of Levinassian thought. The first of these lies in the strength with which it reiterates that to be created as a self-in-relation also means to be created by the 'contact with the other', and in so doing, that this contact is *physical* (Levinas, 1998b, p. 86). Physicality is also implicit in the notion that the self is created from its center outward, as much as the center of one's body as the locus of this creation implies a physicality of its contact and the center of the self as physical structure. Without this physicality, neither listening nor response to the other would be possible, regardless of whether they are conceived of as auditory phenomena, or not.

That creation of a self as physical body is an exposure and being wounded, further reiterates that its physical structure is not of its own making, but what is given to it in relation to another with regard to which it is a passivity. Levinas thus referred to the self as vulnerability, sensibility, and susceptibility, to further emphasise the fundamental passivity of its existence. As self-in-relation, susceptibility or sensibility are the basic form of its relation to the other, but this sensibility is not to be conceived as an act, or active sense-capacity in the conventional sense, but precisely the vulnerable, passive susceptibility, or sensitivity to a contact that can neither be avoided, nor managed. As 'the ethical relation takes place at' this 'level of sensibility, not at the level of consciousness', the 'Levinassian ethical subject is' also to be understood as a fundamentally 'sensible' rather than conscious subject (Critchley & Bernasconi, 2002, p. 21).

Such understanding of the self as a primordially vulnerable sensibility, always already wounded by the other, is crassly opposed to heroic notions of the self commonly aspired to in the martial arts. Though far

less foregrounded, I argue that a similar notion of the self as a subjectivity defined through its being thrown ‘back upon its resources’ is nonetheless implicit in their terms for role-allocation in the context of training with a partner (Lingis, 1998b, p. xxi). Specifically in Aikido, the person defending is often referred to as *nage*, the thrower, deriving from the Japanese verb *nageru*, meaning to throw. Contrary to this, the presumable attacker is called *uke*. Coming from the verb *ukeru*, this term means *to receive, accept, get, catch, answer, undergo*, most frequently in reference to the throw received in response to an attack (Friday & Humitake, 1997, p. 102; Krenner, 2016, pp. 56-57).

The role of *uke* thus encompasses both an initial attack and the receiving of the technique or throw in response to it. Referred to as *ukemi*, the compound term for this role combines the term *uke* with *mi*, meaning both body and person (Krenner, 2016, pp. 56-57). While there are certainly many more ways in which the term *ukemi* can be translated, I argue that even this general sense resonates closely with Levinas’s perspective of the constitution of the self. This becomes particularly visible in the combination of terms coming together in its translation as *to receive one’s body* or *receive oneself*. As such, it approximates the sense of the body as the structure in which one is given self, as much as the receiving of one’s physical self is as a result of a ‘movement that comes from without’, a relation and contact that figures as the other’s throwing of myself into my body (Lingis, 1998, p. xvii).

Though this is a brief engagement with the ways in which self and other are understood in their relation as training partners and opponents in the martial arts, I argue that it supports and further elucidates the notion of the self as a being singled out in its body, subject in its

physicality. Called forth and thrown into this body, it is ‘this materiality and this passive condition’, hair, skin, flesh, bone, and marrow (Lingis, 1998b, p. xxiii). Though not the primary terminological choice for Levinas in his description of susceptibility, I argue that this sense of physicality is nonetheless retained in: the vigour of the contact with which the self is created in relation; the notion of proximity that locates this contact in the most radical inside of the self; and the notion of listening and response, as both of these are either dependent, or at least intimately related to the physicality of the self.

In Chapter Three I argued that the physical dimension of physiotherapy is usually associated with three elements considered characteristic of its professional practice: It is inscribed in its focus on the improvement of clients’ physical structure and function; which should, in turn, be based on its understanding through the hard, physical evidence of biomedical science; and these finally, also provide the knowledge-base for physical therapeutic modalities such as physical exercises, the use of physical agents such as water, air, or electricity, or manual therapeutic interventions.

In conjunction with these, the body of the therapist is a taken-for-granted physical agent in their accumulation and delivery. It is used in service of theoretical and practical instruction regarding physical exercises, administering physical agents to a client’s body, or using hands to apply massage, or other manual techniques. To consider the self as a physical profession, as I have suggested here, however, anchors understanding of the therapist as a physical agent at an even more fundamental level, as a passivity in relation prior to intentional practice and its use in the context of physical therapies.

Existing therapeutically

Levinas considered the ontological and epistemological movement of the knowing ego, beginning with its self-identification, as violence toward otherness. He further described that this self-identifying claiming of its own place under the sun exposes the self 'as the usurper of the place of the other' and even 'the whole world' (Levinas & Kearney, 1986, p. 24). I argued for a first therapeutic measure to counter this violence, suggesting that it might consist in a practice of letting-go and thus detracting from being 'a subsistent entity or moment of Being' (Lingis, 1998, p. xvi).

The question that presents itself now is whether the place and practice of physical therapy as I have outlined here risks returning us to such a usurpation, to the self becoming a subsistent entity or moment of Being? While it nonetheless remains true that 'it is in taking place of another' in its physicality 'that subjectivity first comes to inhabit space', the first point of difference to conventional conceptions of self is that subjectivity is called forth into this physicality by the other and therefore does not claim this physical space by a movement of its own (Lingis, 1998, p. xxix). Being called forth to listen and respond to the other in its physicality, the space of its physicality is also not for itself, not its own place under the sun, but for the other. In other words, the initial taking place of another, effected through the fundamental physicality of the self, is an essential component of its responsibility, the fundamental shape of listening and responding to the other.

To express the otherwise signification of taking the place of another in one's physicality, Lingis consequently argues that 'to be responsible ... is to put oneself' in the place of another (Lingis, 1998, p. xiv). Read in isolation, this could yet again seem to resonate with another notion

prevalent in many martial arts and referred to as *irimi* (Krenner, 2016, p. 139). The term *irimi* commonly refers to *entering* into an attacker's approach to disrupt the full development of the attack and apply a defensive, or preemptive counter. Though the exact way, place and time of entering depend on a broad variety of factors, a common conception of it is to take the attacker's place, or the place so required to be taken beforehand. The prevalent understanding of *irimi* thus defines it as an active capacity of the self, and as the ideally successful result of one's taking initiative and action, one that serves the achievement of its goals and objects, irrespective of how malevolent or benevolent these may be.

From a Levinassian perspective, putting oneself in the place of another cannot be for the self and can 'not to be conceived actively, as an initiative' (Lingis, 1998, p. xxiii). As part of the fundamental structure of ethical subjectivity, Levinas refers to it as *substitution*, and devotes an entire chapter of *Otherwise than Being* to the analysis of this central notion and its implications for the self (Levinas, 1998b, p. 99). In his sense, substitution is a characteristic of 'this materiality and this passive condition', the fundamental physical structure of the self (Lingis, 1998, p. xxiii).

That substitution is passive again reiterates that it is neither an intentional act, nor a willed initiative or product. Substitution is not for the self, but prior to its forms of conscience, knowledge and understanding. As the fundamental form of responsibility, substitution implies that both listening and responding are different to knowing and understanding. To acknowledge the other in a Levinassian sense is precisely to be understood as an a-knowledge-ment, 'a form of recognition—acknowledgement of a claim, an order, which is even

constitutive of subjectivity—a summons to arise to be and to present oneself’ prior to oneself and one’s capacities (Lingis, 1998, p. xiii).

What is critical to this presenting oneself to another, listening and responding to the other in my physicality, is that it does not reduce the distance to the other. Rather than ‘reflecting upon the other’ and thus reducing the distance between them, the physicality of the self underscores the ‘non-subsumptive relation’ with the other (Critchley & Bernasconi, 2002, p. 12). The principal acknowledgement is one of ‘the other’s separateness from me’, and it is the failure to acknowledge this ‘that can be the source of tragedy’ according to Levinas (Critchley & Bernasconi, 2002, p. 26).

Of critical import to physiotherapy, as the physical acknowledgement of the separation between self and other, subjectivity is effectively ‘a support called up’ by the other and for the other (Lingis, 1998, p. xxi). This notion of *support* is critical for a further understanding of Levinas’s conception of the self as substitution, and a sense of putting oneself in the place of another that precedes a more violent taking of this place. In a more literal and etymological sense of the word, his understanding of support references it as an aid from below, a holding up, or carrying from underneath (Harper, 2017o). Hence, the subjectivity of the self, it’s being created by and thus thrown under the other as a sub-ject, converts into a physical substitution for the other, a physical substance ‘supporting the other’ (Levinas, 1998b, p. 136).

This idea of the self as a physical support for the other is not exclusive to Levinassian philosophy. It also resonates, for example, with the notion that the practice of zazen is itself ‘the most effective and helpful effort’ (Deshimaru, 2012, p. 132). Seemingly paradoxical from the

perspective of an active therapeutics, the rationale behind this claim lies precisely in the idea that the self, in the most fundamental passive physical structure and functioning of its posture and breathing, is already the actualisation of an acknowledgement of all interdependent existences.

Similarly, both the concept and practice of *tenchijin*, translating to heaven-earth-human, reiterates this sense of self as a physical support, and further elicits another critical component of the notion of support. In the modern martial art *Aunkai*, its practice as a distinct exercise is considered part of the greater project of ‘returning to our natural state’ (Akuzawa, 2007). Specifically, it consists in a movement whereby the practitioner goes from a natural standing position, to one distinctly identifiable as if supporting something above one’s head, then a similar position in relation to the ground, and back to the initial stance between these with the palms pressed against each other at the chest.

Applied to the present context, it could be said that by assuming its natural standing between heaven and earth, the self presents itself as a support for both heaven and earth, a physical substance providing material support for the world and its various forms of existence. Its physical support consists, precisely, in ensuring their separation from and thus their non-subsumptive relation to each other, and to the practitioner, with the practitioner’s body as the substance between them. In its substantial guarantee of separation, relation, distance and difference with this material body, the self provides and is not only physical support, but also *company* for the other.

The notion of company is pertinent here for a number of reasons. Originating in the Latin *com*, with, and *panis*, bread, and thus

referencing a sense of sharing food with another, it emphasises the physicality of the self and the service it provides to the other (Harper, 2017c). In relation to the notion of the companion, it also relates to another etymological meaning of the therapist that ties in with the other fundamental characteristics of the self-in-relation developed thus far.

As one of a variety of terms used for servants or slaves in ancient Greece, the term *therapon* reiterates that the therapeutic standing of the self 'is not chosen', for 'if there had been a choice, the subject would have kept his as-for-me' (Levinas, 1998b, p. 136; LSJ, 2015). In addition to this, it was also used to denote a squire, henchman, or companion in arms, as well as a servant of God, or worshipper, thus identifying the *therapon* as neither a paid worker, nor a slave, but a servant compelled to accompany and support another by a sense of duty and companionship, regardless of standing or recompense (LSJ, 2015). To be a therapist thus retains the sense of passivity that identifies the self as a professional prior to its own intentions and activity and, at the same time, as a friendly or beneficent *physical support and company*.

In the following chapter, I turn to the analysis of this professional physical support and company to explore its potential conversion into professional practice in a more conventional sense. Specifically with regard to the fundamental support and company provided to the other through the professional, physical self, I refer to and explore their potential practice as *accompaniment*, a term borrowed from Alphonso Lingis's *Community of those who have nothing in common* (Lingis, 1994). In closing this chapter, I emphasise that the physicality of a body is the passive instance of this fundamental professional physical therapy of

accompaniment, consisting in simultaneously and inseparably providing support for alterity, and the company of relation. In slight variance to Levinas and Rosenzweig, I emphasise the central role of a physicality that they make more implicit than explicit. That is, that this very body is already the *Here I am* that is uttered well before one's mouth is opened and vocality becomes a figure of speech (Levinas, 1998b, p. 114). 'The Law I recognise is' thus not 'first formulated in my own words of obedience—the Here I am' as concrete utterance, but in the *Here I am* of this material body, hair, skin, flesh, bone and marrow (Lingis, 1998, pp. xxxiv-xxxv).

In understanding the self as support and company for the other, though this support and company as 'a passive effect'—the structure of the self as passivity called forth by the other—lies the source and strength of Levinas's philosophy for a radically novel and potentially stronger foundation for therapeutic theory and practice (Lingis, 1998, p. xxx). Based on this 'radical reversal from cognition to solidarity', the self as passivity called-forth by the other presents a radically different notion of self as physical therapy of company and support (Levinas, 1998b, p. 119).

It is precisely by uncovering the ethical, or in the present sense, therapeutic relation and structure of the self as fundamental that Levinas is able to confirm the *Ridiculous* dream that 'evil is', indeed, not 'the normal condition of people' (Dostoyevsky, 2001, p. 284). Rather, it is material goodness, or ethics. As I have tried to show here, this fundamental condition, goodness and structure of the self can consonantly be referred to as physical therapy, not only by drawing on Levinas, but also the other sources explored in this thesis.

I have wrestled with the following statement considerably but, keeping in mind that Levinas was as much a phenomenologist as he was a thinker of ethics, I disagree with the notion that response-ability, or physical therapy as I have put it here ‘is not our ultimate metaphysical essence’ and further, that ‘it only is a possibility’ (Biesta, 2004, p. 323). More in line with my other sources, I have argued for professional physical therapy of passivity and accompaniment as a metaphysical essence of the self, albeit not in the sense of it being independent or unchanging. Rather, it is the solidity and solidarity of a substitution that provides support and company, or *connection* for the other and, in so doing, a certain *stillness* in support of the other’s ongoing *motion* or infinite otherness, yet a stillness called forth through the infinitely other, and thus itself subject to ongoing motion and change.

This *stillness* at my very center, the fundamental structure of the self-in-relation, is professional physical support and company for the other. I am through the other, but in being through the other, I am also a professional physical therapist providing support and company for the other, not as the result of my knowledge, skills, and capacities, but as the fundamental condition of my material body—hair, skin, bones, flesh, and marrow. Rather than presenting a threat to the professional standing of physiotherapy, I argue that the notion of the self as a professional physical therapist presents a defence for it by anchoring this professional identity at a more fundamental level. Located in the very structure of the self, physical therapy for the other is irrevocably fundamental to it and the irrefusable source and reason for its professional standing.

In summary

In the present chapter I explored the self as a passivity and its relevance to a novel understanding of the professional physical therapist. I began with a critique of passivity and the self thus understood to engage in its more detailed analysis and further development. I argued that passivity is not an aim or end, but an indispensable theoretical and practical waypoint that opens to the rediscovery of the relation to the other as the fundamental center of the self, and from there, the recognition of the fundamental characteristics of ethical subjectivity.

I argued that these fundamental characteristics, or structure of the self can alternatively be referred to in terms especially familiar to physiotherapy, that is, as professional physical support and company for the other. Called forth by the other, as physical substance providing support and company, or accompaniment for the other, the self is fundamentally speaking, a professional physical therapist. I finally argued that this understanding of the self and its relation to the other provides a novel foundation for physiotherapy practice, entirely different from its conventional ontological and epistemological grounds. It establishes physical therapy as fundamental profession and the physical therapist as fundamental and even indispensable healthcare practitioner.

This definition of fundamental profession extends the undermining of professional identity and practice as understood in contemporary physiotherapy that concerns this research to the point of questioning the justification and existence of physiotherapy as a profession beyond this fundamental level. This is further amplified by the fact that the structure of the self is neither of its own choice, nor making and, consequently, the fundamental physical therapy that it provides is not

so much its practice, but its passive effect. In the following chapter, I explore if and how this passive effect might nonetheless be converted into an active and professional practice, with a particular view toward practices pertinent to the relation between a therapist and client.

Chapter Five

Passivity and Accompaniment as Physical Therapies

What the face of the other asks for is not the inauthentic and inauthenticating solicitude with which I substitute my skills for his, take over her tasks for her, view the landscape for him, formulate the answers to the questions in her stead. He does not seek his or her contentment in the content that will satisfy his needs and wants, which I can supply from my place and my resources and with my skills – the contentment which, when he has been displaced by me and disburdened of his own tasks, will leave him only the weight and depth of the inorganic. In seeking the support of my upright stand on the earth, the agile luminousness that shines in my eyes, the warmth in my hands, the ardour in my face and the spirituality in my breath ... The other seeks the contact and the accompaniment (Lingis, 1994, pp, 131-132).

Introduction

In Chapter Three I developed a range of practices of passivity and argued for them as a possible expansion of contemporary physiotherapy. Due to their destituting effect on their practitioner, I further argued that the letting go of therapeutic practice, knowledge, intention, and self, suggest passivity as not only an objective for practice, but also the only remaining characteristic of the self in their following. In Chapter Four I then explored this notion of the self as passivity in greater detail, to discern its potential implications to the development of an otherwise understanding of the self, the other, and their relation in physiotherapy.

Over the course of the chapter, I further described how continued practice of passivity reveals the fundamental structure of the self as being characterised by its relation to the other, and in this relation as a

professional physical therapy of passivity and accompaniment for the other. I concluded that this contributes a novel and understanding of physical therapy, the physiotherapy profession, and the physical therapist that reinforces the fundamental role of physiotherapy, by relocating and anchoring its professional identity can calling in the fundamental relation and structure of the self. Finally, I also pointed out that such a relocation and redefinition of physiotherapy as fundamental is not without problems and risks undermining professional physiotherapy practice and the role of physiotherapy as a profession. That is, as fundamental profession and service, physical therapy is neither a practice of the self, or even its choice, but its passive effect.

In the present chapter, I explore if and how this passive effect might be converted into an active, and even professional practice, and do so with a particular view toward practices applicable in the relation between a singular therapist and client. I begin this exploration with an examination of Levinas's vehement claim that the conversion of ethics into practice is not possible, and a similar argument brought forth in the context of Zen. I respond to these by arguing that a partial conversion of fundamental physical therapy of passivity and accompaniment into practice might be possible after all, and explore how it could be achieved throughout the remainder of the chapter. Specifically, I do so by developing an exemplary range of professional *physical therapies of passivity and accompaniment* and, with these, a foundation for the development of practices into the future. This entails an expansion of the practices of passivity developed in Chapter Three; a further exploration of the importance of their physical practice, and in extension physical therapy as developed in Chapter Four; and finally, by building on the notion of accompaniment drawn

from the opening quote to this chapter from Alphonso Lingis's book *The community of those who have nothing in common* (Lingis, 1994).

Beyond structure

Levinas's position regarding the conversion of ethics into practice is grounded in the fact that 'substitution is a passive effect', and therefore, 'one does not succeed in converting into an active initiative or into one's own virtue' (Lingis, 1998, p. xxxi). The reasoning behind this rather categorical argument lies in the atemporal, aspatial, unintentional precedence of the fundamental relation, and the structure of ethical subjectivity discussed in the Chapter Four. Due to this precedence, ethics forever escapes the grasp of the ontological and epistemological actions, intentions, and capacities of the knowing ego, thus rendering the conversion of ethics into practice fundamentally impossible.

In the philosophy and practice of Zen, the simultaneous passivity and efficacy of the self is implied in the belief that 'the most effective and helpful effort is zazen' (Deshimaru, 2012, p. 132). Yet this practice is a radical practice of passivity, both in its letting go to the point of 'total destitution', and its physical form, reducing its practitioner to nothing but breath and posture (Deshimaru, 2012, p. 101). Given this radicality, it would seem that it is impossible to replicate the passive effect of zazen in any more active movement, let alone any more complex activity or professional practice.

A sense of impossibility is also embedded in the four principal vows that a practitioner takes upon leaving home and embarking on the Buddhist path. Closely resonating with Levinas's description of excessive demand of the other and resulting excessive responsibility of

the self, each of these vows is defined by an implicitly unachievable task. In the first vow, for example, the practitioner may state: ‘sentient beings are numberless; I vow to save them’ (Okumura, 2012, p. 15). It is thus the immensity of the task that initially defines its completion as infinitely out of reach, because ‘if sentient beings are numberless, we cannot possibly save them all’ (Okumura, 2012, p. 15).

At the same time, the Buddhist vows also provide a more hopeful outlook, insofar as they explicitly emphasise the need to help, and thus the possibility to do so however imperfectly. I will explore the different ways in which this need and opening are described in the context of Zen a little later in the chapter. Regardless of their exact definition and approach, however, it is the window of opportunity that the vows open up that motivates their taking and pursuit as a way to help all beings (Okumura, 2012, p. 15).

Despite his repeated emphasis of its fundamental impossibility, over the course of his work Levinas also made an ‘increasing... attempt to traverse the passage from ethics to politics’, or ethical practice in the present sense (Critchley & Bernasconi, 2002, p. 24). Most significantly, Levinas explored this traverse in relation to justice, politics and, what he referred to as ‘the third party’ of the relation, or simply the third (Levinas, 1969, p. 305). For the present purpose however, I will primarily draw on his less foregrounded exploration of the ‘little acts of goodness’ to argue for a traverse from ethics to practice closer to the one-on-one relation between therapist and client (Critchley & Bernasconi, 2002, p. 27). Whether it is attempted in the clinical relation between therapist and client, or a broader, and thus political context, this traverse from ethics to practice builds on the hitherto developed understanding of ethics and the fundamental structure of the self.

In a translation of these to the context of physiotherapy, I have argued for passivity and accompaniment as the fundamental, therapeutic structure of the self, and proposed that this understanding and its actualization is arrived at through the self-practices of passivity. I have thus far only alluded to the potential of these practices to be therapeutic for the other in passing. In this chapter, I continue their exploration to discern their therapeutic potential more distinctly, and how they, and the subsequently developed notion of self might support the development of other professional physical therapies. I specifically draw on conceptions of helpful and therapeutic action from Zen, Shiatsu, and other sources, and argue that they closely resonate with Levinas's little acts of goodness (Critchley & Bernasconi, 2002, p. 27).

Because the development of more active practices of passivity and accompaniment is *a traverse from ethics to practice*, in the following, I argue that the study and practice of the fundamental structure of the self, its recalling and re-embodiment, already constitutes its first step. As argued in the preceding chapters, this is done through the theoretical and practical physical, philosophical exercises practices of passivity. I revisit the purpose of the various practices of passivity to highlight their inherent therapeutic effects and argue that these are intimately familiar and relevant to physiotherapy.

Fundamental for the traverse from ethics to practice is that passivity, both as an objective for practice and a fundamental characteristic of the self always already involves a form of doing and effect as implied in the etymological root of the term practice that derives from the Greek *prassein, prattein* meaning to do, act, or effect. As doing and effect, it is always already in relation to something outside the self in its out-doing

(from Latin *ex*, out; and *facere*, to do). Having described its fundamental effect as providing company and support to the other that it is in relation to, I thus argue that the practices of passivity are inherently always already therapeutic for the other.

Following the critique of passivity and its subsequent analysis in the previous chapter, I have thus far emphasised that this physical therapy presents a problem to the conventional, professional understanding and practice of physiotherapy. On a, in a sense, applied level, to identify it as fundamental so closely overlapping with that which is commonly considered central to the physiotherapy profession, it questions the possibility to claim physical therapy as its exclusive arena. And on the fundamental level explored in this chapter, it additionally questions the possibility to be converted into an active practice altogether. Given that this conversion is necessary for any application of it beyond the fundamental, it is this issue that needs to be addressed to begin with. Precisely what I am arguing here in its regard, as that which gives its potential resolution its first direction, is that the fact that the practices of passivity are nonetheless practices, effective, and therapeutic, thus laying a foundation for their, at least partial conversion into professional therapeutic practices.

That the traverse from ethics to practice is not only possible, but also necessary, is also implied in the notion that passivity and its practice is 'not a sure harbour, or a place of retreat' (Levinas, 1998b, p. 136). The other does not call me forth so that I can rest in the effects of my passive existence, but to provide it with support and company. It thus fundamentally 'calls for and demands goodness' of me, a demand that in itself requires me to exit out of my self, and thus go over and beyond my passivity (Lingis, 1998, p. xxi). Being 'on the hither side of rest' and

unable to 'come back from all things and concern oneself only with oneself', means to be fundamentally called, and even forced to do, act and practice (Levinas, 1998b, p. 114). To be a professional in the sense discussed in Chapter Four thus already implies that there is not only a need, or 'ethical demand' for ethical subjectivity, but in it, always already a demand for ethical practice (Critchley & Bernasconi, 2002, p. 28).

Further, if to be a professional means to be called forth, and called to practice, then to be a professional also means that the self is called forth in such a way that it can provide goodness, and even has capacity, choice, and cognition. Because it already provides a particular kind of goodness in its passivity however, the self is not only called forth to provide goodness in ways that exceed its fundamental service of support and company, but in ways grounded in it. The self is therefore not called to practice or 'business as usual', but to an attempt to underpin its practice and 'social interactions ... by ethical relations', or simply, ethics (Critchley & Bernasconi, 2002, p. 13).

Yet, there is 'no guarantee that people will respond, no mechanism that can make us respond' to the call of the other, in a way that is congruent with our fundamental, ethical subjectivity (Biesta, 2004, p. 323). To be given choice and possibility, therefore, brings a particular difficulty with it, that Levinas also referred to as a *Difficult Freedom* (Levinas, 1990). It is the freedom and ability to choose, aspire, act, or practice ethically, according to our fundamental structure as the professional physical support and company for the other, or choose not to do so, and thus relate to the other in a way that reduces and restricts all otherness.

It has been argued that ‘what constitutes us in our subjectivity, is the way in which we - you and I as singular beings respond’ (Biesta, 2004, p. 323). Building on my exploration of ethical subjectivity however, I would rather argue that we always already respond ethically in and through our fundamental, passive structure, and are given further response-ability in and with this structure. The way in which we can put this subject-ability to function is not constitutive but depends on our constitutional, physical ability to respond, whether we choose to or not. The fact that this ability is equally fundamental to subjectivity as the passive physical support and company always already provided for the other, creates the possibility for practice in a sense approximating the fundamental structure of the self as a passivity in relation, regardless of how difficult, insufficient, or even unachievable it may be.

In summary, I argue that while it is strictly speaking impossible to convert the fundamental structure of the self as a passive, professional, physical company and support for the other into active therapeutic practices, there is nonetheless a marginal possibility for a traverse from ethics to practice. In the context of justice, politics, the little acts, and other conceptions of helpful action, I argue that this possibility is already implied in the practices of passivity and the fundamental structure of the self as physical therapy of passivity and accompaniment. In the remainder of this chapter, I explore the possible traverse from ethics to practice in greater detail as I explore a range of corresponding practices and an approach to their ongoing development.

Passivity in practice

Having developed the practices of passivity in Chapter Three, the principal purpose of picking up on them here is to stress their inherently therapeutic effects for the other, and their particular proximity to professional physiotherapy in both form and effect. The central element of the critical perspective leading to their initial development, and underpinning this entire thesis, is that ontology, epistemology, and the specialized, theories and practices of physiotherapy built upon them enact an inadvertent, yet momentous violence against 'all forms of otherness' (Critchley & Bernasconi, 2002, p. 11). This violence consists in restricting and reducing the infinitely other to the ontological and epistemological categories and capacities of the self. Building on the argument that it also 'occurs whenever I limit the other to a set of rational categories, be they racial, sexual, or otherwise', I particularly focused on health and sickness as exemplary, therapeutic and diagnostic categories that highlight how this epistemological violence occurs in healthcare and physiotherapy more specifically (Beavers, 1990, p. 3). To additionally highlight its particular relevance to physiotherapy, I finally referred to this violence as an incapacitation and immobilisation, thus identifying it as, even literally opposed to the definitional aims of the profession.

Mobilisation and rehabilitation

Despite my initial focus on them as self-practices for the professional therapist, I implicitly alluded to the simultaneous effect they have on the client-other from whom this professional self, and its intentions, knowledge, and practices are now, at least momentarily withdrawn. Corresponding to the terms used to describe the ontological and epistemological violence against the other in relation to physiotherapy, this effect could also be referred to as a rehabilitation and mobilisation.

It is precisely in this sense then that the practices of passivity can be thought of as therapeutic practices for the other.

To say that they are therapeutic practices is not to forget that they are not active practices *aiming* at the mobilisation and rehabilitation of the other in the conventional sense. Rather, this mobilisation and rehabilitation is a passive effect that can not be intended, as this would render it active again. With infinite mobility, and in this sense capacity (or ability) being the fundamental condition of the other rather than the self, they are, strictly speaking, also not an effect contingent on the aid of the therapist, nor a condition that can be affected by the therapist at a fundamental level. Yet what I am suggesting here is that their practice might aid in reducing the disregard of this fundamental otherness in professional physiotherapy, and thus, provide a support for otherness in daily life and practice beyond the fundamental.

Already in their initial exploration, I considered a variety of forms for the four, broader practices of passivity. Amongst others, the variations discussed for the letting go of practice, knowledge, intention, and self included examples like: rigorously hesitating, not speaking, sitting (meditation), not grasping, listening, the limitation of desires, and the acceptance of ageing, sickness, and death. By further considering physical practices for flexibility, relaxation, awareness, I tried to highlight that most of these practices either: overtly require a physical engagement on the side of the practitioner; involve the body of the practitioner in more implicit ways; or at a minimum, have alternate variations emphasising either the intellect or the body of the practitioner.

The first thing to be stressed here in addition to this is that particularly the overtly physical variations of these practices also alters our physical relation to the other, for example, as we withdraw our ‘exploring, manipulating, and expressing hand’ (Lingis, 1994, pp. 30-31). Having identified them as therapeutic, this then is also marks them as not only physical, but always already physical therapies for the other. Rather than dissecting how each of their practice coincides with a change of our physical relating to the other in this simplistic sense however, in the following I focus on other characteristics that identify them as physical therapies of passivity, and their further effects and advantages as such.

Anamnesis

Because the practices of passivity have the peculiar effect of rendering their practitioner passive, to the point of leaving nothing *but* passivity, in Chapter Four it was necessary to explore the meaning of this passivity for the practitioner. Going through passivity in this manner led to a recognition of the relation to the other as fundamental to the self, and the fundamental structure of the self as not just a passivity, but also accompaniment for the other. With this in mind, I now propose that a purpose of the practices of passivity is to recall and ideally re-actualize this fundamental condition.

In the first instance, this parallels the argument that ‘unlike the natural scientist ... the [Levinassian] philosopher ... does not claim to be providing us with new knowledge or fresh discoveries, but rather with what Wittgenstein calls *reminders* of what we already know but continually pass over in day-to-day life’ (Critchley & Bernasconi, 2002, p. 7). In the context of Levinassian philosophy, that which is passed over in day-to-day life is ethics, the ethical relation to the other, the

other's infinite otherness, the totalization enacted by the knowing ego and its ontological and epistemological categories and capacities, and the fundamental structure of subjectivity as for-the-other, or as I have rephrased it, as professional physical therapy. Simply put, the reason that we need reminders of these is because we forget, if ever think about the fundamental condition of our existence. The practice of philosophy thus figures as a practice of *anamnesis* insofar as it 'reminds us of what is passed over in the naïvety of what passes for common sense' (Critchley & Bernasconi, 2002, p. 7).

The more fundamental reason for our forgetfulness highlighted in Levinassian philosophy is that the fundamental relation and structure of the self are 'not conceptualizable' (Bergo, 2007, p.13). Our amnesia is not so much the loss of a memory of something once known, but of something that cannot be known, and it is hence that 'we forget' and 'carry on, in our respective worlds, motivated by our desire for mastery and control' (Bergo, 2007, p.13). To counteract our 'forgetfulness of the other' and our fundamental condition, the practice of philosophy, as one of the possible practices of anamnesis must, therefore, attempt to describe and express this unknowable as best as possible (Critchley & Bernasconi, 2002, p. 19).

In Chapter Two, I mentioned that Levinas's philosophical work presents a particular methodological challenge to the present study. Though more broadly speaking, this is a challenge to philosophy and philosophical writing in general, which is inescapably bound to a language that perpetuates and is underpinned by an ontological and epistemological relation to otherness (Critchley & Bernasconi, 2002, p. 8). Especially after Derrida highlighted how *Totality and Infinity* has not been successful in overcoming the challenges to philosophy raised in it,

Levinas increasingly tried to resolve it, eventually making it a predominant theme in *Otherwise than Being* (Derrida, 1978; Levinas, 1969, 1998b).

In the present thesis, I have not been able to follow the implications of this problem in the direction explored by Levinas in the latter publication. One of the limitations of the present study is therefore that it similarly falls short of its resolution at the level of its language and structure. I will revisit this issue briefly in Chapter Six, and point out how the study might have nonetheless achieved to overcome this problem in another way.

To explore alternate possibility for its resolution, it was nonetheless critical to identify the notion of philosophy as a practice of anamnesis and its prevalence across the traditions in focus here. Resonance to it can, for example, also be found in the genre of philosophical writing referred to as *hypomnemata* and discussed by Hadot. Delineating ‘the notes one takes for oneself’, Hadot argued that this kind of writing precisely constitutes a ‘mnemotechnic exercise’ (Hadot, 2009, pp. 57, 90). More specifically, the purpose of writing these ‘memory aids’ in the ancient Greek and Roman philosophical schools was to learn and ‘call to mind’ their ‘key precepts’ with greater ease, to more readily draw on them as necessary in one’s daily life (Hadot, 2010, pp. 176-177; Sharpe, 2011, p. 4).

Whilst each school had particular idiosyncrasies, Hadot emphasised that the philosophical schools of ancient Greece and Rome all taught and practised the acceptance of ‘reality as it is’ (Hadot, 2002, p. 136); the present moment as a consequence of ‘seeing things’ as they are, ‘in a constant state of metamorphosis’ (Hadot, 2002, p. 136). In extension,

the practice of physics began with the study of the universe, or nature as it is, though with the aim to identify that which is natural and align with it, beginning with 'the elimination of desires' that contradict the natural order of the universe (Hadot, 2009, p. 100). The practice of philosophy through the writing of hypomnemata could thus be understood as directed at remembering the fundamental condition of oneself, the world, and one's relation to it. In physiotherapy, this could consist of simply including the study and practice of philosophy into professional education at all stages, via reading, writing, and dialogue and, in the present context, particularly reading, writing, and dialogue about ethics. That such inclusion of philosophy would be beneficial to therapists and clients alike via a broadening of theories and practices, has already been argued by various authors and follows parallel developments in nursing and other healthcare professions (Dahl-Michelsen & Groven, 2017; Gibson & Martin, 2003; Nicholls & Gibson, 2010).

As pointed out earlier, the 'realisation and understanding of the fundamental principles of the Universe', is an equally central concern in martial traditions like Kashima Shinryu, Aikido, and the Zen tradition (Friday & Humitake, 1997, pp. 157-158). Consequently, a large amount of oral instruction has been collated 'into written documents' in various forms (Friday & Humitake, 1997, p. 139). The purpose of writing these overlaps with the practice of hypomnemata, insofar as their purpose is 'to provide students with memoranda that would jog their memories and/or further their studies' (Friday & Humitake, 1997, p. 143).

That the need to remember is not just born out of an inadvertent recognition of an insufficient memory, but out of the fact that this forgetting can have dire consequences, is particularly evident in the

martial arts where it could lead to the loss of life in the most extreme of cases. Though it could be argued that the purpose of anamnesis in this context is egocentric, even at a superficial level this could be argued to widen if one's memory is used for the protection of others. Extending further beyond this, within the martial traditions, Zen, Shiatsu, and the philosophical schools of ancient Greece and Rome alike, one can find the shared belief that being 'out of sync' with our fundamental nature 'produces suffering' both for ourselves and others (Vitale, 2012b, p. 3).

Albeit in different terms, Levinas's dedication to *Otherwise than Being*, highlights that the purpose of anamnesis is not to recover some inconsequential memory, but expressly to prevent people 'of all confessions and all nations' from becoming 'victims of the same hatred of the other man' that has marked the atrocities of the World War II as much as any other war (Levinas, 1998b). The ultimate purpose of anamnesis is thus to inspire another kind of action and practice based on this memory, and it is hence that Levinas writes that 'a relaxation of essence to the second degree', that is, to our fundamental condition of passivity and accompaniment, 'is needed for the little cruelty our hands repudiate' (Levinas, 1998b, p. 185). From the very beginning, then, the practice of anamnesis is motivated by a concern to reduce harm and suffering, and is, hence, always already a therapeutic practice that would enhance physiotherapy practice by inspiring such reduction.

Further, given that forgetting and being out of sync with our fundamental condition produces suffering, the practice of anamnesis reduces this suffering by facilitating our bringing 'our nature into sync with that of the world' (Vitale, 2012b, p. 3). This notion is shared, in differing degrees, across Daoism, Shinto, Zen, Shiatsu, Budo, the martial arts, and even ancient Greek and Roman philosophy. Hadot

consonantly writes that practice of physics should ultimately translate into a desire, or even effort of ‘harmonizing oneself with its movements’ (Hadot, 2006, p. 183). In many of the martial traditions, it is similarly thought that ‘man must conform to the world, like water flowing along the contours of the land ... [placing] one’s will in the service of the cosmos, not vice versa’ (Amdur, 2014, p. 325). Finally, in the context of Shiatsu, it is equally thought that to ‘live harmoniously means to follow the movement of nature and the interaction of heaven and earth as fully as possible’ (Kawada & Karcher, 2009, p. 23).

If ‘our society doesn’t live in accordance with nature’, then the central question that follows is: *How* we can ‘go back to nature’ and our fundamental condition and ‘recover from this human sickness’ grounded in its forgetting (Okumura, 2012, p. 76)? Roman Emperor and Stoic philosopher Marcus Aurelius, for example, suggested that one should ‘think often of the bond that unites all things in the universe, and their dependence upon one another’ (Aurelius in Cave, 2012, p. 335). Aside from this variant of the philosophical practice of anamnesis and in following Hadot’s critique of the ‘tendency to emphasise the theoretical, abstract, and conceptual’ inherent in certain strands of philosophy, I argue that it is pertinent to consider possibilities less exclusively focused on thinking, writing and language (Hadot, 2002, p. 274).

More overtly than in the writings of Levinas and Hadot, one can find in Zen, Budo, and Shiatsu, an emphasis on the integration of intellectual and physical practice, and the argument that a ‘student’s involvement in each sphere is ongoing’, or at least should be (Friday & Humitake, 1997, p. 160). Specifically, this is emphasized because ‘the unity of theory and practice’ is thought to ‘add up to more than the sum of its

parts' (Friday & Humitake, 1997, p. 138; Ushiro, 2008, p. 3). What is additionally critical to note, and further distinguishes these approaches from those suggested by Levinas and Hadot, is that they consequently and more overtly build on the assumption that what they describe as natural, or fundamental can be studied and practised 'intimately, through both body and mind' (Deshimaru, 2012, p. 28).

Before moving on to any more specific practices, it is worthwhile to note that the connection of mind and body is also increasingly acknowledged and studied in contemporary physiotherapy. As discussed in Chapter Three, this already visible in the ways in which its aims are framed, encompassing physical, psychological, emotional, social, and environmental factors and wellbeing alike (WCPT, 2017). Attempts to improve and orient physiotherapy practice accordingly further illustrate the growing recognition of the link between mind and body and its importance, as, for example in the case of the recent interest in movement health, or 'movement for life' (PNZ, 2017; Sahrman, 2014). Advocated as a system-framework for the future physiotherapy, 'Movement Health' arguably aims at facilitating the development of 'movement choices, and possession of a greater range of strategies to achieve movement outcomes ... available to the CNS', where the latter represents a somewhat biomedical reference to the mind, and movement is understood as a capacity of the body (McNeill & Blandford, p. 154).

With the CNS as a central component of what is thought of as 'mind' in the context of physiotherapy, the concept of movement health implies at least some recognition of a connection between the mind and body, even if it remains close to a biomedical understanding. Similarly, the recent formation of a PNZ Special Interest Group on *Physiotherapy in*

Mental Health, and the organisation of the first WCPT Special Interest group conference on *Physiotherapy and Mental Health* give further evidence that the connection between mind and body is gaining attention in the profession (<http://www.wcpt.org/ioptmh>). A further, more overt example for this that additionally exhibits that broader understandings of what might be referred to as ‘mind’ are already being explored. Specifically, an approach integrating physiotherapy and psychotherapy has recently been found to enable ‘patients to reflect upon bodily as well as emotional reactions, and these reflections helped the patients to see how body and soul are inter-related’ (Ekerholt et al., 2014, pp. 5-6).

There are many more examples that could be drawn on to further exemplify the growing recognition and exploration of the relation of mind and body for this. More important than amassing a list of them and discerning the minutiae of their differences however, is the simple evidence they provide for this growth in interest in physiotherapy research and practice. It is also for this reason that I argue that martial and healing traditions like those of Zen, Aikido, and Shiatsu, have much to offer to physiotherapy, given their far longer history of theorising and practising mindbody connections.

Additionally interesting to physiotherapy, these traditions exhibit a resonant preference for physical practices as a means actualizing the ‘oneness of mind and body’ that they consider as part of the natural, fundamental condition of the self (Friday & Humitake, 1997, p. 153; Ushiro, 2008, p. 18). This preference is clearly visible in the common emphasis that a ‘student’s path must begin with physical training’ (Friday & Humitake, 1997, p. 101); that ‘it all starts with the body’, and specifically, with ‘being aware of the body and the breath’ (Chadwick,

1999, p. 261). Though with such a preference of physical practice ‘the question naturally arises’ how it is justified, or why, as for example in the case of *zazen*, it is so distinctly ‘necessary to sit with legs folded, facing the wall’ (Nonomura, 2008, p. 291)?

In response to his own question, Nonomura doubts ‘whether anyone could put the answer into words’, and argues that ‘only ... sitting for oneself’ enables the answer to eventually come ‘welling up in one’s blood and bones’ (Nonomura, 2008, p. 291). His answer is, in fact, emblematic of two widely held assumptions across Zen, Budo, and other related traditions. Akin to Hadot’s critique of philosophy, the first of these is that there is a tendency to overemphasise the intellect and theorizing in daily life. More decidedly than Hadot however, the second assumption is that the fundamental condition of nature, self, and other, is ‘not something we can understand merely with our intellects’, if at all (Okumura, 2012, p. 64).

In Levinassian terms, the fundamental condition of the self is ‘meontological’, a ‘primary mode of non-being (me-on)’ that cannot be grasped through intellection, ontology, and epistemology (Levinas & Kearney, 1986, p. 24). As argued in Chapter Four, this primary mode is closely related to physicality, insofar as the physical existence of the self precedes its ontological and epistemological thematization, and is hence, even a condition of cognition and language. It is for this reason then, that it is thought that ‘one hears differently when one hears in the doing’ as argued by Rosenzweig (Rosenzweig, 2002, p. 471). In reference to Zen, Budo, Shiatsu, and related traditions, that our fundamental condition is inherently physical, and this physicality is otherwise than knowledge and being in its first instantiations, also

provides the grounds for their preference of physical practices of anamnesis.

Of critical import to the present exploration, it is also on this basis that I propose physical practices as a particularly feasible approach for the traverse from ethics to practice. This is especially because the traverse from ethics to practice is always already realised in the physicality of the self and the physical therapy it provides prior to its traverse in any active sense. In the martial tradition of Kashima Shinryu, this understanding is evident, for example, in the conviction that to practice the movements proposed by the school already means to embody 'the fundamental rhythms of the universe' (Friday & Humitake, 1997, p. 157). Proper execution and physical practice alone is consequently considered 'sufficient to guide students to' both the 'realisation and understanding of the fundamental principles of the Universe' and is thus a physical practice of anamnesis (Friday & Humitake, 1997, pp. 157-158). It should be noted though that the preference for physical practice does not imply 'that doing necessarily results in hearing and understanding' (Rosenzweig, 2002, p. 471). Friday and Humitake therefore explicitly write that training, or physical practice alone 'should be sufficient' for this purpose, rather than *is* sufficient (Friday & Humitake, 1997, pp. 157-158).

Despite this precaution, the assumption that one cannot understand one's place in the universe in an intelligible, or conscious level in entirety nonetheless remains central to this tradition (Friday & Humitake, 1997, pp. 157-158). Rather, understanding is conceived as a, otherwise than knowledge and being, physical embodiment of the fundamental structure of the self, and its realisation in this sense. Further, the belief that physical practice can mimic or embody

‘fundamental principles’ also grounds the distinct focus on spiraling movements in both Kashima Shinryu and Aikido as these are thought to reflect the ‘ultimate natural law or rhythm of nature’ and its spiraling movement ‘similar to an eddy in the flow of a river’ (Friday & Humitake, 1997, p. 68; Uchiyama, 2004, pp. 99-100). Echoed in Goethe’s theory of the ‘genesis of forms’, the spiral thus gives further shape to the physical practice of anamnesis across these and a range of other martial traditions that focus on the execution of particular, spiralling movements, or the recognition and better adherence to the spiral patterns inherent in their techniques (Hadot, 2006, pp. 218-225).

To some extent, this resonates with physiotherapy, insofar as reference to spirals can be found in theory and practice alike. The assessment and treatment approach of Proprioceptive Neuromuscular Facilitation (PNF) developed by a physician and a physiotherapist in the 1940-50’s, for example, similarly focusses on the practice of spiralling movements with particular parts of the body, or the body as a whole. Following an analysis of the anatomy of bone structure, muscular alignment, and movement observation, this is grounded in the assumption that spiralling movements are the most natural, efficient and functional movement patterns (Knott & Voss, 1956; Sandel 2013). PNF practice thus focuses on retraining the nervous system and musculature to follow these natural patterns. A more recent example can be found in considerable interest in research and practice relating to connective tissue (i.e. fascia). Here again, the spiral distribution of tissues is investigated as the basis for fundamental anatomical patterns thought to govern healthy movement, and deviation from these as causes of dysfunctions and bodily pain (Myers, 2014; Schleip & Baker, 2015).

Rather than attempting an analysis of these and similar approaches in greater detail, the general familiarity of physiotherapy with physical practices and spiralling movements and structures, and its consequent resonance with other approaches emphasising these, might at least be indicative of a possibility to reconsider physiotherapy practice in relation to anamnesis as developed here. Thus far, anamnesis is primarily considered as a part of a broader approach to assessment and diagnosis and more colloquially referred to as 'history taking' in contemporary physiotherapy (WCPT, 2014, pp. 5-6). As such, it is even thought that it can itself 'provide the diagnosis in the majority of cases' (Brukner and Kahn, 2009, p. 109). Though precisely this understanding keeps its in the framework of a cumulative, ontological, and epistemological practice that inflicts that violence against the other that a practice grounded in fundamental ethics seeks to reduce.

In this sense, anamnesis rather refers to physical and intellectual therapeutic self-practices of passivity that facilitate the practitioner's recall of the fundamental relation and structure, prior to professional identity and practice in the conventional sense. Effected through the letting go of practice, knowledge, intention, and self, its benefit for the other consist in not reducing and limiting 'limit the other' to the epistemological categories (Beavers, 1990, p. 3). Rather, it is to loosen their immobilising grasp, and in this way mobilise and rehabilitate the other's infinite otherness, or motion. The additional advantage of, particularly physical therapies of passivity as I have proposed in this section, lies in their more readily facilitating a *sensible*, that is physical, way to ground physical therapy in our equally physical fundamental condition as such.

Physical needs

To develop other active, ethical, therapeutic practices, that can be practised on the basis of the sensible memory of the fundamental structure of the self, we can summarize that its key characteristics, developed over the last three chapters are that:

- ❖ the self is a passivity;
- ❖ that its passive, fundamental structure can alternatively be referred to as a professional physical support and company;
- ❖ that it is defenceless against the relation, or contact of other, subject 'to the force of alterity' (Lingis, 1998b, p. xxi);
- ❖ that rather than threatening its existence, this force is creative insofar as it instatiates it in itself;
- ❖ that is instantiated as a distinct physical sub-stance both defined as and capable of providing physical company and support for the other; and
- ❖ that the fundamental 'level of sensibility', or physicality of the self, precedes and is other than its consciousness, cognition, and capacity (Critchley & Bernasconi, 2002, p. 21).

What I now propose in addition to this, is that both the physicality of the self and the visceral proximity of the contact that creates it, simultaneously suggests a physicality of the other. Though critically, in following fundamental ethics, the physicality of the other differs from that of the self, and must do so to prevent its sameness or assimilation. Where, then, are its points of difference? The first point of difference is precisely the other's creative, physical capacity discussed in Chapter Four that sets it apart from the passive sensibility of the self. Seemingly paradoxically, the second of difference is grounded in the exposure of calling, and in extension, its need for the physical support and company

provided by the self. It is this need that, in a Levinassian sense, reveals it as 'not only remote like a height and a majesty that commands, but' simultaneously, 'a nakedness and destitution that calls for solicitude' (Lingis, 1998, p. xxii).

Specifically, Levinas referred to the face as the fundamental 'way in which the other presents himself' to me, and by extension, to the fundamental relation, as a face-to-face encounter (Bergo, 2007, p.13; Critchley & Bernasconi, 2002, p. 12). To ensure that its otherness is not forgotten in that which allows me to recognise this as a face like my own, Levinas repeatedly emphasised its infinite height and distance that likens it to a star according to Rosenzweig's imagery. In his own words, the face is the 'way in which the other presents himself', but a way continuously 'exceeding the idea of the other in me' (Levinas, 1969, p. 50).

What is crucial to the present exploration however, is that the reference to the face that 'looks upon me' nonetheless invokes a familiarity that also allows me to recognise the other as 'the always nearest', a concrete, recognizable, and palpable materiality (Rosenzweig, 2002, p. 471). In this sense, the other is also the concrete living being that I encounter, face-to-face, in each new moment, situation, time and space. In revealing its face 'a surface of the elemental', that other also revealed itself as a physical structure 'made of light and shadows, of carbon compounds, earth ... liquidity ... air and warmth' (Lingis, 1994, pp. 131-132).

Rather than giving up its infinite otherness from me in this resemblance in this revelation, precisely its distinct physicality underscores its inassimilable separateness, not unlike my own

physicality supports and avouches our separation. Without ever giving up its overbearing strength and infinite otherness, the physicality of the face reveals the other as ‘exposed to being wounded and outraged’, and in so doing, as a vulnerability not entirely unlike, yet wholly other than myself (Lingis, 1998, p. xviii). It is this fundamentally physical vulnerability, that further underscores that the other needs my company and support, and these are to be physical, first and foremost:

The face of the other is a surface of suffering, upon which her sensitivity and susceptibility and her vulnerability and mortality are exposed to me ... the place where the elemental addresses, appeals and requires, the involution in enjoyment which makes one's own eyes luminous, one's hands warm, one's posture supportive, one's voice voluble and spiritual, and one's face ardent. The face of the other is the place where the elemental surfaces to make demands on the elemental resources in which the enjoyment of my life is immersed (Lingis, 1994, pp. 131-132).

Levinas consequently refers to giving ‘the other ... the bread of one’s own mouth and the coat from one’s shoulders’ as principal ways to provide material sustenance for the other, thus additionally emphasising that the fundamental needs of the other are physical (Levinas, 1998b, p. 55). From this perspective, it could be argued that providing food, shelter and clothing equally constitute physical therapies. On the one hand, this further supports the argument for physical therapy as a fundamental and indispensable therapeutic practice. On the other hand however, it drastically accentuates the problem that raised by an understanding of physical therapy as fundamental as developed in this thesis: that is, physical therapy is not only always *already* provided by everyone through their body, but even more practically, that by everyone who provides material sustenance for another, via food, shelter, clothing, or other means.

Though this poses a considerable problem to conventional approaches to the profession's 'protection of the title', I argue that it also presents a meaningful possibility to reconsider its current boundaries and territorial claims (PNZ, 2015; WCPT, 2015d). The critical analysis and development of this possibility requires an additional, in-depth exploration of the current boundaries that exceeds the limits of this thesis. Having engaged in it to some extent, but finally decided to exclude it from this thesis, I will briefly comment on this field in the conclusion of the thesis and the discussion of its limitation. In the following, I therefore continue to focus on the development of other, novel approaches to physiotherapy practice in addition and extension to those developed so far.

Accompaniment in practice

Having argued that the other is also physical in a distinct sense, and that the other's needs are physical in a way that calls forth and on the fundamental structure of the self, I propose that it is possible to describe both the other's infinite otherness, or motion, and the physical accompaniment of the self as its fundamental physical needs. In the introduction of the notion of accompaniment as a fundamental physical therapy, I pointed out that this is also where the problem of a loss of professional identity, status, and boundaries in the common sense is grounded at a fundamental level. What I now propose in seeming contradiction to this is that the recognition of accompaniment as a physical need of the other simultaneously opens the possibility for the development of other professional physical therapies. In the following sections, I focus on two particular possibilities that I refer to as activities of daily life, or everyday practices, and therapeutic touch, or contact. Their discussion further highlights the difficulty of describing

and defining practices of accompaniment in advancement. Yet paradoxically, it also highlights how they might be designed, or rather practiced, in the moment in which they are called for. In this sense, the discussion draws out an approach to the ongoing development of further practices of accompaniment.

Activities of daily life

In Chapter Three, I argued that, in Zen practice, all activities of daily life are thought of as opportunities to engage in a practice of impermanence and focus on the present moment (Okumura, 2012, p. 8). Given that what is realised through these practices is also one's fundamental relation to all other existences, all activities of daily life can equally be referred to as practices of anamnesis, reminding and realigning the practitioner with her fundamental structure as a self in relation. Given that the passive, physical effect of this structure is company and support for the other, we could argue that they are simultaneously also *physical therapies of accompaniment*.

Beyond their purely passive effect however, I now additionally argue that they may also be considered practices by which the practitioner can learn to provide accompaniment more actively. In Zen practice, eating and digestion, for example, are thought to be reminiscent of the dependence of the self on the world that surrounds it, as well as the need to support it, even if it were only for its own sustenance. Manual labour is likewise considered 'an integral part of Zen life, no less important than sitting itself' precisely because it constitutes a practice of passivity and accompaniment in the present sense (Nonomura, 2008, p. 195). That is, cleaning – as an exemplary form of manual labour – allows practitioners to understand that they 'must take care of [their]

surroundings before [they] use them', and thus inherently, practice being of service to others (Chadwick, 1999, p. 65).

In my experience, monastic life in the Zen tradition, and all the activities of daily life that this involves, can be perceived as extremely regulated, with virtually all activities involving highly specific and pre-defined routines. From this perspective, one might think that what one is to do to provide company and support in any given situation can follow this precedent and be pre-determined and form part of a rigid systematic. I believe that this is a misreading however, and even practices underpinned by particularly routinized movements, are rather supposed to alert the practitioner to a range of critical requirements, that make it possible to realize a therapeutic practice of accompaniment.

The first of these ingredients is highlighted in the following quote in relation to the practice of bowing, which is equally considered a central activity of daily life across Zen, Shiatsu, and the Japanese martial arts alike. Specifically, bowing 'makes the point, physically, that there are two' (Kishi & Whieldon, 2011, p. 126). In other words, the principal active ingredient is the same that underlies the passive effect of accompaniment: the practitioners physical structure, and the presence of this structure in his inter-action with the other, that acknowledges 'the other's separateness from me', thus providing him with physical company and support (Critchley & Bernasconi, 2002, p. 26).

The evident problem with this understanding is that this therapeutic ingredient is still relatively passive. To some extent, this is also the idea behind it, building on the notion that the maximally reduced, physical practice of zazen – focussing on nothing but one's posture and

breathing – already effects a company and support for all living beings in each new moment. Though at the same time, the emphasis on mundane practices and activities of daily life as being of equal importance as zazen, is grounded in the importance placed on interacting with and in the world, and doing so on a daily basis, rather than pointing to inadvertence and complacency. Rather than suggesting that everyday practices need to be done differently, I argue that their understanding as physical therapies of accompaniment encourages practitioners to attempt the conversion of the passive effect of zazen into all actions of daily life as a more active ingredient; promote the idea that it is desirable to do so anywhere and at any time; and provide guidance on how this might be achieved.

More specifically, this guidance is given precisely in the instruction to pay attention to one's body, breath and posture as in the practice of zazen. Thus, what is becomes possible for the practitioner during their own activities of daily life, is to provide company and support for the other by being fully present in mind and body, paying attention to their body, breath, posture, and movements. It is primarily because such focus is not easily realized then, that we 'sometimes ... have to escape from society' to receive and practice this with greater focus, so as to once again 're-enter' society 'more profoundly and more effectively' (Deshimaru, 2012, p. 136).

Support for the notion of the therapeutic practitioner's activities of daily life as physical therapies of accompaniment can also be found in the writings of Hadot and Levinas. Despite reservations about such a conversion, it is critical to note that Levinas argued that 'goodness is possible', and even exclusively possible 'in everyday, ongoing life' (Morgan, 2011, p. 16; Robbins, 2001, p. 217). For his part, Hadot argued

that ancient Greek and Roman philosophy was first and foremost ‘the practice of everyday life’ (Hadot, 2009, p. 102). In daily life in all of its forms, a practitioner of philosophy was to learn about the fundamental nature of the self, the other, society, and the universe. And it was in daily life, that the philosopher was to practice and apply these insights and theories, including being of service to others based on an insight into the fundamental relation of all existence (Hadot, 2002, p. 38).

The WCPT defines activities of daily living, or ADLs, as client’s ‘daily self-care activities required to function in the home and/or outdoor environment’ (WCPT, 2014, p. 4). They are considered either basic activities like ‘dressing, eating, mobility, toileting and hygiene’, or instrumental activities, which are ‘not fundamental to functioning’, but allow ‘an individual to live independently’, including for example shopping, housekeeping, managing finances, preparing meals and using transport (WCPT, 2014, p. 4). In other words, contemporary physiotherapy practice understands and defines ADLs as actions *of clients*, and in the context of rehabilitation, therapeutic goals *for clients* that are to be achieved with the help of professional practice.

In expansion of this understanding, the perspectives provided by Zen, Hadot, and Levinas, open the possibility for activities of daily life as both passively effective, and active physical therapies of accompaniment to be practised *by the therapist*. Such inclusion of ADLs, for example, the practitioner’s cleaning and cooking into physiotherapy’s professional practices would constitute a broadening of the profession’s fundamental theories and practices. Yet if this were all that was to be gleaned from their alternate contextualization, it could be argued that their integration is of little value, if not detrimental to professional physiotherapy. It implies that any action could be referred

to as a physical therapy, or that anyone can and always does practice this kind of physical therapy, even when they are helping someone clean and cook, or where they facilitate an ability to do so. This could be considered to overlap with social work. Contrary to this, in what follows, I argue that the ‘everyday-ness’ of ADL’s thus understood also implies that other practices can be developed and engaged in that are more distinctly discernable as professional physical therapy practices.

Beyond everyday practices

The first way in which identification of everyday practices as both passive and active physical therapies of accompaniment enables to development of further variants to them lies in identifying attention to the practitioner’s body, breath, and posture as a condition for their practice as physical therapies. Further, according to Zen philosophy, helping not only can, but must take many forms if helping ‘all living beings’ is aspired to (Deshimaru, 2012, p. 132). That is, because all of these beings are different from each other and different in each moment, ‘a whole toolbox of methods is required’ to help them (Deshimaru, 2012, p. 132). Referred to as ‘*upaya*, skilful means’, the large variety of tools in this toolbox is illustrated in figures like the bodhisattva of compassion, the medicine Buddha, and the concept of the bodhisattva more generally speaking (Loori, 2002, p. 116).

The bodhisattva of compassion, for example, is commonly depicted with 1,000 arms, to point to the infinite variety of ways in which compassion can be enacted; whereas the twelve vows of the medicine Buddha, include helping others by providing food, shelter, and clothing, helping the oppressed, healing deformities, helping people follow vows and precepts, and even helping them study and practice Buddhist philosophy and its way of life (Thanh & Leigh, 2001). Similarly, having

taken the bodhisattva vows, the Buddhist practitioner is meant to help all beings in a variety of ways. These could be ‘material offerings, which might include not only goods but also anything that comes from the body such as work, help, a word, or a gesture’, or by ‘offering the dharma’, that is, the philosophical and practical teachings of Buddhism’, and even by ‘offering peace, non-fear, [and] confidence’ (Deshimaru, 2012, p. 122).

Apart from advocating for an infinite variety of practices for helping others, their particular wording emphasises that they are indeed meant to be helpful, or in the present sense, therapeutic, as much as their effective use is considered beneficial or ‘helpful conduct’ (Dogen, 2007, p. 41). Their particular variety also provides support for the integration of mind, bodily, and even environmental approaches into therapeutic practice. What is especially relevant to physiotherapy, however, is that the use of hands to depict this variety – as well as the foregrounding of physical offerings – highlights the fundamental relevance and preference of physical therapies.

Next to these practical implications, the most critical feature of skilful practice relates to the underpinning understanding of impermanence and interdependence. Simply put, the variety of helpful practices is necessary because no one other thing or moment is ever the same, and arises subject to an infinite variety of continuously changing conditions. Rather than prescribing a concrete array of tools, the variety implied in their everyday-ness of helpful practice, therefore, highlights the impossibility of their prescription, or predetermination, or at least the difficulty and risks involved in their overly constricting predefinition.

In contrast to the health behaviourism that has gained popularity in the growing prominence of health promotion in recent years, Cohn argued that ‘everyday practices’ defined as ‘locally situated and composite’ practices ‘contingent on a whole variety of social and material factors’, are fundamentally different to the historically biomedical approach to psychology that are too closely associated with positivist healthcare paradigms (Cohn, 2014, p. 160). In contrast to the desired predictability and reductivism of biomedical healthcare, Cohn argues that ‘it is perhaps impossible and even undesirable to try and identify when exactly an action starts and when it ends, or the extent to which one action is distinct from another. [This] also potentially resists the search for causal explanations, in the form of identifying determinants’ as discussed in Chapter Three of this thesis (Cohn, 2014, p. 160).

The emphasis on everyday practices, therefore, points to an underlying difficulty, or even impossibility, in any attempt to predetermine or predefine therapeutic practices. Building on the critical perspective underpinning this thesis I argue that such a predefinition is, strictly speaking, contrary to fundamental ethics. As Critchley has noted, Levinas does not ‘provide us with what we normally think of as an ethics, namely a theory of justice or an account of general rules’ (Critchley & Bernasconi, 2002, p. 27). His reason for not doing so, is precisely because any such predefined, general rules for practice, as much as any predefined practices, rely on ontological and epistemological categories and capacities, which disregard the unknowable, unforeseeable, and even unaccountable factors that would need to be acknowledged and supported in each singular case and moment.

This, in turn, means that it is not possible to establish being without rules as a general rule, and thus, also that it is possible to develop specific rules and practices after all, so long as they are not considered as general or generally applicable to all other situations, times, and places. Building on this possibility, in the following I explore how therapeutic touch could be understood and practised as a physical therapy of accompaniment. Through the exploration of touch as an exemplary, I finally discuss what guidelines for physiotherapy and its further development might be derived from the theories and practices developed throughout this thesis.

Contact

Given the central role of physical contact, and in extension, therapeutic touch in physiotherapy, to explore how it can be understood as a physical therapy of accompaniment is particularly pertinent to the profession. In the opening quote to this chapter from which I have borrowed the term accompaniment, Lingis' describes that 'the other seeks the contact and the accompaniment' alike (Lingis, 1994, p. 131-132). Building on the theories and practices developed thus far, an exploration of contact as a physical therapy of accompaniment is additionally crucial because it is intrinsic to the fundamental relation between self and other, is fundamentally physical as such, and finally, an as fundamental need of the other as food, shelter, clothing, and accompaniment.

Through their gradual development I have argued that providing company through listening, being present, listening, being mindful, being-with, paying attention or bearing witness can themselves be considered both physical practices, and more specifically, physical therapies of accompaniment. It could therefore be argued that to

understand and practice accompaniment in their way presents another potential broadening of physiotherapy theory and practice. And indeed, drawing on Levinas, it has been argued that 'it is by means of attentiveness, listening, and hearing, that a doctor provides company... to the sick or ailing other' (Burcher, 2012, p.13).

Yet evidently, neither listening nor therapeutic touch are exclusive to physiotherapy, though especially the latter is commonly considered emblematic of the profession, having been part of a quartet of practices that have defined physiotherapy for over a century (these being massage and manual therapy, exercise, water-based therapies and electrotherapy). What is nonetheless interesting about listening as discussed so far, is that it resonates closely with the way in which therapeutic touch could be considered and practised as a physical therapy of accompaniment.

To explicate how this is the case, it is worthwhile to note Levinas's mention of 'the caress of a consoler' as a form of touch that 'does not promise the end of suffering, does not announce any compensation, and in its very contact, is not concerned with what is to come afterwards' (Levinas, 1978, p. 93). On the basis of an understanding of materiality as 'one's maternal sustenance for another', it is in many ways a notion of maternal, or parental relation that provides the inspiration for Levinas's description of the *caress*, and more specifically, of this caress as a specific form of material support (Lingis, 1998, p. xxii). Lingis picks up on this notion, and writes that 'the hand that caresses is not investigative, does not gather information, is not a sense organ ... does not apprehend or manipulate; it is not an instrument ... does not communicate a message' (Lingis, 1994, pp. 30-31).

Both Levinas and Lingis, therefore, address aspects of therapeutic touch that have historically been beyond the scope of physiotherapy. In radical contrast to conventional notions of physiotherapy, their conception of touch is not motivated by the desire to end suffering, investigate, gather information, manipulate, communicate a message, of function as an instrument in any other way. Having excluded all of these elements however, one must ask what kind of touch this is supposed to be, and can it hold any future relevance to physiotherapy?

Some solutions to these questions are indicated in specific aspects of Shiatsu. Resonance with the notion of the caress can be found, for instance, in the writings of Yuichi Kawada of Yoseido Shiatsu, who argued that ‘maternal affection’ is ‘the centre’ of Shiatsu (Kawada & Karcher, 2009, pp. 3-4). Shiatsu teacher Akinobu Kishi argued that ‘we do not have to push, pull, manipulate and adjust’, that ‘pressure is not the point’ (Kishi & Whieldon, 2011, p. 150). And, the founder of Tao Shiatsu, Endo Ryokyo, recommended that one should ‘try to be relaxed and not to feel that “you” have to be responsible to “do” something, as this creates tension and a feeling of heaviness’ (Endo, 2008, p. 35).

These instructions provide some direction for the practice of a kind of touch that is perhaps closer to traditional physiotherapy, but also calls for its practices to be extended revised in a sense proximal to Levinas’s understanding of the caress. If we are not to push or pull, nor manipulate or adjust, for example, we could say that we are not left with nothing, but a kind of neutral touch in terms of pressure, but nonetheless a skin-on-skin contact. Similarly, if the contact is not to be heavy, a range of light forms of skin-on-skin contact become possible.

Not seeking to do something further challenges the therapeutic practice of touch in a sense akin to the practices of passivity. Specifically, the instruction that touch should be ‘natural, easy’ and ‘without any attachment or interest’ further underscores the necessity for relaxation and passivity as characteristic of this kind of contact (Kishi & Whieldon, 2011, pp. 80, 116). To let go of one’s attachment, practice, knowledge, and self, precisely implies that passivity and its practices are fundamental to the practice of touch as an ethical therapeutic. Lingis consonantly writes that the ‘hand that caresses ... advances ... aimlessly ... not knowing what it wants to say, where it is going, or why it has come here. In its aimlessness it is passive’ (Lingis, 1994, pp. 30-31).

In Shiatsu, it is thought that it is precisely through this kind of passive contact, ‘without any attachment or interest ... that [what] is impossible through just using technique becomes possible’ (Kishi & Whieldon, 2011, p. 116). But if the main characteristic of our contact is passivity, then we have to wonder what it is that is impossible through just using technique, yet becomes possible through this passive contact. Having argued that ‘pressure is not the point’, Kishi further argues that this technologically impossible, passive ‘contact is the point’ (Kishi & Whieldon, 2011, p. 150), that ‘the real meaning of touch is making natural, easy, human contact’ (Kishi & Whieldon, 2011, p. 80). Rather than ‘simultaneously providing acquaintance, observation and treatment’ however, I argue that to make such natural contact means to provide therapy through acquaintance, or accompaniment (Kawada & Karcher, 2009, p. 8).

In Kishi and Whieldon’s terms, ‘human contact is the most spontaneous form of medicine’, and the primary reason it can be called medicine is

that ‘the body wants...resonance’, or in the present sense, that physical therapy of accompaniment (Kishi & Whieldon, 2011, p. 106). We can see the same emphasis in the application of Levinas’s writing to psychotherapy and narrative medicine, where medicine is considered that which occurs when ‘we release the sufferer from his agonising isolation and solitude’ (Marcus, 2010, p. 63). Here, we ‘combat the isolation’ and ‘end the solitude of illness’ (Burcher, 2012, p.13). By freeing the other from the agony of isolation and solitude with our physical company and support ‘we are not treating a problem’ but precisely, providing ‘maternal affection’ (Kawada & Karcher, 2009, pp. 5, 8).

In approaching Shiatsu in this way, freeing the other from the agony of isolation and solitude is not so much aimed at ending a suffering, but at opening ‘a space between practitioner and patient’ (Kawada & Karcher, 2009, p. 8). Levinas describes this as a situation in which the other is ‘transported “elsewhere” by the movement of the caress, is freed from the vice-grip of “oneself” and ‘finds, “fresh air”, a dimension and a future’ (Levinas, 1978, p. 93). The therapeutic benefit of this passive, physical contact and accompaniment; this fresh air and opening toward the future, thus constitutes a remobilisation and rehabilitation of the other and their otherness in the sense developed throughout this thesis. Practised as such then, touch can be function as a physical therapy that is not grounded in the self, knowledge and capacity of the professional therapist, but through their retraction, is grounded in the other (Levinas, 1978, p. 93).

In reference to the concluding comments in Chapter Four, what the mother provides for her child beyond mere contact is a moment of rest and stillness; thus ‘heart and spirit are happy when they return to their

natural state, just as the child is happy when it lets itself sink into its mother's arms' (Modified from Tenbreul, 2011, pp. 22-23)³. What this stillness makes possible then is the necessary relief needed by the child to let go of the mother again and venture out into the world by itself, knowing, that it can always fall back on its mother's company and support. The need for company, momentarily satisfied through the stillness of the accompanying contact, gives way to and supports a return to motion until rest and company are needed again. The stillness and centre of the self, developed through its self-retreatment via the practices of passivity, is not something *for* the self, nor a place of rest and retreat *from* the self, but for the other.

In concluding my exploration of touch as an exemplary practice of accompaniment, I propose such an approach to it as the foundation for physical therapies, using skin-to-skin contact as a way 'to accompany another human ... and support them to walk the path and find new solutions' (Rappenecker, 2003, p. 4). This means that those techniques involving therapeutic touch that already exist and are widely used in physiotherapy, e.g., manual therapy, massage, PNF, are always already physical therapies of accompaniment prior to any other effects they aspire to. It also means that, within the limits of what is possible given the current framework of physiotherapy practice, it might be possible to explore ways this inherent aspect of touch could be further accentuated, for example, by letting go of such alternate effects, or goals beyond accompaniment where it appears feasible. Recent developments in pain science and persistent low back pain might offer a window of opportunity in this regard. These indicate that it is less the

³ 'Herz und Geist sind gluecklich wenn sie zu ihrem urspruenglichen Zustand zurueckkehren, so wie das Kind gluecklich ist, wenn es sich in die Arme der Mutter fallen laesst' (Tenbreul, 2011, pp. 22-23).

(re)positioning of one vertebra on another that is relevant to the reduction of pain, as much as a combined physical and behavioural/psychological approach. Though further research would be necessary to explore this assumption (Lee et al., 2015; O’Keefe et al., 2016).

The practice of physical therapy

Beyond the provision of physical company and support by means of therapeutic contact, what other approaches to physiotherapy might be coherent with fundamental ethics as passivity and accompaniment? What kind of practice might grounded in an otherwise fundamental ethics?

Firstly, it could now be argued that whatever I do to help another, I do with my body, and more specifically, the full investment of my undivided physical and mental presence. This is not just any kind of physical presence, but one that is inseparably related to a passivity as developed throughout this thesis. Building on the argument that ‘sustained effort’ might make it possible to extend passivity ‘into daily life’ I propose the practices of passivity are indispensable for the traverse from ethics to practice (Deshimaru, 2012, p. 94).

The notion that passivity is fundamental to ethical action, and in extension, therapeutic practice, can also be found in Hadot’s argument that ‘one must...do good, as it were, unconsciously’ (Hadot, 2009, pp. 108-109). And further, that ‘goodness supposes total disinterestedness; it must be, as it were spontaneous and unreflective, without the least calculation, without the least self-complacency. Goodness must be an instinct: one must do good as the bee makes its honey and seeks nothing else’ (Hadot, 2009, pp. 108-109). Hadot’s descriptions thus

closely resonate with the way that therapeutic touch is understood in Shiatsu, that is, as a 'spontaneous' kind of touch (Kishi & Whieldon, 2011, p. 110). It further overlaps with the notion that compassion, or helpful practice, is realised when it 'manifests itself...without effort, without searching, without a desire to understand or obtain anything. Unconsciously, naturally and automatically' (Deshimaru, 2012, p. 94).

Finally, all of these descriptions also resonate with what Levinas referred to as the 'little acts of goodness' (Critchley & Bernasconi, 2002, p. 27). Levinas developed this term following a reading of Vasili Grossman's novel *Life and Fate*, which he generally, frequently mentions as a source of inspiration (Morgan, 2011, p. 16; Robbins, 2001, p. 217). Significantly, the little acts of goodness the only 'acts that Levinas qualifies with the adjective ethical' (Critchley & Bernasconi, 2002, p. 27). They are, in his own words, 'all that is left to humankind ... the sole positive thing' (Robbins, 2001, pp. 89, 120). Briefly mentioned in my discussion of activities of daily life as practices of accompaniment, Levinas considered the little acts of goodness to take place in 'everyday, ongoing life' (Robbins, 2001, p. 217), and further, as 'everyday and quite banal acts of civility, hospitality, kindness and politeness', thus identifying them as essentially 'therapeutic' (Critchley & Bernasconi, 2002, p. 27).

In addition to being therapeutic, these practices support Levinas's general emphasis on ethics as material sustenance, and are thus, by extension, of fundamental importance to physical therapists. He additionally argues that they take place 'outside of every system, every religion, every social organisation' (Robbins, 2001, p. 218). This would suggest, then, that they cannot *belong* to any one singular profession or professional organisation: they are literally *unprofessional* and

unobtainable as part of orthodox, regulated physiotherapy practice. Being outside of every system further means that they are not systematizable, suggesting that they cannot be premeditated, neither originate in, belong to, or thematized by the ontological and epistemological capacities of the self. Rather, according to Levinas, they are 'absolutely gratuitous, unforeseen' (Robbins, 2001, p. 89), to which we might add unintentional, disinterested, unconscious, spontaneous, and natural, belonging to the order of passivity and coming to the other through the passivity of the self.

Throughout this chapter I have argued that to practice passivity is simultaneously to practice accompaniment. This is firstly the case in the sense that accompaniment is the passive effect of my physical presence. But physical therapies of accompaniment also call for an active effort and deliberate practice on the part of the practitioner: especially in relation to therapeutic touch. Quintessentially, then, this approach to therapeutic practice reveals an inseparable relationship between physicality, passivity and accompaniment.

The critical point in arguing that passivity and accompaniment are fundamental physical needs and therapies, as well as fundamental characteristics of an approach to the professional practice of physical therapies, lies in the seemingly paradoxical engagement in passive, unintentional, physical company and support as explored throughout this chapter as the foundation for professional practice. Clearly expressed in the Zen tradition, it is exactly such a foundation, 'when our mind is nowhere and everywhere' that 'we can react very naturally to whatever happens', that our practice can develop and manifest itself as 'a natural, spontaneous, automatic response', thus approximating

the traverse from ethics to practice (Collins, 2012, p. xvi; Okumura, 2012, p. 40).

When we bear witness ... right action arises by itself. We don't have to worry about what to do. We don't have to figure out solutions ahead of time. ... Once we listen with our entire body and mind, loving action arises. Loving action is right action. It's as simple as giving a hand to someone who stumbles or picking up a child who has fallen on the floor. We take such direct, natural actions every day of our lives without considering them special. And they're not special. Each is simply the best possible response to that situation in that moment (Glassman, 2014).

Building on this approach, I argue that 'right action' arises as a natural, spontaneous response when we bear witness with our entire body and mind, when we provide passive physical company and support for the other. At this moment, or situation, we can respond to the call of the other and be moved by them in a way that guides and directs our actions and practice according to their needs; without these having been defined in advance. Thus, the quintessential characteristic of this approach to physical therapy is that my practice should be professional, that is, following the call of the other and the specific needs expressed in it.

The surfaces of the other, as surfaces of susceptibility and suffering, are felt in the caressing movement that troubles my exploring, manipulating, and expressive hand ... a surface where the informative forms soften and sink away as it advances, where agitations of alien pleasure and pain surface to meet it and move it. The hand that caresses does not apprehend or manipulate; it is not an instrument. ... It advances repetitively, aimlessly, and indefatigably ... In its aimlessness it is passive, in its agitation it no longer moves itself; it is moved by the passivity, the suffering, the torments of pleasure and pain, of the other (Lingis, 1994, pp. 30-31).

The notion that to be moved by the other and the other's needs is fundamental to ethical practice, raises two final challenges that need to be addressed before closing the present chapter. The first of these is that being moved to practice, ultimately means that 'healing ... is not a product of self-ability' and 'is never personal' (Endo, 2008, pp 136-138). Rather, healing in the sense that is provided in the fundamental relation, comes through me, but *from* the other. In a critique of common understanding and use of points and meridians in traditional Chinese medicine and Shiatsu, it has been argued that they would be better understood as the places and points 'where your partner wants to be touched' (Kishi & Whieldon, 2011, p. 98). This implies that the invention and identification of specific methods and practices are in the hands of the other, and that the specific methods and ways in which physical therapy is offered are defined by the client, and not by the professional therapist. Thus, the therapist's presence and ongoing relevance are determined by the fact that the other is still calling for physical therapy.

The second challenge is an extension of an issue implicit in the fundamental structure of the self, discussed in Chapter Four. Building on the argument that the self is instantiated through the creative contact of the other, it is that we are in touch with – and touched by – the other, long before we can object to it, or ourselves, choose to touch the other. In a Levinassian sense, we can describe this as a 'sensuous contact and closeness', due to the intense and unsolicited proximity of the creative, and the therapeutic contact of the other (Lingis, 1998, p. xxii).

Quite contrary to this, Nicholls & Holmes have argued that it was precisely the regulation of 'the inherent sensuality of physical contact

between practitioners and patients through rigid taxonomies and regimentation' that has played a critical role in the historical development of the profession and the boundaries that distinguish it from other 'non'-professionals (Nicholls & Holmes, 2012, p. 456). Because of the need to distinguish it from prostitution, early methods of legitimization and professional discipline included the minimization of contact between female masseuses and male clients and the exclusion of men from registration (Nicholls & Cheek, 2006, p. 2342). Evidence of this heritage can still be found in the fact that Physiotherapy New Zealand continues to refer to professional boundaries primarily in the context of 'sexual boundaries in the patient-physiotherapist relationship' (PNZ, 2012c). Further definition of these 'sexual boundaries' as 'the edges between a professional therapeutic relationship and a non-professional or personal relationship between a physiotherapist and the person in their care', means that a certain intimacy in contact, is critical to the separation of the professional from the non-professional (PNZ, 2012c, p. 1).

That it is possible to separate the professional from the non-professional on the basis of a regimentation of touch is precisely what is contested by an understanding of the relation between self and other as fundamental. This understanding challenges the conventional notion that the boundaries between self and other can be controlled in such a way. Especially troubling to a profession that has built its self-image and status so intently on this control, it presents a challenge to its understanding and approach to the boundaries between self and other by highlighting a contact between them that precedes the possibility of any conscious, intentional, and professional control.

This is not to say that suddenly everything is possible and boundaries around intimate contact are of no importance. Following the argument that the 'disciplinary technologies adopted by the profession' and 'its heavily disciplined approach to touch' are 'now constraining' its further development, it merely presents one possibility to reimagine these constraints (Nicholls & Holmes, 2012, p. 454). Specifically, understanding the nature of the relation and contact between the therapist and client, effects a further loosening of contemporary conceptions of professional boundaries that is necessary for their broadening and redefinition. Secondly, it presents a different view of contact that can contribute to the development of 'new therapeutic possibilities' regarding the practice of physiotherapy (Nicholls & Holmes, 2012, p. 454).

These possibilities involve new understandings of physical therapeutic practice in general, and physical therapeutic touch in particular. It is to acknowledge that 'the connection between the [physiotherapist] and patient is based on a form of intimate contact, which crosses the usual borders of physical, personal, and emotional privacy' (Surbone, 2005, p. 3). And on this basis, it is to consider physiotherapy as precipitated, defined, guided, and grounded in the fundamental contact and relation to the other. This possibility presents, perhaps, the most radical shift in the foundation of physiotherapy, because it situates passivity and accompaniment as a foundation for physical therapy, and therewith, relocates the source of its practice into the hands of the other.

In summary

Over the course of this chapter, I have explored and argued for passivity and accompaniment as physical therapies, both in their fundamental efficacy, and as practices and effects requiring an active effort on the part of the practitioner. I further argued that they additionally point to an approach to practice that requires us to become open to the fundamental need and call of the other. Building on the understanding of fundamental ethics explored throughout the study, in its strictest sense, active ethical practice can only come from this unconventionally intimate contact, and our passive openness to be moved by it. Such an approach to practice, as well as the exemplary practices explored in the present chapter, might be considered a physical therapy of passivity and accompaniment, and as such, inaugurate a traverse from ethics to practice.

This is not to say that such a physical therapy would resolve all problems and ailments, nor that it comes without problems itself. In the following, I thus conclude the thesis by pointing out some of these issues alongside the strengths and limitations of the critical perspective, the theory and practice of physiotherapy, and the methodological approach developed throughout the study. Taking these into account, I primarily highlight the original contributions and implications for physiotherapy theory and practice, and indicate potential directions for future research.

Whatever further possibilities for physical therapeutic practice we might seek and develop however, it is, perhaps, easy to be tempted to think that to provide good support and company to another is firstly easy, and secondly insignificant. That it appears easy to provide might well be a result of our familiarity with practice and our confidence in

applying our skills and knowledge in the relation to our clients. As indicated in Chapter Four however, 'it is the easiest of all and just for that reason the hardest' (Rosenzweig, 2002, p. 472). That is, it is our familiarity and habituation to know and do that might simultaneously be the greatest obstacle to the more passive approach to practice proposed in the present study. Yet precisely because passivity and accompaniment are the very foundation of our self and practice for the other, they are also 'not the last then, but the first' (Rosenzweig, 2002, p. 472). And finally, because they are the first, I propose that if we were to truly provide company and support to others, that physical therapy of passivity and accompaniment, then this would not be so little at all, but quite possibly the most.

Chapter Six

Physiotherapy in Practice

Evil arises in the honoured belief that history can be tidied up, brought to a sensible conclusion ... Evil is not the inclusion of finite games in an infinite game, but the restriction of all play to one or another finite game (Carse, 1986, p. 108).

Introduction

Often in this thesis I have emphasised literature that addresses physiotherapy's diverse practices in terms of now being a time for change and improvement in something basic or fundamental to physiotherapy. Such change could and should embrace three key arenas that I have aimed to address in this thesis: (i) the critical review of physiotherapy's underpinning theories and practices, (ii) the integration and further development of novel approaches to research, and (iii) the development of new models for its delivery based on a consideration of hitherto unexplored perspectives and practices. In the present study I have sought to explore and further develop contemporary physiotherapy theory and practice by drawing on a range of philosophical, practical, and therapeutic traditions with which I have long been engaged, and intuited to hold great potential of this purpose.

Autoethnography was my methodological point of departure. I adapted it to the present study by informing it with notions drawn from my philosophical and practical sources, most ostensibly the works of Pierre Hadot and Emmanuel Levinas. This consolidated the two key aims for this study, giving substance to the three arenas mentioned above:

- ❖ To develop, substantiate, and evaluate a critical perspective building on Levinas’s notion of fundamental ethics, initially applied to contemporary physiotherapy and its theories and practices of self and other.
- ❖ To develop, substantiate, and evaluate novel physiotherapy practices based on an expanded understanding of fundamental ethics, resulting from the conjunction of Levinas’s work with the other philosophical and practical traditions in focus here.

The conjunction of autoethnography with fundamental ethics and Hadot’s approach to the study of philosophy as a way of life additionally facilitated the development of two related areas needing to be addressed methodologically in this thesis to achieve its aims. Especially developed within Chapters One and Two, these were:

- ❖ The comparative critique of contemporary physiotherapy and its theories and practices of self, other, and their relation, from the perspective of fundamental ethics.
- ❖ The comparative, critical exploration of contemporary physiotherapy, Levinassian ethics, Hadot’s philosophy as a way of life, and the philosophies and practices from Zen, Aikido, Shiatsu, and other related Asian traditions to develop an *otherwise* approach to physiotherapy theory and practice.

This conclusion initially presents a summary account of the chapter developments of the thesis in the context of distilling the thesis findings and original contributions to the field. It does so beginning with a broad section, “Passivity and Accompaniment in Physiotherapy”

presented in four parts. The first of these, “Ethics in Physiotherapy,” focuses on critical limitations to its theories and practices of self and other from a perspective that expands on Levinas’s fundamental ethics. The second, “Physical Therapy in Practice,” addresses the difficult question of physical therapies after the ethical destitution of the epistemic and ontological grounds of physiotherapy. I also present limitations of this study and discuss whether and to what extent it has been successful with regard to its aim, in light of its original contributions to physiotherapy theory and practice. In the two subsequent parts, “Subjection to Everything: Approaching Physiotherapy” and “Beyond Physiotherapy,” I delineate potential areas for future research and consider a range of potential implications and contributions made to fields beyond physiotherapy, in particular to other healthcare professions, to other philosophical, practical, and therapeutic traditions drawn on in the present study.

In a second broad section, “Passivity and Accompaniment in autoethnography,” presented in two parts, “Ethics in autoethnography” and “Autoethnography as Physical Therapy,” I initially address the difficulties and limitations in working with autoethnography arising from its encounter with fundamental ethics in relation to qualitative research in general. I then propose a solution to these limitations found in a different reading and practice of autoethnography that builds on the understanding and approach to physiotherapy, keeping in mind that further research is required. A third section, “Overview of Findings,” presents a summary of findings, followed by a concluding comment, “In Conclusion,” alluding to the somewhat paradoxical or allusive distinction made by Levinas between saying and the said (Levinas, 1998b).

Passivity and accompaniment in physiotherapy

I begin the presentation and discussion of the thesis contributions with a summary conclusion of the thesis deployment of a gradually expanded Levinassian approach to subjectivity, knowledge and otherness. This is developed in two complementary sections, the first of which focuses on critical theoretical implications while the second focuses on practice as physical traverse from an otherwise than being.

Ethics in physical therapy

This Levinassian engagement was developed in tandem with the presentation of the work of Hadot on philosophy itself as essentially a way of life rather than theory building. This aspect of life practice in relation to self and other enabled the introducing of a range of non-western therapeutic practices of the self. Each of these, and all in resonance, sustained a challenge to physiotherapy's grounding in medical science, objectivity and evidence-based research. My entry point was the definitional aim of physiotherapy: *'to provide services that develop, maintain and restore people's maximum movement and functional ability'* (WCPT, 2016a). Under the following ten headings I present my key concerns.

(i) A challenge to evidence-based diagnoses

In close conjunction with definitions of health and sickness related to this aim, and those of biomedicine more generally speaking, commencing in Chapter Three I addressed physiotherapy's epistemological grounding in the ontological claim for a single, objective reality, resulting in its phenomena exhibiting consistency, thus allowing for observation, measurement and, quantification (Grant & Giddings, 2002, p. 14; Nicholls, 2009a, p. 527-528). Knowledge arrived at by means of scientific observation and experimentation

provides the evidence-base necessary to manipulate a given phenomenon. As a result of its claim to objectivity, physiotherapy is able to support the claim and development of universal, or generalizable practices ‘applicable to all people irrespective of their health condition’ (WHO, 2002, p. 3).

With a treatment methodology defined in terms of diagnosis, aetiology, prognosis, and treatment characteristic of biomedicine, physiotherapy is further grounded in a fundamental relation defining observer and the observed, consistent with its ontological and epistemological framework. That is, the scientist, or clinical practitioner stands in relation to a world, a phenomenon, or person fundamentally defined according to this framing. Understanding of a subject-self and object-other consequently identifies the former as the one who gains and applies this knowledge, and the latter as the known-about and acted-upon. The physiotherapist is consequently someone who ‘will use their in-depth knowledge of how the body works, combined with hands-on clinical skills, to assess, diagnose and treat your symptoms’ (PNZ, 2017).

(ii) A Levinassian challenge

Following Levinas, I argued that these theories and practices exhibit a relation to otherness that is characterised by ‘reducing all forms of otherness’ to the ontological and epistemological categories and capacities of the knowing ego (Critchley & Bernasconi, 2002, p. 16). By describing this relation as a movement or activity ‘of comprehension ... grasping and seizing’, whether conceptual or manual, Levinas emphasised that ontology and epistemology thus engaged reduce the distance between the other and the self until ‘their opposition fades’ and they become the same (Critchley & Bernasconi, 2002, p. 15-16;

Levinas, 2011, p. 126). Precisely this transmutation of all otherness into the same, or self-same, is what he criticized as the fundamental, or 'first act of violence' (Beavers, 1990, p. 3). Referring to it in different terms, this 'evil', or violence 'occurs whenever I limit the other to a set of rational categories, be they racial, sexual, or otherwise' (Beavers, 1990, p. 3; Field & Levinas, 1993).

(iii) Pathologies and norms

To further emphasise this violence in physiotherapy, contradicting its purported aims at a fundamental level, I briefly paraphrased Canguilhem's analysis of *The Normal and the Pathological* as these terms are understood in medical science (Canguilhem, 1989). Neither term represents ontological reality, but rather epistemological construction relying on artificially 'establishing constants or invariants' and their 'metrical determination' (Canguilhem, 1989, 221). Contrary to this, Canguilhem argued for a perspective closely resonating with Zen and other strands of Asian thought, evident also in ancient Greek philosophy: There is no evidence of constants or states, such as health and sickness, but rather, life presents itself as ongoing motion, movement, differentiations and change (Okumura, 2012, p. 83; Chadwick, 1999, p. 81; Hadot, 2002, p. 136).

(iv) An inherent violence

In drawing together critiques of evidence-based objectivity in therapeutic practices, violence fundamental to claims in knowing the other, and radical doubt as to the constancy and consistency of phenomena, violence and definition of 'sickness' reveal themselves as 'the restriction of all play to one or another finite game' (Carse, 1986, p. 108). It is a definitional matter of making someone incapable and, to that end, 'an act of tyranny and ... an act of scorn' that consists in

‘limiting the freedom of another person’ (Pessoa, 1997, p. 103). In Levinassian terms, this is a limiting of freedom to be other, suppressing the other’s fundamental and infinite otherness. In terms more familiar to physiotherapy, it is limiting fundamental and infinite freedom of movement both theoretically and practically.

(v) Fundamental ethics

Redefining harm and sickness in this way thus presents a fundamental critique of ethics when the foundations are ontological—related to a fundamental question of being—or epistemological—related to a fundamental question of the knowing of beings. Ethics is thus derivative of either the existence of a knowing self or the knowing of that self, or both. As such, this critique is not exclusive to any particular field or profession and, in Levinas’s case, was primarily directed at a particular philosophical tradition. Contemporary healthcare—including physiotherapy—is defined by such ontological and epistemological grounds such that our professional categories of health and sickness, and our more specialized diagnostic and therapeutic aims, theories and practices are subtended by a fundamental violence whose recourse or corrective is fundamental ethics.

Strictly speaking, this critique implies that the profession’s foundation and everything built upon it is fundamentally violent, unethical even. In more constructive terms, the primary contribution of this critical perspective emphasises the dissonance between its fundamentally ethical, therapeutic aspirations—*‘to provide services that develop, maintain and restore people’s maximum movement and functional ability’*—and the theories and practices implemented to further define and achieve them (WCPT, 2016a).

(vi) Turning inward

Further elucidation of a Levinassian critique of fundamental ethics attempts to answer questions as to whether we are ‘duped by morality?’ as Levinas once posed it (Levinas, 1969, p. 21), or in Dostoyevsky’s terms, whether ‘evil is the normal condition’ of people (Dostoyevsky, 2001, p. 284). With respect to this research, this questioning asks whether a theory and practice of physiotherapy might be possible that more closely approximates its fundamental ethical, therapeutic aim. As the very motivation for this study is premised on a hope or intuition that would affirm this, the second question posed by this critique was how this physiotherapy might be conceived and put into practice. My initial approach to these questions was to follow the radical implications and secondary contribution of this critical perspective, that is, the proposition to momentarily pause all therapeutic study and practice of the other, and redirect a focus toward the self in search for alternatives.

These were to be found in the two crucial notions of ‘passivity’ and ‘accompaniment’, developed especially from a working through Levinas and Hadot, though equally in thinking physiotherapy more fundamentally and essentially as physical therapies.

(vii) A dimension of otherness

Following the critique of ontology and epistemology, it would be difficult to speak of my emergent theoretical developments as ontological, and strictly speaking, inaccurate to refer to them as devising a theory, or theoretical, epistemological construct. I touched on this in the closing of Chapter Four and have ultimately reverted to using the term theory for simplicity’s sake, but in a flexible, largely interchangeable sense with a range of alternative terms. Closer to

Hadot's work, one might think of it as an existential theory, or philosophy of existence, but the term can also be found in commentary on Levinas (Hadot, 2009, p. 130-132; Critchley & Bernasconi, 2002, p. 27). Similarly, resonating with Hadot's ideas, but still closer to Zen and Daoist philosophy, it could also be referred to as 'Way of Life' in an existential sense. Levinas himself alternated between terms like meontology, metaphysics and, ultimately, ethics to describe a 'condition' other than being and knowledge, and more fundamental than ontology and epistemology, thus leading to his famous claim that 'ethics is first philosophy' (Biesta, 2004; p. 323; Critchley & Bernasconi, 2002, p. 6; Levinas, 1969, p. 300; Levinas & Kearney, 1986, p. 30).

Despite its difference to ontology, as a theory of existence, it nonetheless consists of philosophical perspectives regarding the world, or other, the self, and their relation, and it is these perspectives that make it possible to refer to it as fundamental ethics. As I have shown throughout this thesis, the central characteristic marking its difference to ontology and epistemology according to Levinas, is that the other and the ethical relation 'cannot be reduced to comprehension' other than 'by falsely imagining oneself occupying some God-like position outside of that relation' (Critchley & Bernasconi, 2002, pp. 8, 15). Whatever knowledge I might claim of the other, there always remains a dimension of otherness that I simply cannot know and that is 'ultimately refractory to intentionality and opaque to ... understanding' (Critchley & Bernasconi, 2002, p. 8).

(viii) Passivity is not nihilism

I introduced the notion of passivity initially in Chapter Two, and developed its Levinassian understanding in Chapter Three. Within Chapter Four I explored the notion of passivity in greater detail,

arguing for it as the fundamental structure of the self, thereby defining the fundamental structure to ethical subjectivity (Levinas, 1998b, p. 54). Specifically, the self finds itself always already in a relation with regard to which it is without defence, passive, and from which it cannot escape. Precisely what marks this relation as not only different to ontology and epistemology, but fundamental ethics, is that to find itself in this relation to the other means that it is that through which the self comes to exist, is identified as a self and singled out in its subjectivity. Because it gains its 'identity by' the goodness of this 'pure election' I further referred to this calling as the source of its professional standing and professionalism (Levinas, 1998b, p. 145). Already by itself, passivity thus contributes to an entirely novel perspective of professional identity and professionalism different from their common understanding based on conscious, intentional self-identification and practice, and fundamental to these insofar as it precedes them.

(ix) A physical profession

With the notion of vocation, understood in a Levinassian context, the self—as a professional—is called-forth by the other, finding itself characterized as responsibility. This self is 'obsessed with responsibility' because its existence is grounded in its hearing of—and in this sense already its response to—the call of the other. Essentially the self is ability to respond (Levinas, 1998b, p. 55). As this is always necessarily and inevitably a response to the other, the self is fundamentally structured as service, or therapy for the other.

Yet this passive structure and ability-to-respond are fundamentally physical, defining and shaping a self's susceptible and 'sensuous nature', its 'occupancy of place' and 'material incarnation' (Lingis, 1998, pp. xxix, xxii). The subject is singled out in space to 'exist as a

body' and this occupancy of space is both its first response, as well as the organ with which it responds to the other (Levinas, 1969, p. 117). Given that its responsibility for the other takes place 'on the surface of the skin, at the edge of the nerves', the self is a professional physical therapy (Levinas, 1998b, p. 15).

(x) Accompaniment

Referencing a notion from the work of Alphonso Lingis, I referred to this fundamental service provided by the self as accompaniment (Lingis, 1994, p. 132). The response of a self's physicality ultimately consists in 'supporting the other', and specifically, the other's physical subsistence and fundamental otherness (Levinas, 1998b, p. 136). That this support is given through and sustained on physical separation from the other implies that it 'inaugurates a society' and thus the fundamental structure of the self is also one of company for the other (Levinas, 1969, p. 104). This also implies that the fundamental accompaniment provided by the physicality of the self does not reduce the distance between self and other, but instantiates and enforces this distance or separation. Due to the resonance invoked in Levinas's words and to continue exploring its potential application to clinical practice, I argued that the fundamental structure of the self could be referred to in terms particularly familiar to physiotherapy: as a professional physical therapy of passivity and accompaniment.

In Chapter Four, I concluded that this fundamental structure contributes an entirely novel alternative to contemporary conceptions of physical therapy and its foundations. As an alternate understanding of physical therapy grounded in passivity and accompaniment this presents a defense of physical therapy as fundamental profession prior to its contemporary, ontological and epistemological foundations. This

indispensable professional standing and identity of the physical therapist is grounded in the very skin, bones, flesh, and marrow of the self, rather than in a therapist's knowledge and skills. This questions the current understanding of professional status and practice. Physical therapy as passive effect is 'provided' by a self irrespective of its own choice or intention, in spite of any relation it could have to itself by way of consciousness, experience, knowledge or capacity. This is an effect that can, strictly speaking, not be converted into an active practice.

Physical therapy in practice

With this second part I aim to bring to summary conclusion not so much the critical foundational ethical imperative as outlined in the initial part, as much as the full implications of the somewhat paradoxical engagement with how passivity as fundamental relation is constitutive of practice. I engage with this, again across the key chapters of the thesis, in twelve summary points.

(i) From passivity to practice

To explore the potential conversion of a fundamental physical therapy of passivity and accompaniment, I drew on the philosophies and practices of Zen, Budo, and Shiatsu, as well as gaining support from Levinas and Hadot. The partial traverse of passivity into active practice might well be achieved, this conversion presenting an opening to potential avenues for professional physical therapy practices.

Specifically, I developed a range of exemplary practices that expand and contribute to the current therapeutic toolbox of the profession. In this there are the physical therapies of passivity—the letting go of practice, knowledge, intention, and self, thus effecting anamnesis, mobilisation and rehabilitation—and the physical therapies of accompaniment—ADLs and contact. Through the exploration of these practices I was able

to outline these physical therapies of passivity and accompaniment as approaches to physiotherapy practice and its further development.

(ii) The toolbox unpacked

As early as Chapter Three, I began to explore potential avenues for practice subsequent to my initial critique of contemporary physiotherapy's ontological and epistemological foundations. Developing what I referred to as the practices of passivity, I described them in relation to (i) a letting go of practice, knowledge, intention, and the self, while (ii) continuously highlighting their close overlaps and relations. At that point, I primarily introduced them as practices to be engaged in by the physical therapist as an *addition*, or even foundation for his or her future professional practice. In this context, they are (iii) aimed at developing a novel understanding of the self, other, and their relation by means of anamnesis. Due to their practical nature and objectives, the practices of passivity simultaneously have a particular effect on their practitioners, rendering the therapist into passivity.

(iii) Therapeutic self-practice

This effect of rendering into passivity is also the first of three elements necessary for a practice to constitute what Hadot referred to as 'existential practices': 'voluntary, personal practices meant to ... bring about ... a transformation of the self' (Hadot, 2009, p. 87). Practices of passivity contribute to an expansion of the profession's current toolbox. They do so not only in their specific forms but also more generally by approximating physiotherapy practice to the original meaning of the Greek term *askesis* and its consonant use in ancient philosophy as encompassing both 'exercise' and 'self-training' (Hadot, 1995, p. 128; Lamb, 2011, p. 564).

Integration of self-practice into professional physiotherapy practice in the present sense could contribute to: (i) movement away from conventional, interventionist approaches to physiotherapy as, exclusively, an 'interaction between the physical therapist with' a client or group, aimed at producing modifications in client health (WCPT, 2015a); and (ii) movement away from the conventional distinction between client or lay person and professional physiotherapist, based on reciprocal knowing and not-knowing, applying scientific knowledge and clinical reasoning to assess, diagnose and manage human function (PBNZ, 2017). (iii) Moving away from these could contribute to the understanding and practice of physiotherapy as a way of life according to the second requirement necessary for a practice to be existential: That is, a practice that affects and effects 'a total change of lifestyle, a conversion of [the physiotherapist's] entire being' (Hadot, 2002, p. 3). This could take place through the integration of the self-practices of passivity into professional physiotherapy education, ongoing development, and daily clinical practice, in addition to extant practices, as well as through greater understanding of their fundamental and critical potentials for such transformation.

That practices of passivity could be understood as this way of life and as an approach to physiotherapy also fulfills the third requirement necessary for them to constitute existential practices according to Hadot. That is, they are not only transformative with regard to the self and its life, but precisely through this, also transformative of its relation to others and the world at large in a way that is philosophical, ethical or therapeutic.

(iv) Toward the other

Throughout the thesis, I have emphasised how the ‘care of the self is not at all a concern for well-being, in the modern sense of the term’ (Hadot, 2009, p. 107). Self-practice is not directed at an ‘ontological conatus’ but ‘from the first an ethical obligation ... not a movement back upon oneself’ but toward the other (Lingis, 1998, p. xxxv). Self-practices could function as physical therapies only insofar as it would effect: (i) a fundamental and physical mobilisation and rehabilitation of the other and the other’s otherness from the ontological and epistemological grasp of the self; and (ii) an anamnesis of a practitioner to a physical memory and actualization ‘of what one really is’ (Hadot, 2009, p. 107). Because this fundamental condition or nature of the self consists in providing physical company and support for the other, this self is simultaneously physical therapies of passivity *and* accompaniment.

Precisely due to its fundamental physical nature, physical practices are especially well suited for recollection and actualization of this self-constitution, and thus, a conversion of this passive effect into a therapeutic practice and life. As Levinas argued: ‘only a being that eats can be for the other’ (Levinas, 1998b, p. 74).

(v) Food, shelter, and activities of daily life

On this basis, with Chapter Five I explore a further range of physical therapies of accompaniment. To ‘give sustenance to another’ equates to providing physical therapies. There are a number of consequences from this: (i) provision of food, shelter, and clothing could be considered in terms of physical therapy (Levinas, 1998b, p. 55; Lingis, 1998, p. xxii); (ii) Much as this could be argued to overlap with social work, psychology, occupational therapy and related professions in a way that

would warrant further investigation with regard to the crossing of extant professional boundaries and problems arising from this. Though, the more radical implication is that virtually all activities of daily life, whether practiced by those customarily defined as clients or therapists, could be understood to always already function as physical therapies of accompaniment, and additionally be practised as such; (iii) These two possibilities both contribute to a broadening of physiotherapy theory and practice, through a revision of the profession's conventional understanding of activities of daily life as merely client's 'self-care activities required to function in the home and/or outdoor environment', and as such, therapeutic goals wherever they can no longer be practiced by a client (WCPT, 2014, p. 4).

Such inclusion of ADLs as accompaniment amplifies the radical challenges presented to contemporary physiotherapy throughout this study, broadening or even undoing its boundaries by considering anyone's mundane activities such as eating or cleaning as, in themselves, always already physical therapies for others. (iv) Contrary to this radical undoing, I have highlighted physical contact, and in extension, therapeutic touch, as a variant practice of accompaniment and an equally fundamental physical need of the other. It is also here that a crucial justification for professional physiotherapy beyond that which is fundamentally always already provided, or provided by other professions can be found (Lingis, 1994, p. 132). (v) I thus turned toward the development of physical contact as a physical therapy of accompaniment as an approach to the further development and practice of physiotherapy based on passivity and accompaniment.

(vi) Skin to skin

Considering the central role of touch in contemporary physiotherapy and its predominantly manual approach to therapeutic practice, I argue for therapeutic touch as a practice of accompaniment that not only realizes the traverse from ethics to practice, but even skin to skin. Particularly in drawing on the philosophy and practice of Shiatsu, it is described as a touch that is not characterized by pushing, pulling and adjusting, but is ‘without any attachment or interest’, unconscious, ‘natural, easy’, relaxed, and spontaneous (Deshimaru, 2012, p. 94; Kawada & Karcher, pp. 3-4; Kishi & Whieldon, 2011, pp. 80, 108, 116, 150). In Levinassian terms, Shiatsu employs a touch that is not based on knowledge, ‘does not promise the end of suffering ... is not concerned with what is to come afterwards’ (Levinas, 1978, p. 93). It ‘is not investigative ... does not apprehend or manipulate; it is not an instrument ... does not communicate a message’ but ‘advances ... aimlessly’ (Lingis, 1994, pp. 30-31).

Given that to even consider, let alone practice, therapeutic touch in this way might appear radically antithetical to contemporary physiotherapy, such a Levinassian thinking of touch is not a wholesale alternative, or to be considered as replacement. Rather, it is to suggest that, at a more fundamental level prior to its specific forms and applications in contemporary physiotherapy, this kind of passive accompanying ‘contact is the point’ (Kishi & Whieldon, 2011, p. 150). That is, what identifies this ‘spontaneous’ practice of contact as a ‘form of medicine’ is precisely that it provides the ‘resonance’ or accompaniment that ‘the body wants’ at a fundamental level (Kishi & Whieldon, 2011, p. 106).

(vii) Fresh air and motion

More specifically with regard to its potential role in the context of healthcare practice, it is firstly through the practice of this kind of physical therapy that ‘we release the sufferer from his agonizing isolation’ and ‘end the solitude of illness’ (Burcher, 2012, p. 13; Marcus, 2010, p. 63). Secondly and consequently: ‘that which is impossible through just using technique, becomes possible’ (Kishi & Whieldon, 2011, p. 116). That is, the other is mobilized from the agony of a past that is perpetuated as present and restrictive of the other’s ongoing motion and infinite otherness. This other is ‘transported “elsewhere” ... finds, “fresh air”, a dimension and a future’, (Levinas, 1978, p. 93). Different to, but not entirely contrary to conventional understandings of physiotherapy, it is precisely in this future that the other finds a magnification of movement and functional ability, including the possibility to seek further support and physical therapies.

The ways this kind of contact opens a space for the invention and application of further practices also outline how a physical therapy of passivity and accompaniment can provide the foundation for the further development and practice of professional physiotherapy. *This possibility presents, perhaps, the most significant contribution that this thesis makes to physiotherapy: A professional practice of physiotherapy grounded in, defined, and shaped by the other and our fundamental relation and contact to the other. This constitutes a traverse from physical therapies to physiotherapy.*

(viii) Clinical practice and all the other others

Evidently, to consider, and even more so to integrate this kind of physical therapy as the foundation for daily clinical practice would involve addressing a range of difficulties and obstacles in its way. One

of the central challenges noted by Levinas and briefly mentioned in Chapter Five relates to the issues surrounding what he referred to as the Third (Levinas, 1998b, p. 157ff.). Briefly put, what is at stake here is how it might be possible to provide such an intimately personal service to the other, in the sense of its taking place in the relation between the self and a singular other, in light of the many others who are simultaneously calling forth the self and calling for its company and support.

Crucially, we are never only in relation to one other, but rather ‘in the proximity of the other, all others than the other obsess me ... The other is from the very first the brother of all the other men’ (Levinas, 1998b, p. 158). In terms closer to Zen: ‘sentient beings are innumerable’ (Okumura, 2012, p. 15). The simplest example for this in the context of daily clinical practice would certainly be the next client(s) in the waiting room. Given that professional physiotherapy practice does not only entail ‘patient/client care’ but also ‘health management, research, policy making, educating and consulting’, further others necessarily also include other physiotherapists and healthcare professionals, physiotherapy students, research participants, government officials, and the public at large (PBNZ, 2017).

What is so crucial about all of these others, and the second critical element noted by Levinas, is that they are also singular others, that ‘the third party is other than the neighbour, but also another neighbour, and also a neighbour of the other, and not simply his fellow’ (Levinas, 1998b, p. 157). The problem of the multiplicity of others is thus that it is a multiplicity of ‘equally’ singular others that presents a further problem because they are all ‘equally’ calling for my undivided attention and support. It is precisely for this reason that ‘the

responsibility for the other ... which until then went in one direction ... is troubled and becomes a problem when the third party enters' (Levinas, 1998b, p. 157).

(ix) Business as usual?

The very description of this alludes to the heart of this problematic, insofar as the multiplicity of others makes it necessary to refer to them in comparative terms, such as 'equally' other. This ultimately regards and relates the other(s) from an ontological and epistemological perspective, using the categories and capacities of ontology and epistemology. In Levinas's own words, 'the entry of the third party highlights that Justice is necessary' (Levinas, 1998b, p. 157). It 'calls for control, a search for society, the State, comparison and possession, thought and science, commerce and philosophy, and outside of anarchy, the search for principle' (Levinas, 1998b, p. 161). Yet this principle will always and inevitably enact and perpetuate that fundamental violence to the unknowable and incomparable otherness of the other to which the entirety of the present thesis has sought to formulate an alternative.

This obstacle of the third could be thought to nullify the entire ground of my thesis in its traverse from passivity to physiotherapy insofar as it implies that we have no other choice but to use our ontological and epistemological categories and capacities, and that this is even the necessary, ethical thing to do in light of our responsibility to all others. In the context of Zen, it is similarly though that 'even though we live in the reality that is beyond discrimination, we have to discriminate in our day-to-day lives. We have to decide what is good or bad ... we have to make choices' (Okumura, 2012, p. 55). Yet, neither Zen philosophy, nor Levinas suggest that these choices are ethical in the strict sense

presented here, and that we are merely to return to ‘business as usual’ (Critchley & Bernasconi, 2002, p. 13).

(x) In the service of ethics

Contrary to this, Levinas argues that ‘politics left to itself bears a tyranny within itself’ (Levinas, 1969, p. 300). If ultimately ‘both are simultaneously necessary for the constitution of a just polity’ (Critchley & Bernasconi, 2002, p. 25), it is necessary to ensure that ‘justice and politics ... serve ethics’. In other words: ‘ethics... must regulate the political order’ (Nortvedt, 2003, p. 30). In exploring possibilities for applying Levinassian ethics to the ‘concrete clinical and problematic reality of healthcare’ and to ‘counteract the violence of distribution’, Nortvedt argued that ‘nursing and medicine need to shelter their core values associated with caring for the particular patient under their responsibility’ (Nortvedt, 2003, pp. 31, 32). Suggesting that one way of doing so might entail ‘a more thorough specification’ of these ‘core values’ and ‘some restrictive limits to the devaluation of relational care within professional contexts’ he tentatively provides a range of examples to show how this might be done (Nortvedt, 2003, p. 32).

(xi) De-description

It could be argued that especially the concluding summation of the critical perspective and theory and practice of physical therapy developed throughout this thesis formulates similar examples to Nortvedt with a more specific view to physiotherapy. Crucially I have avoided foregrounding universal exemplars or imitative models or formulaic presentations in order to ‘illustrate’ my considerations. As noted by Nortvedt (2003), Levinas’s philosophy challenges the formulation of a ‘normative ethics’ at a fundamental level, thus any kind of universal norms or rules for one or another field of application

(p. 31). Especially in the last iteration of the findings of this study, that is, by describing how the physical therapies of passivity and accompaniment are *less descriptive of particular practices, as much as an approach to practice*, I have sought to end on a different note. That is, I aim to highlight that it might be possible to desist from overly specific, normative formulations of theories and practices in advance, but allow them to be formulated and reformulated on an ongoing, case-by-case basis in relation to *this* other, at *this* moment, and in *this* place.

(xii) Physical therapy in practice

What I have aimed to emphasise in this research is how, in Levinas's terms, 'my relationship with the other as neighbor gives meaning to', and might shape, 'my relations with all the others' (Levinas, 1998b, p. 159). Rather than being clearly discernable and prescriptive, this is a deeply otherwise, and subjective foundation. Having argued that 'the subject arises in the response to the other's call' it is a foundation that identifies ethics and physiotherapy, as much as any other practice as inalienably subjective, 'entirely my affair, not the affair of some hypothetical, impersonal or universal I running through a sequence of possible imperatives' (Critchley & Bernasconi, 2002, p. 22). Beyond the benevolent-because-creative contact of the other, it is to introduce 'subjectivity ... as the sole possible source of goodness' in daily life and physical therapy (Levinas, 1969, p. 300).

Subjection to all and everything: Approaching physiotherapy

Distinct from Levinassian ethical subjectivity, physiotherapy practice has traditionally been developed on the basis of formulating best practice models and guidelines. My initial aim in embarking on this thesis was to arrive at similar notions of practice models. Though, I found this increasingly elusive, if not inappropriate, the more I

researched the topic. Consistent with this early motivation, if and how a physical therapy of passivity and accompaniment in this sense might be applied to the broader professional and clinical environment of physiotherapy has been a major interest of mine, and a crucial part of my motivation to embark upon the course of this study.

Questions regarding the application of novel theories and practices are particularly pertinent due to the social, professional, institutional, and legal boundaries surrounding physiotherapy, the possibility to alter or move across them, and the ramifications of doing so through novel approaches. I have spent a considerable time researching, thinking, and writing in this direction, though in the last analysis, I have found this to be too much an additional field to be included in the present study. It comprises a second or secondary engagement focused not so much on the traverse from passivity to practice, as much as one focused on Justice and the Third. I aim to continue this research and publish on it in the near future.

Inasmuch as Levinas's primary focus has been the relation to the human other, it is debated how his ethics might 'be capable of being extended to the multiplicity of human others, but also non-human beings, such as animals' (Critchley & Bernasconi, 2002, p.16; Calarco, 2010). Despite this primary focus, Levinas described 'the subjectivity of the subject, as being subject to everything' (Levinas, 1998b, p. 146). On this basis it is not only possible to identify the ethical relation and ethical subjectivity as the foundation of physical therapy, but it might also be possible to conceive a transition from physical therapy to physiotherapy as a practice for 'all and everything' in a sense closer to its etymological root (Lingis, 1998, p. xxxi; Harper, 2017).

Beyond physiotherapy

To ground physiotherapy in the ethical relation and subjectivity in this sense, and thus consider it as a practice that cannot be predetermined, but is invoked anew in relation to each and every particular other, client, time, and space, presents the culminating challenge to the professional boundaries and identity of contemporary physiotherapy. Though the question remains: Which, if any, of this thesis findings could be meaningfully and ethically applied, and thus significant to any instance, place, practice, or field *outside of the very words of this thesis*? Is it possible to broaden the boundaries of any one theory or practice by drawing on another at all?

To provide an adequate answer would require an analysis of physiotherapy's professional boundaries and its historical conditions leading to their contemporary structure and function. In the course of this thesis research I have undertaken a genealogy of physiotherapy's emergence, especially from the mid-nineteenth century in Europe, the U.K. and the United States. Due to the extensiveness of this material I (reluctantly) excluded it from this present study. My aim is to extend research on concrete practices founded on passivity and accompaniment informed by this genealogical research.

Though, in summary, I substantiate that:

- i) The *profession's* current boundaries of practice are defined and enforced on the basis of the same ontological and epistemological theories and practices that define physiotherapy's prescriptive knowledge base and legality;
- ii) They are therefore equally understood and enforced as restrictive and consistent;

- iii) Yet the history and present configuration of the profession, much like that of the other traditions in focus here, reveal a considerable diversity, suggesting that ‘cultures change, they interact with other cultures and the indefiniteness resulting therefrom is reflected in their own worlds’ (Feyerabend, 2010, p. 287);
- iv) And hence, opposing restriction and consistency, there is an underlying condition of constant movement, change, and interaction with other professions, people, times, and places.

I thus found my work on history and professional boundaries of the profession to be supporting of the argument that there is a need for change in physiotherapy on the basis of the critical perspective developed. This was additionally supporting for the argument that it is possible to call forth and change not only a practitioner, or person, but also entire theories, practices, and professions through their ‘encounter with other philosophical traditions’, theories, practices, people, times, and places, as this, in fact, is always already happening at a fundamental level (Kalmanson, 2010, p. 206). With regard to the findings of this thesis and their implications for physiotherapy theory and practice, this study thus presents:

- i) An argument for the ongoing development of new approaches that are not built on ‘hierarchical thinking ... distinction and exclusivity’, but ‘on mutual appreciation ... networking, cooperation and connectedness ... complementary ways of thinking and working—across different professions ... the patient ... the familial system’ (Sottas et al., 2013, p. 20), and even ‘the whole history of a subject’ (Feyerabend, 2010, p. 27);

- ii) A concrete approach for doing so, grounded in a practice of passivity and accompaniment;
- iii) And a novel approach to physiotherapy resulting from its encounter and conjunction with a range of other, personal, philosophical and practical traditions, theories, practices, and experiences.

Such findings could be meaningful for other philosophical traditions, practices, healthcare professions, and practitioners. Having primarily focused on physiotherapy, I have kept inferences with regard to other healthcare professions to a minimum and their further exploration is another direction for future research. Nonetheless, this research contributes to studies regarding philosophy as a way of life, particularly where its actualization in modern, daily life is concerned, through its additional emphasis and exploration of physical practices. Hadot himself is slightly inconsistent in this regard as he frequently points out that ancient Greek philosophy and his own understanding of it were pervaded with a preference of mind over body. This is particularly obvious where even those exercises that entail the body, such as breathing exercises, are ultimately considered of ‘value, because they provoke a psychic effect’ (Hadot, 2009, p. 93), or allow the mind to ‘free itself from the body and travel in the Beyond’ (Hadot, 2002, p. 180). Building on the argument that it is particularly ‘in corporeality’ that the ‘for the other, despite oneself’ yet ‘starting with oneself’ is grounded (Levinas, 1998b, p. 55), I argue that the physical therapies of passivity and accompaniment might prove a particularly feasible way by which philosophy can not only once again be a way of life, but be ‘therapeutic again’ (Vitale, 2012a, p. 1).

Further in relation to Hadot's work and overlapping with elements in Zen, Budo, and Shiatsu, the stricter perspective with regard to the self, the other, and their relation presented by Levinas could be thought to contribute a substantial critique of these philosophical approaches and practices. That is, the Levinassian strictures highlight imprecisions and inconsistencies in their theories, practices, and terminology. I have already tried to point out a few cases where this particular encounter makes it possible to question the ethics of Zen, Budo, Shiatsu, and ancient Greek and Roman philosophy, for example, where a becoming one with the universe, or a pacification of conflicts through such sameness is concerned. The present study also makes a contribution to the debate concerning a practice of Levinassian ethics via its potential application to a specific field outside of philosophy.

All of these somewhat tentative contributions have already had an impact on my personal understanding and practice of philosophy, Shiatsu, Zen, and Budo alike. A discussion of how this is the case is beyond the limits of the present study. As a result, further research is similarly warranted to ascertain auto-affective potentials to these domains. Especially in this context, my personal bias with regard to the philosophies and practices that I have drawn on from outside of contemporary physiotherapy has not only shaped the trajectory of the study, but also its findings. Particularly visible in my reading and writing of Asian philosophies and practices, it could be argued that one of the limitations of the present study is an insufficient degree of criticality with regard to them and their philosophical underpinnings. This is complex and I felt would have required extensive discussion. While most Asian philosophies and practices, understood in a global context, come under the sway of western grounds of ontological and epistemological framing, genealogically speaking, these traditions

cannot be said to have an 'ontology' in any western sense. As with Levinas, probing their foundational structures is difficult and further research warranted to bring a fuller account of contributions in this regard.

Passivity and accompaniment in autoethnography

This study contributes a twofold engagement with autoethnography resulting from the critical, comparative conjunction of the methodology with, primarily, Levinassian ethics and the work of Pierre Hadot initially discussed in Chapter Two. Particularly due to the challenges resulting from this encounter of autoethnography with Levinas and Hadot, I needed to focus on methodological issues and trialed a range of possible resolutions, one of which was to place exclusive focus on methodology rather than physiotherapy. In light of my original motivation, I decided though to move back toward physiotherapy as my decided focus. In closing, I nonetheless revisit some of these issues to provide an outline of the study's tentative contribution to autoethnography studies, while keeping in mind that further research is required. These issues fall into two broad sections, the initial one engaging the challenge that a fundamental ethics presents to autoethnography. Levinassian ethics begs the question of the very *autos* of an ethnography implicating a self. The second concerns, perhaps more radically, autoethnography as physical therapy, in turn, as autoethnography.

Ethics in autoethnography

Paralleling the study's contribution to the field of physiotherapy, this first contribution consists in a problematisation of approaches to autoethnography grounded in what are essentially the same ontological

and epistemological theories and practices. As argued by the small number of researchers exploring the conjunction of this methodology with Levinas's work, its particular value lies in precisely this questioning and consequent search for an otherwise ethics in autoethnography (Dauphinee, 2010; Poulos, 2012; Roth, 2009; Wilkes, 2009). More specifically, Levinassian ethics is ideal for questioning the autos of autoethnography, and in fact any methodology more generally speaking given that any methodology is grounded on the subject, directed by and at consciousness, knowing and knowledge, and all knowledge conceived of as representation of its 'I think' and 'I will'. Against this background, autoethnography would in fact constitute the most violent, ontological and epistemological methodology where it supposes the self as all that can be known, and ultimately, a unitary self as all there is.

I have generally found it too difficult, or even impossible to escape the ontological and epistemological requirements embedded in the broader culture of academic studies. In this context, the formulation of a research methodology, a predesigned path, the clear delineation of research methods, and criteria for scientific rigour are simply imperative. I thus described and defined the path I have taken in terms responding to the various aspects of these requirements in Chapter Two. These requirements are ultimately directed toward the formulation of knowledge, findings, as well as novel, original contributions relevant or significant to others. That is, requirements such as credibility, dependability, confirmability, and authenticity are directed at increasing and identifying truth that is transferable 'from one context or group to another' (Nicholls, 2009b, p. 645). Especially the 'collection of data until no' deviant, or negative 'cases that are inconsistent ... are found' emphasises that theories generated through

qualitative research and its processes of induction ideally represent ‘universal explanations’ of a given phenomenon or culture (Bryman, 2012, p. 567).

In much the same sense, Hadot’s historico-philological method and its methodological imperatives were directed at arriving at objective insights about ancient Greek and Roman philosophy, prior to their subjective, eclectic systematization and application in one’s life. Despite claiming to have been primarily focused on the development of a theory of existential practices, rather than a universal theory of existence, it is interesting to note that Hadot nonetheless argues that the exercises and ways of life he described could be considered constant, universal models, attitudes, and exercises (Hadot, 2002, p. 278; 2009, p. 70; Hadot et al., 2005, p. 232). In his own words, this claim can be made because they overlap in their philosophical aims, and can be ‘found in various forms, in every civilization, throughout the various cultural zones of humanity’, across a multitude of ancient and modern philosophical schools and philosophers (Hadot, 2002, p. 278).

For Hadot philosophical practices and ways of life can be considered universal because they *can* be ‘practiced independently of the discourse that justifies or councils them’ and they derive their value to the philosopher today from precisely this independence (Hadot, 2009, p. 160). In relation to this value, he emphasises that they not only can, but also ‘*must* be detached from their antiquated cosmological and mythical elements’ (Hadot, 2002, p. 278, emphasis added). That is ‘in order to actualize a message’ from a given way or practice, ‘one must draw from it everything that marks its time. ... One must attempt to isolate the inner reasoning, the concrete attitude it implies’ (Hadot, 2009, p. 68).

Hadot's position is rather curious in light of his argument that 'philosophical discourses cannot be considered realities which exist in and for themselves, so that their structure could be studied independently of the philosopher who developed them' (Hadot, 2002, p. 6). That it is precisely this separation that perpetuates the foregrounding of the overly abstract, exegetical mode of philosophy about which he was so critical (Sharpe, 2011, p. 7). This enables the making of creative mistakes with regard to the mistranslation and misappropriation of philosophical theories and practices (Hadot, 1995, p. 75-76).

Further analysis and resolution of these seeming inconsistencies in Hadot's writing warrants future research beyond the limits of this study. From a stricter Levinassian perspective, it is neither possible nor ethical to oppose universal principles 'to the face of the other, without recoiling before the cruelty of this impersonal justice' (Levinas, 1969, p. 300). 'Peace', that is, a desisting from the fundamental violence of thematization and assimilation 'cannot be identified with the end of combats ... with cemeteries or future universal empires' (Levinas, 1969, pp. 305-306). It is, in other words, strictly speaking impossible and inconsistent to formulate particular theories and practices as findings and even less so as universal or generalizable fact, in a study that fundamentally aspires to greater openness, mobility and ongoing change in scientific and therapeutic practice.

Ethics, or a physical therapy of passivity and accompaniment as I have tried to argue throughout this thesis 'is otherwise than knowledge' (Critchley & Bernasconi, 2002, p. 11). Because ethics is 'something ultimately refractory to intentionality and opaque to ... understanding' it is ultimately not possible to formulate a theory or practice of ethics

(Critchley & Bernasconi, 2002, p. 8). And as Levinas further notes, it is impossible to achieve 'transparency ... in method' (Levinas, 1998a, p. 143); to take a view from anywhere outside the ethical relation, because it is that which grounds our existence at every moment (Critchley & Bernasconi, 2002, p. 14); to identify and represent one's own identity (Lingis, 1998, p. xxxiv); and thus also to conclude upon any given subject, because this conclusion would represent the final reduction of otherness, which contrary to this reduction 'signifies outside of all finality and every system' (Levinas, 1998b, p. 135).

Autoethnography as physical therapy

How then is it possible to conceive of autoethnography that resists the teleological, cumulative tendencies of this 'digestive philosophy' of ontology and epistemology in which 'the other is assimilated to the same like so much food and drink' (Critchley & Bernasconi, 2002, p. 16)? How could the comparative and conjunctive engagement of the present study be considered ethical, rather than a making-same that would consist in 'eliding the differences' between the traditions, theories and practices in its focus (Kalmanson, 2010, p. 205)? And finally, how, if ethics cannot be put into practice, is it possible to put ethics into words if within the 'thematic, systematic discourse, discourse of being, philosophy seems to leave nothing irreducible' to itself (Critchley & Bernasconi, 2002, p. 19)?

To respond to these questions, it should be clear that Levinas did not dismiss rationality and thematic language altogether, but understood them as necessary and unavoidable, in context of his discussion regarding the third. This is despite his argument that this translation into the language of ontology and epistemology will always be a betrayal of ethics (Critchley & Bernasconi, 2002, p. 19). Yet to

paraphrase Rosenzweig: Even if ‘no one can do it’, it is also, ‘like everything that no one can do in theory, everyone’s task in practice. Everyone must translate, and everyone does’ (Rosenzweig, 1994, p. 47)

With regard to the comparisons and conjunctions engaged in this study, this thus means that they are not to be read as amalgamations of different traditions, theories, and practices in a sense that would render them self-same. Rather, they represent an attempt to draw on a range of existing, ‘ideas related to’ the self, other, and their relation, apply them to physiotherapy theory and practice, and develop an approach distinct from and to physiotherapy (Nicholls et al., 2016, p. 9). The primary issue at hand was never the production or contribution of an original, or novel *knowledge*, but the application of existing theories and practices to a particular profession.

Further, the words composing this study could be understood as belonging to the genre of hypomnemata, as described by Hadot. They are ‘notes one takes for oneself’ (Hadot, 2009, p. 57), irrespective ‘of whether anyone else should read them’ (Sharpe, 2011, p. 6). Thus understood, autoethnography could be thought to function as a ‘mnemotechnic ... exercise that aims for better assimilation of the dogmas that determine a mode of life’ (Hadot, 2009, p. 90). As such, the focus of its practical, therapeutic contribution ‘to improve the human situation’ would not be on transforming the world and others in it, but the self of the researcher—in the hope ‘that what results from such a little thing is not, in fact so very little’ (Hadot, 2002, p. 281).

This understanding of autoethnography makes it a mnemotechnic practice of passivity and accompaniment. As such, its practice would consist in, firstly, attempting to recognize where the researcher is

inflicting a 'violence in the course of ... writing and ... representation' (Dauphinee, 2010, p. 806), or attempting to 'eliminate evil in others' (Carse 1986, p. 108). Its practice would, secondly, aim to reduce this violence in a 'remembrance of the other', the fundamental relation to the other, and the fundamental structure of one's ethical subjectivity (Critchley & Bernasconi, 2002, p. 19).

Especially following Derrida's deconstruction of Levinas's unavoidable philosophical or metaphysical deployments of ontological and epistemological language to discuss and describe his critique and contrasting notions of ethics in *Totality and Infinity*, it was in *Otherwise than Being* that Levinas tried to account for this problem 'by coining the distinction between the saying and the said (Critchley & Bernasconi, 2002, p. 17; Derrida, 1978; Levinas, 1990, p. 295). In brief, the said refers to the thematic language of ontology and epistemology, as reflected, for example in the words, statements, or propositions of the present thesis, and 'of which the truth or falsity can be ascertained' (Critchley & Bernasconi, 2002, p. 18). Contrasting to this, the saying points to the underlying, ethical relation and relationality of the spoken, or written words that makes them possible, it is 'the very enactment of the movement from the same to the other' (Critchley & Bernasconi, 2002, p. 18).

According to Levinas, the principal task of philosophy thus consists in going 'back to that hither side, starting from the trace retained by the said, in which everything shows itself', and it is this 'movement back to the saying' that he refers to as his method of 'phenomenological reduction' (Levinas, 1998b, p. 53). As a result, Levinas developed a highly idiosyncratic language and mode of writing in *Otherwise than Being* that has been variously described as elliptical, spiraling, and

repetitive, in reference to his ‘attempts to avoid, or unsay, that Said by finding the Saying within it’, yet without ever undoing the said in entirety and completing the reduction (Critchley, 1999, p. 165). A crucial characteristic of his writing that energizes its ellipses, repetitions, and spiraling movements is what Levinas refers to as *interruptions*. It is these interruptions, themselves energized by ‘the ethical interruption of essence’ through the other (Levinas, 1998b, p. 44), that make it possible to let ‘the saying circulate as a residue or interruption within the said’ (Critchley & Bernasconi, 2002, p. 18).

In consideration of Levinas’s encountering methodological problems of philosophy with regard to the question of a traverse from ethics to practice, one of the primary limitations of the present study is that I have, in its final iteration, desisted from the attempt to put its philosophy into methodological practice. That is, despite a range of attempts at this, I have ultimately not found a satisfactory way to express its subject matter in a language, form, and structure that would do its philosophy justice in a stricter sense. What I have attempted, instead, was to describe and develop a range of physical practices and therapies that could offer an alternative way to solve this methodological conundrum: practices that interrupt and reduce the said that our knowledge, intentions, practice, words, and hands might produce. These practices ultimately enact an ‘exposure—both corporeal and sensible—to the other person’ (Critchley & Bernasconi, 2002, p. 18).

As far as this particular text—its written words—are concerned, I am left with two interrelated possibilities. The first of these is to discontinue and even retract them, particularly where they relate to discernable knowledge claims, truth, or findings, whether these be

unproductive or productive. This would be to say that none of what I have written here is intended to be prescriptive, or even propositional, and thus completely leaves decision with regard to its relevance or significance infinitely open. This would not be so different from other autoethnographies that aim less for transferability, as much as resonance, if at all, and indeed not so far from resonance in the sense of accompaniment developed here (Kishi & Whieldon, 2011, p. 106; Taylor, 2008, 182). In Hadot's words, it would, at most, be a form of 'indirect communication' that can 'give a glimpse of and suggest' an attitude, theory, or practice 'that the reader has the freedom to accept or to refuse' (Hadot, 2009, p. 147).

This, in turn, implies that it is fundamentally, irrespective of its content, the enactment of an open dialogue. As Hadot noted, precisely dialogue is also the term used in ancient philosophy in reference to 'philosophical writing' (Hadot, 2009, p. 54). Levinas did not approve of the term dialogue, and criticized Buber for its use due to the equality, symmetry, or sameness between self and other—the I/You dyad—that it implies (Buber, 2006; Levinas, 1996; Putnam, 2008). Despite their differences with regard to this term, it is interesting to note that Hadot also suggests that 'a new ethic of philosophical discourse would have to be proposed' in his critique of academic philosophy. This new, ethical discourse 'would renounce taking itself as an end in itself ... and would instead become a means to overcome oneself' (Hadot, 2009, p. 60).

It is true that, for Hadot, this overcoming consist in moving 'onto the plane of universal reason', but it is also the case that this plane or movement is characterized precisely by an 'opening to others' (Hadot, 2009, p. 60). At least in appearance then, there is a certain kinship to Levinas's ideas, for whom 'the essence of this relationship' between self

and other is what he refers to as ‘transcendence, the exit from oneself’ (Field & Levinas, 1993). Levinas’s language and style of writing thus presents an attempt to show, and I would add, also enact this transcendence, the exit from oneself and opening to the other in speaking and writing.

Going back to the notions of eclecticism and coherence discussed in Chapter Two, I thus suggest that it might be possible to read this thesis as a narrative that gains its coherence through its relation to the other. That is, it is neither ‘aimed at fashioning a “self” in the sense that this would add up to a more or less coherent image or persona’ (Force, 2009, p. 544), nor at fashioning a knowledge, but as Montaigne would have it, ‘an open way of speaking’ that ‘opens up another man’s speech and draws it out’ (Montaigne in Frost, 2009, p544). It would not be the ‘communication of a said ... but saying holding open its openness ... a statement of the ‘here I am’ which is identified with nothing but the very voice that signifies’ (Levinas, 1998b, p. 143). It is to read, and thus conceive autoethnography as not about, but for the other, and in this sense, a physical therapy of passivity and accompaniment.

Overview of findings

This fourth section of the conclusion presents my findings as summaries, notwithstanding all that I have just emphasised concerning the discretion or even capability of pronouncing on something found.

(i) A critique of ontological and epistemological theories and practices underpinning contemporary physiotherapy

I suggest that this study contributes an original engagement with the theories and practices of contemporary physiotherapy through their

critical comparison with Levinassian ethics and a range of resonant sources. In Chapter Three, this takes place with a particular view to the way in which the ontological and epistemological foundations of physiotherapy shape its aim and therapeutic agency, or orientation. It is then continued in Chapter Four in relation to its extant understanding of what it means to be a professional, to work with the physical, and what constitutes physical therapy.

(ii) An otherwise theory and practice of self, other, and their relation

The thesis contributes an original engagement with the theories and practices of contemporary physiotherapy by offering an otherwise, fundamental theory of physical therapy. Having outlined some of the central philosophical notions and practices providing the focus for the study in its first two chapters, the development of this potential, *otherwise* foundation was the primary focus of Chapter Four. The developed theory draws on Levinas's understanding of the fundamental relation between self and other, and the structure of ethical subjectivity (in this relation). By further contrasting and augmenting these with correlative notions from the work of Pierre Hadot, the Japanese martial arts, Zen, and Shiatsu, it consists of an original perspective of the fundamental structure of the self and its relation to the other that is deeply familiar to central notions of physiotherapy, yet reconfigures them at a fundamental level.

(iii) A novel approach to physiotherapy practice informed by Levinassian ethics, Hadot, Zen, Budo, Shiatsu: Physical therapy of passivity and accompaniment.

In Chapter Three, I proposed an interim reorientation of physiotherapy as a beginning and means to explore an alternative approach, and concluded the chapter with an exploration of a range of corresponding practices for the physiotherapist. I developed the practices of passivity primarily by drawing on extant physiotherapy, Zen, Budo, Shiatsu, and ancient Greek and Roman philosophical practices, whilst continuously contrasting and correlating them to a Levinassian ethics and the notion of passivity. In Chapter Five, I continued this exploration to express how they could be understood and implemented as physical therapy practices—here in reference to their potential benefits for others. In addition I developed a range of further practices building on the notion of accompaniment borrowed from the writings of Alphonso Lingis and introduced in Chapter Four. I thus suggest that the present study also contributes a different view of extant physiotherapy practices and a range of additional ones that could be implemented, and further trialled and tested by physiotherapists and their clients.

(iv) Physical therapies of passivity and accompaniment as an aperture to physiotherapy

Having developed the notions and practices of passivity and accompaniment, I sought to outline how they present an aperture and approach to the on-going development of further physiotherapy theories and practices. By pulling together central elements characterising their practice, I considered how this could be a professional practice of physiotherapy grounded in, defined, and shaped by the other and our fundamental relation and contact to this other, at *this* moment, and in *this* place. This possibility presents, perhaps, the most significant contribution that this thesis makes to physiotherapy.

(v) Contributions beyond physiotherapy

Outside of its primary context, I further suggest that this study contributes a modest, but nonetheless original engagement with its philosophical, therapeutic, and practical reference-field more broadly speaking. Its contributions and implications could be meaningful to other healthcare professions, their practitioners, and clients alike. As this is not a primary focus of the present study, this more clearly demarcates an area for future research. Insofar as the study not only comparatively engages physiotherapy with other traditions and their theories and practices, but as well these traditions in relation to one another, I further suggests that a range of inferences could be contributed with regard to these, but again, this has not been a primary focus of the study and warrants further investigation.

(vi) A critique of ontological and epistemological approaches to autoethnography

Finally, I suggest that this study contributes an original engagement with autoethnography resulting from the critical, comparative conjunction of the methodology with, primarily, Levinassian ethics and the work of Pierre Hadot. Separated into two parts, the first of these consists in a critique of autoethnography and its theories and practices of self, other, and their relation, where these are underpinned by the same ontology and epistemology as physiotherapy.

(vii) Autoethnography as physical therapy of passivity and accompaniment

Having initially discussed the conjunction of autoethnography with a Levinassian ethics and the work of Pierre Hadot in Chapter Two, the second part of its contribution to autoethnography is an understanding and practice of autoethnography as a physical therapy of passivity and accompaniment.

In conclusion

Goodness is produced as pluralism. The pluralism of being is not produced as a multiplicity of a constellation spread out before a possible gaze, for thus it would be already totalized, joined into an entity. Pluralism is accomplished in goodness proceeding from me to the other, in which first the other, as absolutely other, can be produced, without an alleged lateral view upon this movement having any right to grasp of it a truth superior to that which is produced in goodness itself. One does not enter into this pluralist society without always remaining outside by speech (in which goodness is produced)— but one does not leave it in order to simply see oneself inside. The unity of plurality is peace, and not the coherence of the elements that constitute plurality. Peace therefore cannot be identified with the end of combats that cease for want of combatants, by the defeat of some and the victory of the others, that is, with cemeteries or future universal empires. Peace must be my peace, in a relation that starts from an I and goes to the other, in desire and goodness, where the I both maintains itself and exists without egoism (Levinas, 1969, p. 305-306).

I began this study to explore my longstanding intuition that the conjunction of physiotherapy, Levinassian ethics, Hadot's philosophy as a way of life, and the philosophies and practices of Zen, Budo, Shiatsu, presented a feasible and enriching opportunity for the further development of physiotherapy theory and practice. That drawing on yet unexplored philosophies and practices, and using new research approaches is particularly beneficial to reviewing, renovating, and addressing current challenges to contemporary healthcare. This has increasingly been echoed in the physiotherapy profession over the last decade. Taking an approach to autoethnography similarly informed by my philosophical and practical background enabled me to present a critique of a range of contemporary physiotherapy theories and practices, and develop a new approach to its understanding and delivery.

With regard to its fundamental assumptions and practices, I have shown the ways in which these assumptions contradict the original, therapeutic motivation underlying the profession by effecting and perpetuating a fundamental incapacitation and immobilisation, specifically by reducing the other and his or her otherness to its ontological and epistemological categories and capacities. I consequently sought to develop novel physiotherapy theories and practices that are closer to its original motivation, and are based on fundamental ethics and corresponding, alternative notions of the self, the other, and their relation. Referred to as passivity and accompaniment, I have shown how intimately these relate to physical therapies and, as such, provide a foundation for a consonant approach to the practices of physical therapies.

Both the critical perspective and the novel theory and practice of physiotherapy developed in the present study make an original contribution to the profession. Future research may consider the potential implications of this critique and otherwise model to the thinking and practice of other physical therapies and healthcare approaches more broadly speaking. The use and further development of autoethnography in the present study similarly makes an original, methodological contribution to physiotherapy research that aligns with the growing number of qualitative research studies and approaches in the profession. Finally, the conjunction of autoethnography with fundamental ethics, philosophy as a way of life, Zen, Budo, and Shiatsu contributes to the debate and further development of autoethnography.

The same conjunction has also presented the most significant challenges to the present study with implications for: the

epistemological project of scientific inquiry; the ontological and epistemological theories and practices of the self specific to autoethnography; and the ethics of research findings, contributions, and their significance for others. Following a strict reading, these implications undermine the production and promotion of any substantive content of research findings as significant and ethical. That is, they inevitably delimit the other's otherness via their posturing as meaningful for all, or even just some others.

The seemingly paradoxical implication of this is that the study nonetheless makes original contributions to physiotherapy and autoethnography alike, curiously aligned with its substantive findings. Following this, otherwise reading, the principal contribution of this study is *not* the content of its words and findings, but the fact that it is a saying infinitely open to the other, a writing that invites and provides physical support and company for the other and the other's otherness. Especially in the inconclusive closing of my saying taken as said, it is in this sense that I hope that my study exemplifies a however modest physical therapy of passivity and accompaniment. If, as Levinas argued, the 'essence of language is friendship and hospitality', then it would mean the utmost if I could present this study 'as a sign given to the other', a service, or gift in support of plurality and motion within and outside of you (Levinas, 1969, p. 305; 1998b, pp. 149, 151). Whether or not I have achieved this at least to some extent, never was or is for me to decide, and so I eagerly await your response, if you wish to offer it.

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