

# “Fixations in Time”: A term from phenomenology as applied to Rosen Method Bodywork

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## Abstract

This article focuses on how terms from the body-oriented philosophy, phenomenology, are very useful to describe universal phenomena that occur in somatic practices. The focus of this article – **fixations in time** -- is a term brought forward by Maurice Merleau-Ponty (1964) and describes how bodily memory stores information from traumatic events in the past. This bodily memory is hidden from the subject's consciousness but shows itself in present time by thoughts, bodily sensations and feelings.

In Rosen Method Bodywork (RMB), the therapist focuses on being with and moving through different layers in the body. The connections between the layers often resonate with each other. This resonance creates a connection between present and past experiences in the life of the client. This pattern is an intelligible structure, which is seen in other somatic practices as well (Levine, 2005, p. 26ff; Gendlin, 1978). The term **fixations in time** is part of Merleau-Ponty's theory describing phenomena related to the phantom limb. I find this concept the most suitable for describing what can be observed when working through connected layers in the client's lived body in RMB as well as in other somatic practices.

The data used for interpretation are five interviews and 64 hours of participant observation during courses for students learning RMB. In this article two relevant teacher demonstrations are chosen to illustrate **fixation in time**.

The term, **fixation in time**, will be new in the milieu and literature related to RMB and in other somatic practices. In accordance with Isabella Ginot, the strength of using terms from phenomenology is that it will build a bridge of understanding and communication between different somatic practices, interdisciplinary science, and the healthcare system (Ginot, 2011).

## Introduction

I was a Rosen Method Bodyworker before I started to read phenomenology. That reading was not an easy job, but soon I realized the simplicity of the insights I got after reading the same line, article or book several times. Often I felt the bodily knowledge this philosophy put into words is similar to the phenomena occurring in a Rosen Method Bodywork session *and* at the same time represent the same worldview as RMB. Particularly in Merleau-Ponty's writings I met descriptions of phenomena occurring when living and acting through the lived body. The lived body includes both bodily knowledge and sensemaking (cognition). I

feel that his descriptions could easily be applied to the connection between the world and the subject as it is seen through the eyes of a Rosen Method Bodyworker.

My inspiration into the work of terming phenomena in somatic practices by phenomenological clarifications is the work of Isabelle Ginot. Her work is based on an attempt to incorporate the somatic practice known as Feldenkrais into social work with socially excluded people suffering from chronic diseases such as HIV. She wanted to challenge the conceptual monopoly of the medical paradigm, which even non-medical professionals like activists and social workers accepted as the only possible paradigm: A paradigm that “constructs subjects as patients and therefore objects of medical knowledge”(Quote Ginot, 2011). When activists criticized the objectification of the patient as not being empowering, it was done within the frame of the medical paradigm – thinking of it as the only possible one.

At the same time Ginot found that Moshe Feldenkrais didn't have the needed conceptual terms to make the method understandable to health workers and other workers in the field. Ginot claims that the conceptual framework in general remains attached to the written material of the founder and followers, and to oral traditions, in somatic practices. This makes it difficult for people outside the milieu to understand what might be similar or different in somatic practices – and how to make use of these different practices (Ginot 2011). Ginot suggests to use a common language which can be understood in interdisciplinary science, among health personals, and between different somatic practices. My goal is to create that bridge of understanding inside and outside the milieu of Rosen Method Bodywork.

It is not my attempt to claim that somatic approaches work from a better paradigm and should replace the medical paradigm. I believe different embodied, physical and psychological approaches can complement each other, when the strengths and limitations of each approach are respected and used appropriately. Maurice Merleau-Ponty (1964) argues that the embodied existence of the subject is beyond physical and psychological aspects. The embodied existence is a third category where opposites as inner/outer, subject/object, spirit/nature, body/soul are repealed. It is this “language of the body,” or in other words what happens when both the practitioner and the client work non-judgmentally from an embodied self-awareness (Fogel, 2013) in Rosen Method Bodywork. These processes in the lived body need to be described, termed and discussed for the sake of the people needing this kind of treatment to recover.

The purpose of this article is to take Ginot's work a step further. The perspective I come from is that there are a lot of unnamed intelligible systems in the lived body (named structures in this article) that are understandable. One of these structures is **fixations in time**.

## My Own Background

I am a certified Rosen Method Bodywork practitioner for five years now. During the 13 years I have been involved with Rosen Method Bodywork, I have healed my own experience of childhood violence and sexual abuse. One aspect of such a childhood is that I have been a living lab for the embodied effects of trauma. At a bodily level I have connected to the theme of this article – **fixations in time** – more than a hundred times. Each childhood situation contained several fixations in time. When I met Merleau-Ponty's description of what characterizes fixations in time I immediately understood the nuances of this phenomenon because of my many first-person experiences with this structure. I have also seen this structure or dynamic during several intensives and in my own practice with clients.

## Clarification of Central Phenomenological Theory

The starting point of this article is existential phenomenology which is based on the thinking of Edmund Husserl and later developed by Jean Paul Sartre, Martin Heidegger and Maurice Merleau-Ponty (Gallagher & Zahavi, 2010, p. 9). The work of Merleau-Ponty will be particularly used in this context. By his view, a “wide-ranging exploration into the nature of perception establishes embodiment at the heart of existential and phenomenological philosophy” (Quote Merleau-Ponty, 1945/2012, foreword). Merleau-Ponty used insights from neurological and psychological studies that he knew about. To clarify the interaction and resonance between the Rosen Method Bodyworker and the client, newer research in embodied affectivity will be used as well. This includes the work of Thomas Fuchs, Sabine Koch and Giovanni Columbetti.

### **Important Concepts from Phenomenological Theory**

The following insights from phenomenological theory and science are chosen to fully describe the embodied interplay in RMB, which sometimes leads to the opening of a **fixation in time**. The research in interbodily resonance and embodied affectivity is a growing field in itself and used in different fields of science. I find it very important, that we – as Rosen Method therapists – know, use and relate to this science since it confirms the importance of the work we do.

From a first-person point of view, the attempt of phenomenology is to describe basic structures of human experience. A phenomenologist must put aside all prejudices and assumptions about how the world is connected to be able to see it anew. This approach is called “*epoche*” and is very similar to the way a practitioner works in RMB sessions.

Phenomenology neither confirms nor rejects common sense in society but insists that human beings perceive the world pre-reflectively before the subject rationalizes about it. This pre-reflective mode of being happens through the body – again very similar to the way a RMB practitioner makes contact to the bodily sensations, tensions and lived experience in the client’s body.

The structures of lived experience – as it shows itself to the subject – is what phenomenology tries to capture and describe in words (Ravn 2016).

### Perception

It is through the lived body we perceive and experience the world (Gallagher and Zahavi, 2010, p. 197). The lived and experienced world is always perceived directly through our bodily existence and is not just a mental act (Merleau-Ponty, 1945/2012 xiv). According to Merleau-Ponty, the relation between the body and perception is neither causal nor logical – the subject makes sense of the intertwining of body and experience through a pre-reflective grasp simply by *being* an embodied perceiver. Being an embodied perceiver is not something one practices to become. This is the way we all naturally have been relating to the world before the division into subjectivity and objectivity (Merleau-Ponty, 1945/2012, Foreword). As Merleau-Ponty, one can question whether it is possible to understand bodily perception apart from its corporeal conditions. “The phenomenal field is neither caused nor defined but *constituted* by the sensorimotor structures and capacities of the body. The structure of perception just is the structure of the

body: My body is my point of view upon the world” (quote Merleau-Ponty, 1945/2012, foreword). We don’t just have bodies and mental states as human beings – we are all those things, and this is our embodied perspective onto the world (ibid). This means that our primary way of perceiving and understanding the world is largely created by our corporal conditions and not only a matter of conscious will or control. In my opinion – after 14 years in the milieu of RMB – this world view is exactly the same in phenomenology and in Rosen Method Bodywork.

According to Merleau-Ponty the subjects’ embodied existence always connects to the outside world through strings of attachment. This means that *thought, body and the outside world are so deeply interwoven that there is no separation between the three parts. If one of them changes the other two will as well (ibid).*

The subjects’ embodied existence is named “the lived body” and “the phenomenal body” in the literature of phenomenology. These terms refer to the descriptions of the body, as it appears to us and such as the body structures our experiences. The body is not a screen between the subject and the world. The subject perceives the world directly through his/her bodily existence (ibid). Embodiment, the lived body and the phenomenal body are three terms with the same implication and will be used interchangeably in this article.

## Fixations in Time

Merleau-Ponty’s famous considerations of the phantom limb refuses both physiological and psychic theories as explaining the phenomena thoroughly. “We must pass from a knowledge of psychological and physiological facts to a recognition of the animistic event as a vital process inherent to our existence” (quote Merleau-Ponty, 1945/2012, p. 91).

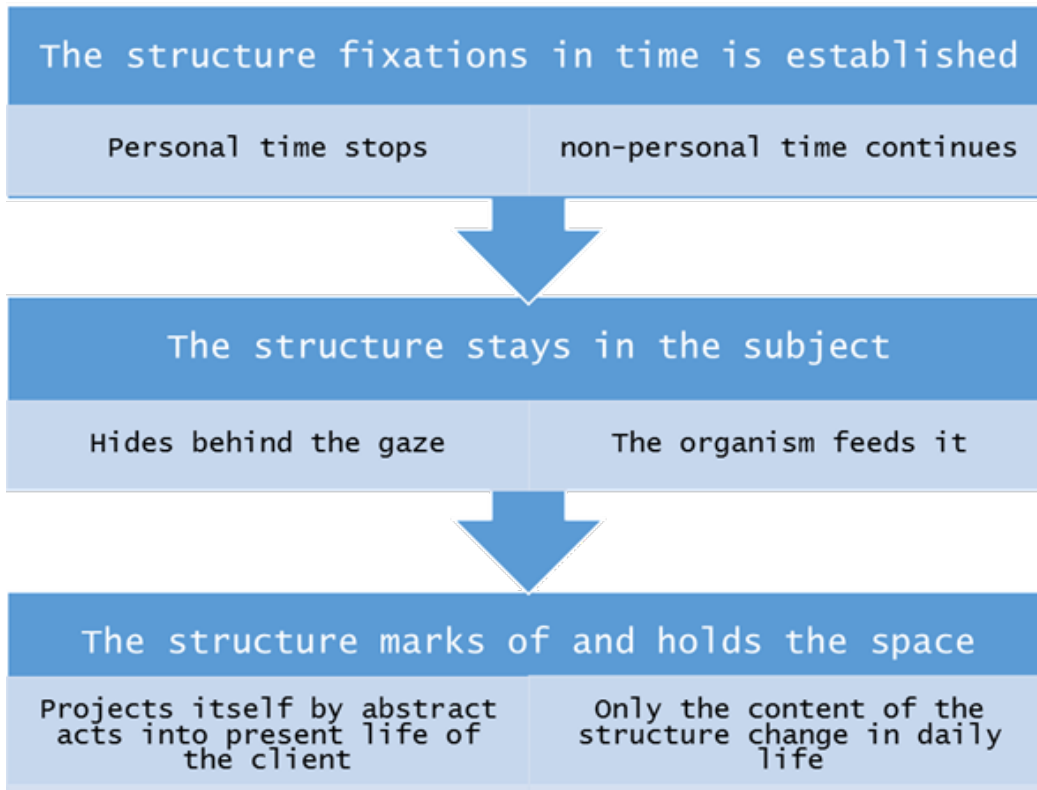
A **fixation in time** describes how bodily memory stores information from traumatic events in the past. This bodily memory is hidden from the subject’s consciousness but shows itself in present time by thoughts, bodily sensations and emotions (abstract acts). Fixations in time affect both the physiological and psychological dimension (Merleau-Ponty, 1945/2012, p. 85).

The following is my interpretation of Merleau-Ponty’s descriptions of fixation in time:

- A trauma, overwhelming emotion or an obstacle to continue a certain path in life - like a love affair, career or another project - can create a fixation in time.
- Personal time (the lived sense of time in the body) stops, because the subject’s organism uses unconscious energy to feed and maintain the fixation - while non-personal time (the time that passes in the real-world) continues.
- The emotion/memory of the incident hides behind the subject’s gaze, outside of conscious awareness.
- The memory/emotion projects itself into the subject’s present life as an abstract kind of lived reality that is not actually existing in the present, for example, a phantom limb to the veteran. In the frame of RMB it can be: old/existing beliefs, a tensed muscle, stiffness, held emotions, pain, restlessness, anxiety, a frozen state in the body or numbness. These are the threads of fixation that link the present with the past.

- The projection (threads) from the fixation in time into present time helps the organism to mark off and preserve a space in the person/organism – making sure it is not annihilated and is still held deeply inside the person. This mechanism keeps the persons space in the world.
- Fixation in time carries the past into the present. New emotions and perceptions replace old ones but only according to the content of the fixation. The form of the fixation remain the same as time goes by (Merleau-Ponty, 1945/2012, p. 85 ff).<sup>1</sup>

Below is my model of fixation in time interpreted from Merleau-Ponty's definition of this bodily structure (1945/2012, p. 85 ff).



The present felt or visual threads are the ticket to a journey to the horizon of the past “The memories called back before the amputee’s mind induce a phantom limb not in the manner in which one image calls forth another in associationism, but because every memory reopens lost time and invites us to again take up the situation that it evokes” (quote Merleau-Ponty, 1945/2012, p. 88).

This means that the established fixation in time repeats itself unless the embodied memory is opened again. It can be opened by life itself or through a somatic practice. The latter provides the presence of an empathic other, such as a Rosen Method practitioner, who makes it safe enough to open the corresponding layers of interconnected past and present experiences. The claim of this article is that RMB makes it possible to change not only the content of the fixation in time but also the structure established in the past.

<sup>1</sup> One of the beautiful things about RMB is that the form -- and not only the content of the fixation -- becomes moveable and changeable through sessions.

The memory is not called back as a cause of association and not by intellectualism either. According to Merleau-Ponty, intellectual memory is satisfied with the communicable characteristics of the past and doesn't insist, as embodied knowledge does, on discovering the structure of the past. If the subject claims to understand the past by using association or intellectual thought, the memory that is locked in embodied posture, tension or emotion will not be affected by those thought processes alone. The memory will close in a denying of the present judgement and continue to hold on to the embodied traces and evidentness of the past (ibid). Actually, one can think of this mechanism as the body protecting its inheritance and territory in the world by keeping the threads to the past alive in unconscious sensorimotor pathways which express itself by abstract acts and bodily sensations. This is what we experience in RMB and why we need to have a "not-knowing openness" to whatever shows itself in the client and ourselves during a Rosen session. Otherwise the embodied knowledge of the client will continue to remain closed and out of consciousness.

As I have experienced through Rosen Method Bodywork and in my own healing process, a fixation in time can be described as follows:

- There is a thread of connection between an embodied experience or established pattern in past time to the subject's experiences in present time.
- The fixation in time has to be sensed and contacted using deep embodied self-awareness (ESA) (Fogel, 2013) in order to change. This can either happen in relation to an empathic other - as in Rosen Method Bodywork - or by going through the process alone while having compassion for oneself, as Marion Rosen taught us.
- The unfolding of the held structure, fixation in time, shows itself through abstract images, body sensations, thoughts and emotions.
- A change/discharge of fixation in time is typically felt as a "whole-body" experience, resonating into other body parts.
- The change of a fixation in time typically causes activity experienced at a physical, body sense, emotional and cognitive level.

## Centrifugal and Centripetal Movements

Merleau-Ponty differentiates between centripetal and centrifugal movements. I find these terms useful to describe invisible movements in RMB. One of the teachers, Peter Toft Nielsen, at the observed intensives used these terms several times to describe how the words in Rosen Method Bodywork can have the function of accessing more contact to the client as a centripetal movement. Or talking the attention away from ESA in the session, as a centrifugal movement.

I think the terms, centripetal and centrifugal movements, are useful to define the touch as well as the use of words (together with evocative and conceptual language as defined by Fogel in RMB (Fogel, 2013, p. 32-33).

Merleau-Ponty's definition of centripetal movements is that they draw attention to the center of the embodied subject and centrifugal movements does the opposite – which is moving away from center. Both actions are important and necessary. They supplement each other as night and day.

**Centripetal movements** draw attention to a center. They are *concrete* movements given in the real world, they adhere to a given background and connect to the tactile. Centripetal movements are also linear processes and specific in their intention (Merleau-Ponty, 1945/2012 p. 114 ff).

**Centrifugal movements**, which move attention away from center, are *abstract* and superimpose a virtual/human space over psychical space. In the latter, things that do not exist naturally get a glimpse of existence, they set up their own background, connect to the visual and expand the human space for subjectivity and reflectivity. Centrifugal movements unfold their own reason<sup>2</sup> (ibid).

I will now explain how I use and understand centripetal and centrifugal movements in relation to Rosen Method Bodywork in general and in this article. As I have come to see it, the qualities of the centripetal (concrete) movement describe the special touch learned in Rosen Method Bodywork. This centripetal movement makes it possible for the centrifugal (abstract) movement to unfold. As Rosen Method therapists we always have to establish an embodied connection through our hands before the inner world of the other (the client) will unfold. This safe and nurturing touch is specific in its intention. The touch is specific in order to *be, contact and resonate with* whatever is in the client. The touch never changes into a fixing mode or intention. This intention of *being with* in a RMB session seems to create an open and free space for the centrifugal movement to unfold. It is through this centrifugal movement the structure/tension unfolds its own reason where non-existing phenomena are projected into present time and get a semblance of existence. This includes the ability to experience the past as if it happened right here and now, which is named "participatory" memory by Alan Fogel (Fogel, 2013, p. 261). I won't say that this is a reexperience of the situation or pattern from the past, because – as I see it – the emotions, cognitive understanding of the consequences and the body sensations were never experienced at a bodily level in the first place. When we actually experience a threatening situation, the nervous system activates defensive movements (fight, flight, freeze) that have the effect of not feeling what is actually happening in order to give more energy for self-defense. Therefore, the fixation in time or bodily tension is established; in order to keep a safe space in the organism in relation to the world. One can think of it as keeping the subjects' possibilities on hold until "the road is cleared again" and the signals from the embodied self can connect with its strings of attachment to the outer world again. This is what seems to happen when the attention of embodied self-awareness opens a fixation in time and the compassion of one's own attention and/or the empathic presence of the other nurtures and heals the wounds of the past.

## Interbodily Resonance

Embodied interplay happens between people all the time in daily life. This interplay causes a reaction in the subject's own system, which - expressed or not expressed - affects the resonance between two or more subjects. This interplay is called "interbodily resonance" by Fuchs & Koch (2014). Interbodily resonance has far-reaching effects on emotions in the interaction between two or more subjects. Curiosity and empathy from individual A triggers complementary embodied emotions in individual B. The same goes for a threatening glance from individual B to individual A. Individual A perceives the threat from the glance

<sup>2</sup> Quote from Merleau-Ponty, p. 114, 1945/2012: "Within the busy world in which concrete movement unfolds, abstract movement hollows out a zone of reflection and of subjectivity, it superimposes a virtual or a human space over physical space. Concrete movement is thus centripetal, whereas abstract movement is centrifugal; the first takes place within being or within the actual, the second takes place within the possible or within non-being; the first adheres to a given background, the second itself sets up its own background. The normal function that makes abstract movement possible is a function of "projection" by which the subject of movement organizes before himself a free space in which the subject of movement organizes before himself a free space in which things that do not exist naturally can take a semblance of existence."

in individual B's eyes, gestures or expressions of the body, and feels the urge to withdraw. But in addition, Individual A *also* senses the threat as increased heartbeat, muscle tension and possible trembling in his or her own embodied resonance. This creates a spiral of moving and being moved in relation to each other as described by Fuchs & Koch (2014).

Mühlhoff (2014) states that resonance in and between subjects should not be seen as a homogeneous phenomenon reacting the same way in every context but rather as a dynamic interplay of moving and being moved in relation (Mühlhoff, 2014). From the world of physics, we know there is a resonance between two or more systems, if the external force resonates with the system(s). A guitar string resonates with singing voices if they correspond with the frequency of the strings. For the attuned action, it is characteristic that a small effect can give rise to a high level of vibrational activity within the system. The resonance connects in non-linear ways and links two or more systems to a new system which is formed by the joined relational interplay (Mühlhoff, 2014).

The importance of the nurturing relational interplay created in a RMB session is fully described by Ivy Green from a neurophysiological perspective in this journal (2014). The resonance created in the attuned action between the practitioner and the client is also named somatic resonance by Shantika Bernard (2016 p. 28). I acknowledge the importance of their work, but have chosen to stick with the terms and definitions from phenomenology in this article.

## Embodied Affectivity

It is important to mention that "affective" in science is not to be understood as "emotional" There is a growing body of research indicating that bodily sensation and behavior strongly influence one's emotional reaction toward certain situations or objects. "We regard emotions as resulting from the circular interaction between affective qualities or affordances in the environment and the subject's bodily resonance" (Quote Fuchs & Koch, 2014). It is a science of how we all interact from an embodied level. And how we move others (affect) and are being moved ourselves in relation.

Newer research shows that people recall more negative situations of life if they sit in a slumped body position opposed to an upright position. Other research studies point out that the subjects have a felt experience of emotion when enacting emotional-related postural positions, facial expressions or gestures. Interestingly enough, research also shows a decrease in the subject's ability to experience, form and use experiences from a feeling, if the bodily expression related to that feeling is prevented (Fuchs & Koch, 2014).

The above mentioned research shows a deeply intertwined connection and interplay between the physical body and related emotions. The relation between the physical body and related emotions is not *just* the physical body expressing the emotions from the psyche. Not if one accepts the idea of the lived body as more than an object. If the body copies the emotion and shows it directly in a bodily expression or form, then the body itself has no "will" or power. Merleau-Ponty's ultimate - and controversial - notion is that the flesh is thinkable in itself. He compares the thinking of the flesh with the elements. Like air, fire, water and earth, the flesh has its own logic and rules to obey (Merleau-Ponty, 1964, p. 140).



## Methods Used

Since I am a Rosen Method therapist myself, I have been wanting to combine my embodied knowledge from 13 years in this milieu with an external view. I have used qualitative research methods and the study was done as part of the requirements for my candidate thesis in Sport and Health at Syddansk Universitet (University of Southern Denmark) 2017.

I did 64 hours of participant observation during four RMB intensives, which are courses for students learning the method. An intensive can last 3 or 5 days. The observed intensives were all 3-day courses and a part of the educational program of becoming a Rosen Method practitioner. I conducted 5 open-ended interviews with students. The interviews were taped in the situation and transcribed afterwards. The role of my presence was introduced to the students at the beginning of each intensive. My observations came from different perspectives. They ranged from full participant observation, as an extra assistant guiding the students from the inside of an exchange of RMB practicum sessions, to a more distanced view from the sideline. There were 16 different students at the intensives with an average age of 51 years old.

The names of the students are changed for ethical reasons, but the teachers have given their permission to use their real names. The three teachers are: Kirsten Falch, Maja Skau-Olsen and Peter Toft Nielsen. All three of them are senior teachers.

I have picked out two demonstrations conducted by Maja-Skau Olsen and Kirsten Falch. This is common in qualitative research; instead of describing everything observed, the researcher typically dives deep down in a few places, just like the Rosen Method therapist does in a session.

My observations were also lead by the approach of an explorer. It means I looked into the milieu with an open and curious mind, not knowing what to find. Several aspects occurred when looking into the RMB intensives from a more distanced perspective and are described in my thesis. I picked out **fixation in time**, because that phenomenon happened several times during the observed intensives.

## **Analysis of Two Rosen Method Bodywork Demonstrations**

At the intensives, the teachers demonstrated full RMB sessions as a kind of “warm-up” for students to practice the method with each other afterwards. The students – both the one on the massage table and those observing the demonstration – learn the method by going through the process in their own lived body as evoked by the demonstration. The observing students are not supposed to look for the exact technique or grip, but to feel the resonance in their own lived body.

Kirsten Falch gave the first demonstration in this section. Maja Skau-Olsen gave the demonstration in the next section, “The Resonance between Layers and Fixations in time.”

### First Demonstration: Embodied Resonance as the Vehicle for Change

*The student, Michael, lies on the massage table and Kirsten works on the upper part of his back. She says: “I stay with whatever makes me curious. Here, it is as if the arms are cut off from the body and there is no strength*

*in the arms.” Michael mentions he has tension in his right shoulder and Kirsten puts one hand under the shoulder and one on top of it. She says: “I sense the space between my hands” and after a deep breath, Michael says: “It is hard to relax the shoulder – it is as if I am waiting for something.”*

Kirsten’s touch and words are led by curiosity and not by a rational analysis of the body in front of her. She talks about the impression of Michael’s lived body, – that the arms seem “cut off from the body and there is no strength in the arms.” Michael accepts her invitation to investigate in a curious manner and stays away from a rational explanation. At a physical level he senses that it is hard to relax the shoulder, which leads him to an abstract feeling of “waiting for something.” This abstract feeling I interpret as an abstract projection from the past – visiting present time. The free space created by both Kirsten and Michael’s mode of not-knowing (they don’t fill the space with rational thoughts or association about the bodily sensations) makes this movement possible. Kirsten has chosen one specific place at Michael’s body – the shoulder – where she contacts Michael’s lived body by direct touch and the attentional focus arising from her own lived body. She also extends herself beyond the boundaries of the physical body into sensing the space between her hands.

*Apparently without any logical reason, later in the session Kirsten asks why Michael wants to be a “body” in this demonstration. “Usually I hold myself back, but I decided to try something else,” he answers. A blush colors Michael’s neck and Kirsten comments that the blush appears when he talks about trying something new. Now, Michael feels his heart beating faster and remembers a situation from the day before. In that situation, he felt he was a combination of a good and bad version of himself. They were known emotions, but the new thing was that he did not get so emotionally affected by these emotions as he used to be.*

The resonance from Kirsten’s direct touch and words affects what Michael gets in touch with in his lived body. The verbal and non-verbal dialogue between them are formed by the spiraling movement of interbodily resonance as defined by Fuchs and Koch (2014). The embodied affections in Michael’s lived body expresses itself through a blush at the skin. From the perspective of a Rosen Method therapist, Michael’s flesh remembers how it could be to try something new and reacts before he is aware of any rational reason. This makes his heart beat faster. These two present experiences seem to resonate into an old experience later in the session.

*Kirsten says: “I can see a sensitivity at your chest. The expression looks like a seven to eight year old boy.” Michael lies on his back and his right shoulder is slightly lifted from the sheet, making the chest curve. Kirsten has her hands at the muscles of the chest and suddenly the shoulder relaxes into the sheet. For the viewers, it is obvious that the chest now has a much more open expression than before. “Can you feel it letting go?” Kirsten asks, and Michael says “yes.” Kirsten continues, “the muscle of the chest keep you inside yourself. It laid itself down – nice and quiet. Now, others can see you as you are.” In the rest of the session Michael tells about a situation in the schoolyard when he was seven years old and felt very insecure about himself. He had moved school, and everything was new. As he talked about it, Kirsten kept her hands at his chest. Deep breaths moved the hands that seemed to melt together with the chest.*

In the milieu of RMB, a situation like this is a past experience that shaped the subject’s life that emerges in the session. Michael’s present experience of the past is new content in the structure of the older experience (Merleau-Ponty, 1945/2012, p. 88). The opening of the original structure from the age of seven makes the phenomenal body reveal its own reason to hold the tension in the first place and invites him to take it up anew. The fixation in time (the tension in the chest) changes its character of being fixed as it begins to let go of that tensed structure. The process of changing the fixed structure is the experience

of participatory memory (Fogel, 2013, p. 261). Participatory memory is a reliving of the past in present moment. It differs from a cognitive told story about one's past in the sense it involves bodily sensations and often strong emotions. The individual does not just remember and tell a story from the past – the individual *becomes* the five year old child again and the memory often expresses itself as a whole-body experience. According to Alan Fogel, participatory memory is very well documented in research and clinical literature. I have never experienced a change in a fixation in time without an accompanying unfolding of participatory memory. This includes my experiences of changing the bodily "trauma structure" in my own lived body.

Unfolding of Michael's experience in the schoolyard as a seven-year-old fits the definition of fixations in time as described earlier: even though the event happened 35 years ago. The threads from the original experience inhabited the space in Michael's organism and in the world since that day in the schoolyard. The pain in the shoulder, its avoidance, and feeling insecure when trying something new showed up as a representation of the original experience.

The centripetal movement of the direct intention from the inviting touch and words made it safe for Michael to "take up the situation anew". Kirsten uses her own embodied knowledge and the threads from Michael's present experiences to open the fixation in time and the memory of the experience is no longer hidden outside of Michael's embodied self-awareness. This movement is also caused by the interbodily resonance and interplay between Kirsten and Michael. This "working together" changes the bodily structure in Michael's lived body with the unfolding of the participatory memory.

The following day at the intensive Michael is very confused and mentions in a sharing with the whole group: "I feel the grief and frustration about being a seven-year boy – not knowing how it is to be a man". The non-personal time has continued since he stood insecure in the schoolyard, but the personal time stopped. He has no experiences with this part of his being in the world in the intermediate 35 years. In the milieu of RMB, such an opening of fixation in time is understood as transforming the person's being in the world in the same sense as Columbetti defines mediating factors (Columbetti, 2015).

The threads reaching from the structure of the client's lived body into the surrounding world are already changing by the embodied contact to the fixation but I sense that this is just a beginning for Michael. There is much more to do in order for him to integrate the past and the present. Some of Michael's personal time stopped 35 years ago. He has no experiences of "showing himself as a man" during these 35 years. The loss of number of years to practice the ability is *not* reestablished by unfolding the structure in the RMB session. As a Rosen Method bodyworker, I feel sure that Michael has taken some important initial steps in his ability "to show himself as he is" by being with the pain and sorrow from the past. In the world of science such a statement needs more substantial research of the long-term effects of RMB.

## Second Demonstration: The Resonance between Layers and Fixations in Time

At the observed intensives it is often mentioned that students have to learn to move through different layers in the body while practicing at the massage table. The top layer is talked about as the one representing the client's present life. Deeper layers represent experiences which happened earlier in the client's life. This is illustrated in a demonstration at the fourth observed intensive:

*Maja, the teacher, placed her hands at the back of the student's diaphragm. "I feel a hard layer here," she says. After a while, Susanne, the student at the massage table, talks about an accident half a year ago. She hurt*

her shoulder on a ski trip. The shoulder still hurts if she sits down for long periods. Maja says; "People typically think they have done too much garden work or slept in a wrong way and so on. But often the place hurts because it is overstrained already. I use some time to make Susanne feel herself physically in this area and then I move my fingers around. Through my experience with the method, I feel that the tension is placed at the inside of the ribs as well. It often happens when one gets a shock."

This is the beginning of the session and Maja's whole body is attentive to everything that goes on in Susanne's body, supporting the investigation of the hands and forms the words. Maja is tuned in at one area of Susanne's body from her own embodied experience and perspective. Maja is neither using her intellect or a certain technique, but a sensing into the not-yet-intelligible structure of Susanne's lived body. The phenomenon to extend beyond the physical body and into the phenomenal body of the other has been described as a common act between two embodied subjects in Argentine Tango. In this dance, it is the sensation of the partner's movements, which is extended beyond the physical boundaries of both (Ravn & Hansen, 2013). The Rosen Method Bodyworker extends herself into the sensation of the structure of the client's lived body. This extension has its ground and structure in the experiences of the practitioner's own lived body. Maja moves from sensing and touching the physical layer to extend herself beyond the physical body into the sensation of the tension at the inside of Susanne's ribs. She cannot physically feel the inside of Susanne's ribs. Susanne senses the tension from the inside. The attuned attention from both resonates into the same tension/structure and unites in a third system (Mühlhoff, 2014) that shows in deep breathing, while moving not only the lumbar area, as at the beginning of the session, but incorporating the middle and upper back as well. In Rosen Method Bodywork a deeper breath from the client is seen as a sign that indicates a bodily change happens, making more room for the subject's ability to live from his or her own true self. Just after the deeper breath occurred Susanne says:

*"I sprained my shoulder and felt an enormous pain in the situation but didn't show anybody. I got a shock and felt it would be humiliating to react and didn't even tell my boyfriend afterwards that I was in a lot of pain and had sensory disturbances in the fingers. My experience was that my boyfriend was letting me down - not giving me the care I needed." Maja's hands do not move around as much now and she talks to Susanne about how grown-ups also need to be taken care of.*

Susanne has her attention on feelings and sensations experienced from the inside and Maja's embodied attention resonates into that experience from the outside. Their coupling in the third system is also the opening and mutual investigation of the first layer. The content of this layer is the missing reaction and reaching for care. She also feels abandoned by her boyfriend – even though she does not share the amount of pain she feels. After awhile Maja asks Susanne to turn around to the back and places her arm under Susanne's neck and the hand under the right shoulder. Maja works with the other hand on top of the right shoulder.

*"I wonder how it is to be a physical body in this area", Maja says. Apparently without any reason visible for the external viewer Maja continues: "I can feel a tension deeper inside the shoulder. Your shoulder is very small now, like a seven-year-old. There is a stiffness as if you have used the shoulder to push something away". Susanne is now very moved. Big breaths move the chest and it is colored red. After a while Susanne puts her inner experience into words. She remembers a doctor checking her out in the kitchen when she is seven. She is alone with the doctor; her parents have called him because Susanne often vomited. The doctor says she has to go to the hospital if she does not stop the vomiting. It scares her, and she stops vomiting after that experience. The vomiting had been Susanne's way of getting attention and care up until the consultation in the kitchen.*

Maja's words and touch resonates with a deeper layer in Susanne's lived body and confirms the assumption in the method, that layers placed deeper in the body have been established earlier in the subject's life. Maja and Susanne also couple into another third system, which is an experience hidden in Susanne's lived body from the age of seven. The newer content (ski trip) of the structure are the threads inviting Susanne to open the original structure. She accepts the invitation. The older experience is felt anew from the perspective of Susanne's adult attention and Maja's listening hands and nurturing words. The feeling of an old overwhelming situation (trauma) again as a bodily felt experience in a caring and attentive therapeutic relationship is not a retraumatization. It is rather a *renegotiation* of the trauma (Levine, 2013, p. 184).

Maja uses the impressions and expressions from Susanne's lived body to lead the session. During the concrete *being with* and soft tactile touch, the horizon of the past shows itself. The threads of the pain sensations in the shoulder - are followed by Susanne and Maja as an embodied abstract path - guiding them to the related older experience. The thinkable flesh reveals the fixation hidden behind Susanne's eyes and the situations are taken up anew. This does not happen because of intellectualism or association, but by relating again and again to an embodied perspective to the bodily events occurring in Susanne's lived body.

There were a lot of similarities between the experience with the doctor in the kitchen and the experience with the accident at the ski trip. After the session Susanne explained she never told her mother how she felt in the kitchen alone with the doctor. In both situations, Susanne feels alone with her pain. She does not feel she can tell a person close to her about her feelings and get the care she needs. She also feels an anger towards both her mother and boyfriend in both situations because they do not realize how much physical/mental pain she has. After the session, the resonance from the session creates vibrations in her entire body. She feels a tingling in her feet and numbness in the right shoulder. Maja assures her that numbness is better than feeling nothing and a natural step of getting in contact with that area of her life and body again. Later that day, Susanne feels so full of energy that she just wants to go out and experience life outside the intensive. The numbness is gone and confirms Maja's assurance. The next day at the intensive in a break, she tells the other participants that she went out eating with a friend at a restaurant the evening before. The friend was surprised about the physical change in Susanne's body and commented on the openness above Susanne's chest. Her shoulder did not need to protect her anymore and the change was so profound that it was visible, not only as a change in Susanne's perception of herself but also at a physical level in the body. This transformation in Susanne's lived body supports the research made by Fuchs & Koch (2014) of body positions affecting the mood. The experience also shows the deep intertwining of body, thought and how the threads from the subject's lived body connect to the outside world (Merleau-Ponty, 1945/2012, Foreword).

## Discussion of the Term Fixations in Time

The phenomena I call **fixations in time** are named "replayment" in the literature of Somatic Experience, another somatic practice developed by Peter Levine. Psychology calls it "repeat force trauma" as a defense mechanism. Women who keep attaching to violent men, despite frightening experiences with violent men, are an example of repeat force traumas.

From my point of view, those different terms describe the same phenomena: a structure by which the body often organizes itself to cope with overwhelming situations (traumas). These structures are foundations for how experiences are shaped in the subject's life.

Fixation in time is a stable form and not easily changed in daily life. In the above described two teacher demonstrations, the fixations in time go from a fixated state in the client and change into insights. This is the direct result of opening the experience anew through embodied somatic awareness. In the milieu of RMB, fixations in time often have a moveable/dynamic character in sessions and they can change by participatory memory experiences. In my daily life (outside the milieu of RMB) I often find the opposite thought. That the different structures/fixations which have formed peoples life are just “the way they are and as such are not changeable.”

Peter Levine writes about the strength of kind and caring attention when the trauma happens or a trauma from the past feels like a present time experience in a session with a therapist. The kind and nurturing awareness from another person, not only a therapist, seems to make it safe for the traumatized person to be with and sense whatever is inside of them (Levine, 2013, p. 5, 215ff). This kind of presence is very different from therapies that work by reliving the trauma and acting out the related emotions – such as fear, terror, anger and grief. Current science shows that therapies based on exposure treatments have limited results and often re-traumatize the subject. Having the trauma opened in a safe and nurturing environment with a therapist, the client trust is – according to Levine – not re-traumatizing but a nurturing experience that helps the subject to overcome the effects of trauma (Levine, 2013, p. 184).

Marion Rosen writes in her book *Accessing the Unconscious through Touch*, “Through muscle tension the body represses feelings and experiences that we cannot handle at the time of their occurrence” (quote 2003, p. 11). A fixation in time also seems to become a bodily held structure because of the situation, emotion or perspectives of the future are too overwhelming to feel at the time they happen. This means the function of fixation in time must be to protect the person against the reality (Merleau-Ponty, 1945/2012, p. 89), exactly as Rosen Method defines the function of the tensed muscle. The ingredient needed for the organism to untie fixations in time and continue the personal time seems to be feeling the sensations and emotions and realizing the future consequences *for the first time*. The unhealthy repetition of a trauma/situation is the addition of new content into the old structure that remains fixed and *not* the safe and nurturing opening of fixations in time, which seems to change the fixed structure.

The two teacher demonstrations, like every demonstration at the four intensives, show a joined relational interplay between the student on the massage table and the experienced teacher. The joined relational interplay seems to occur through the concrete tactile touch, inviting the client to sense the body “here and now.” The touch is specific in its intention of *being with* whatever is in the client. The background of the concrete movement of the touch and words adheres to the lived body of both the client and the teacher. In other words, the centripetal base of RMB is the RMB practitioners touch and the joined embodied attention of the client and the teacher. In this context the center is formed by bodily sensations, structures or feelings that are in the foreground of the client’s lived body and the attentional focus of the teacher. This solid ground of the soft, attentive and listening touch makes it possible for the abstract centrifugal movement to unfold safely and to change the bodily event every time. The three teachers at the intensives showed the mastery of this embodied process in every demonstration. The opening of fixations in time is not to be understood as a goal for the session, even though it often happens.

Susanne and Michael accepted the invitation created by the teachers to follow the threads of bodily sensations leading to the opening of fixation in time. Both connected to a situation which was created at the age of seven. The teachers apparently “guessing an age” at the intensives never fails in any demonstration. It can be thought of as a “bodily knowledge” and passing on from one embodied subject to the other. The connection to and mutual investigation of the age and situation where personal time stops,

seems to open the closed door of personal time. The embodied resonance created between the teacher and the client in the two examples had the capability of activating embodied knowledge by the empathy and use of touch and words.

The fixation in time does not accept an intellectual explanation of how and why it was established. From my experience as a RMB therapist, I would say the fixation in time needs the (felt) truth of the situation to open up. The data from the intensives support this view.

## Conclusion

The results of this article are descriptions of fixations in time. The tension or pattern from a traumatic experience seems to be held as a structure in the subject's body. New experiences just adds new content into this structure. They have a lot of similarities with the original structure. Through the resonance inside the client between past and present experiences and the bodily resonance between the client and the practitioner, these fixations in time open and the horizon from the past visits the present time. The way this happens is through participatory memory. Difficult experiences unfold themselves without the interference of rationality. Participatory memory is a here and now experience – relived through body sensations. The reliving happens through the perspective of the situation and age the problem was established in (Fogel, 2013, p. 261).

If subjects have a conscious choice of letting traumatic experiences stay in the past – not interfering with present life – I guess everybody would do so. But the embodied knowledge seems to store the evidence of the past. In the two analyzed demonstrations, the concrete tactile touch makes it possible for the body to unfold the abstract movement of the lived body's own reason to hold the tension. The resonance and embodied interplay is twofold in a demonstration of a RMB session. There is an embodied interplay and resonance inside the client and also in the therapeutic relationship between the teacher and the client. This twofold action invited experiences hidden in the flesh of the client to the surface. Both demonstrations connected to a situation from the age of seven where a part of the client's personal time stopped. Threads/feelings from the client's present time connected to an older experience which is a structure named "fixation in time" by Merleau-Ponty (1945/2012, p. 88).

It seems to be necessary to pause intellectual understanding and thinking while performing the method. Yet it is the assertion of this article that intellectual thinking and analyzing is needed for the interdisciplinary and nuanced understanding of somatic phenomena such as fixation in time.

How the opening and renegotiation of this structure affects the client's being in the world afterwards is unknown. More research is needed to fully understand the long-term effects of connecting to a fixation in time in the therapeutic relationship.

In the course of this article, I carved out the advantages of the term by describing its history and relation to practice and science alike. Therefore, I would like to suggest and emphasize the use of this term as a common term for somatic practices, for the larger field of interdisciplinary research, science and healthcare. It will support the development for a much needed common language in relation to somatic practices.

## The Background of the Author

Anette Vinston Ritz is educated as a schoolteacher and has worked as such for 13 years. Her somatic background is Rosen Method Bodyworker (2012), provider of Trauma Release Exercises (TRE) and Nia White Belt. Spring 2016, she published an auto fictive novel, "Slået Skæv" (the title can be translated to: "Knocked Sideways" in English). The book is only published in Danish. The book is written with inspiration from her childhood, Rosen Method Bodywork and the adult consequences of childhood violence and sexual abuse - PTSD.

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