

## The memory of the body

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### Introduction

By memory we usually mean our capability to remember certain events of our past, or to retain and retrieve data and knowledge. But the phenomena of memory are by no means restricted to that. As Descartes already noted, the lute player must also have a memory in his hands in order to play with such a skill. He would certainly be lost should he try to remember the single movements which he once has learnt deliberately. Obviously there is a memory of the body apart from conscious recollection: Through repetition and exercise, a habit has developed. Long-trained patterns of movement and perception have been embodied as skills or faculties that we practice as a matter-of-course in our everyday life – the upright gait, the ability of speaking, reading or writing, and the handling of instruments such as a bicycle or a piano.

Already conceptualised in French philosophy (Maine de Biran, Ravaisson, Henri Bergson), this kind of memory has come to be rediscovered and explored as *implicit memory* in the last two decades. Research into amnesic patients who may still learn simple motor skills though not being able to retain new explicit recollections has demonstrated the existence of multiple memory systems. Above all, the so-called declarative and the implicit memory have to be distinguished. Declarative or explicit memory contains single recollections or informations that may be reported and described; it may also be called a „knowing that“. In contrast, repeated situations or actions have melted, as it were, into implicit memory, thus no more to be retrieved as single events. They have become a tacit know-how hardly to be

verbalised – we would have some difficulty to describe e.g. how to waltz. Thus explicit recollection is directed from the present back towards the past; implicit memory, however, does not re-present the past, but re-enacts it in the course of the body's performance. What we have acquired as skills, habits and experience, has become what we are today; implicit knowing is our *lived past*.

On the other hand, implicit memory is not a mere reflex programme realised by the body machine. Merleau-Ponty was the first to conceive of body knowledge as a third dimension between merely imagined movement and motor execution. The memory of the body is an impressive refutation of the dualism of consciousness and the physical body. For when I am dancing, the rhythmic movements are released by my body without a need to make them deliberately – and yet I am guiding my movements according to the gesture and rhythm that I feel: I am still dancing myself, and not a ghost in a body machine.

### **Types of body memory**

Implicit memory appears in various types, which may be described as procedural, situational, intercorporeal, incorporative and traumatic memory. Time allows only for a short presentation of these different types.

#### *1) Procedural Memory*

Procedural memory contains the sensorimotor faculties that were already mentioned before: patterns of movement and perception, habits and dealing with instruments and other skills that have been formed by repetition and automation. They integrate single elements into holistic temporal patterns, „Zeitgestalten“, until finally we have forgotten the elements: I am unable to locate the single letters on my computer keyboard, whereas my fingers easily find the words that I am thinking. When reading, I am directed towards the meaning of the sentence through the single letters that recede from my awareness.

As we can see, procedural memory unburdens our attention from an abundance of details, thus facilitating our everyday performance. It works in the background without being noticed, remembered or reflected upon. The body and the senses become a medium through which the world is accessible and available. We are capable to direct our attention from single stimuli towards the Gestalt and the meaning of what we encounter. Action is facilitated, as we may intend the goals of action instead of noticing every single movement. The will becomes free since the single elements of willing and acting recede into the background. A primary, goal-directed intention suffices to release the complete arc of action. Through moving the keys the pianist is able to direct himself to the music itself, to listen to his own play. Thus freedom and art are essentially based on the tacit memory of the body.

Body memory mediates the basic experience of familiarity and continuity in the succession of events. It unburdens us from the necessity to constantly find our bearings again. Bodily learning means to forget what we have learned or done explicitly, and to let it sink into implicit, unconscious knowing. By this we acquire the skills and dispositions of perceiving and acting that make up our very personal way of being-in-the-world. We might also say: *What we have forgotten, has become what we are.*

## 2) *Situative memory*

Implicit memory is not confined to the body itself. It extends into the spaces and situations in which we find ourselves. It helps us to get our bearings in the space of our dwelling, in the neighbourhood, in our home town. Bodily experience is particularly connected to interiors which over time are filled with latent references to the past and with an atmosphere of familiarity. Dwelling and habit, *Wohnen und Gewohnheit*, are both based on the memory of the body.

Situations, however, are more than spatial entities. They are holistic, unseparable units of bodily, sensory and atmospheric perception: a soccer game in a roaring stadium, a boat trip on the foaming sea, a night walk through the brightly lit city. To be familiar with recurrent situations is what we call experience. Experience is a practical, not a theoretical knowledge. The experienced person recognizes immediately what is essential or characteristic of a situation; he develops a „sixth sense“, a feeling or intuition for it. The goal-getter has a nose for dangerous situations in the penalty area. The sailor senses in faintest signs the gathering storm. Or to take an example from medicine: The experienced psychiatrist, in his diagnosis, considers not only to the single symptoms and anamnestic data, but the whole impression that he gains from the patient and his life situation. And the more his experience grows, the easier will he recognize the illness even in the first contact. Such a knowledge may not be completely expressed in words. No film or text-book can replace one's own experience of a diagnosis and its peculiar colouring.

### 3) *Intercorporeal memory*

Among the most important situations are of course our encounters with others. As soon as we get in contact with another person, our bodies interact and cause subtle sensations in each other. Our bodies understand each other, even though we cannot say exactly how this is brought about. These non-verbal interactions are to such a large extent determined by earlier experience that we may speak of an *intercorporeal memory* which is implicitly and unconsciously present in every encounter.

With the progress of developmental research, we may now better comprehend the history of intercorporeal memory. This research has shown that the motor, emotional and social development in early childhood does not run on separate tracks, but is tightly connected through integrated affect-motor schemata. These early social interactions are stored of the body as behavioral schemata, as body micropractices and dispositions in

the memory. It forms an extract of repeated, prototype experiences with significant others, processing them to dyadic patterns of interaction, to „*schemes of being-with*“ oder „*acting-with*“ (Stern 1998): Myself-with-mamma-feeding-me, myself-with-daddy-playing-ball etc. This results in what Daniel Stern calls implicit relational knowing – a bodily knowing of how to deal with others, how to have fun with them, how to show pleasure, to elicit attention, to avoid rejection etc. It is a temporally organised, musical memory for the rhythm, dynamics and undertones inaudibly present in the interaction with others.

This early intercorporeality has far-reaching effects: Early interactions turn into implicit relational styles that form the personality. As a result of a learning processes which are in principle comparable to the acquiring of motor skills, people later shape and enact their relationships according to the patterns they have extracted from their primary experiences. These implicit relational styles are also expressed in the habitual bodily posture. Thus e.g. the submissive attitude towards an authority implies components of posture and motion (bowed upper body, raised shoulders, inhibited motion), components of interaction (respectful distance, low voice, consent) and of emotion (respect, embarrassment, humility). All our interactions are based on such integrated bodily, emotional and behavioural dispositions which have become our second nature like walking or writing. They are now part of what I call *embodied personality structure*. The shy, submissive attitude of a dependent person, her soft voice, childlike facial expression, her indulgence and anxiousness belong to an integrated pattern of expression and posture that is essential part of the personality. Our basic attitudes, our typical reactions and relational patterns, in one word: our personality itself based on the memory of the body.

Each body forms an extract of its past history of experiences with others that are stored in intercorporeal memory. In the structures of the lived body the other is always implied: he is meant in expression, intended in desire. Embodied personality structures may be regarded as *procedural fields of possibility* that are activated in the encounter with others and suggest

certain types of behaviour. The intercorporeal memory shapes the actual relationship as a procedural field that encompasses both partners. The visible posture and behaviour of the body are the result of interactive patterns acquired early in life that still shape our present relationships in an implicit, unconscious manner. Thus a person's typical patterns of posture, movement and expression are only comprehensible when they are referred to real or imaginary others. „I do not need to search for the others“, writes Merleau-Ponty; „I find them within my own experience, they inhabit the niches which contain what is hidden to me, but visible to them.“<sup>1</sup> The embodied personality structure is therefore best accessible in the actual intercorporeal encounter: The lived body may only be understood by another body.

#### 4) *Incorporative Memory*

On the other hand, the development of embodied personality structure in early childhood does not proceed without breaks. It also implies what we may call *incorporations*, that means the reshaping of primary bodily structures by attitudes and roles taken over from others. This happens mostly by bodily imitation and identification. By bodily mimesis, toddlers already take over attitudes and roles from others and incorporate them. The body gains an external side; it becomes a body-for-others, a carrier of social symbols, e.g. in deliberate poses, attitudes that are merely put on or, on the other hand, expressions that are inhibited.

Such incorporations may be a germ of neurotic developments, since they cause a rupture in the spontaneous bodily performance. The developing consciousness of one's own appearance in the gaze of the other gives rise to central reflexive affects such as shame, embarrassment and pride. They may lead to enduring dispositions such as shyness, sensitivity, vanity or dramatic tendencies. Narcissistic or histrionic disorders may thus be regarded as alienating adoption of roles and images that deprive the primary bodily self of its authenticity. Other internalised attitudes serve to

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<sup>1</sup> Merleau-Ponty 1974, S. 166.

inhibit spontaneous, but unwanted impulses. Norbert Elias has shown, how the body has been subjected, in the „process of civilisation“, to a growing disciplining of posture and movement, in order to increase the individual affect control. Education, school or the army were the classical institutions of a painful shaping of the body. Heinrich Heine has characterized a historical example of such incorporations by saying, the Prussians obviously had swallowed the stick that they were beaten with. Similarly, in today's anancastic personalities we often find a rigid fixation of body postures, an inhibition of breathing and of expressive movements, serving as a means of self-control against unwanted or threatening impulses.

### 5) *Traumatic Memory*

This leads us to the final type of body memory that I will mention, namely traumatic memory. – It is well-known that painful experiences are taken up into the memory of the body; think of the proverbs „Once bitten, twice shy“, or „Gebranntes Kind scheut das Feuer“. Instinctively we stretch the body or draw back when pains are threatening. Therefore an education that is based on constraint, pressure and deterrence has always known to use pain as a disciplining means. „One burns in what should remain in memory. Only what does not stop aching remains in memory“, as Nietzsche wrote. Painful experiences are written into body memory and may lead to psychosomatic illness later on. Thus nearly half of the patients with chronic pain syndromes have suffered severe pain or violence in childhood.

The most indelible impression in body memory is caused by trauma, i.e. the experience of a serious accident, of rape, torture or threat of death. The traumatic event is an experience that may not be appropriated and integrated into a meaningful context. As in pain memory, mechanisms of avoidance or denial are installed in order to isolate, forget or repress the painful content of memory. The trauma withdraws from conscious recollection, but remains all the more virulent in the memory of the body, as a foreign body, as it were. At every step the traumatised person may come across something that revokes the trauma. Victims of accidents may

fall into panic when even peripheral present circumstances resemble the former traumatic situation. Women raped while sleeping may always awake at the time when the assault took place. The former pains of a torture victim may reappear in a present conflict and correspond exactly to the body parts exposed to the torture then. The body recollects the trauma as it would happen to him once more. Most of all, the intercorporeal memory of the traumatised person has changed deeply: there remains a latent sense of being defenceless, a feeling of always being exposed to a possible assault, and the felt memory of an alien intrusion that has shaken irreversibly the primary trust into the world. Jean Améry writes that the survivor of the torture will nevermore feel at home, secure and familiar somewhere on the world. Only when the trauma is released from its seclusion in the sheltering frame of therapy, and re-experienced even to the point of the physical pain, then its trace may gradually be wiped out from the memory of the body.

## **Conclusion**

I have only given a fragmentary overview on the types of body memory. But I hope to have shown that the body is not only a structure of limbs and organs, of sensations and movements. It is a historically formed body whose experiences have left their traces in its invisible dispositions. By inserting itself into every situation, the body carries its own past into the surroundings as a procedural field. His experiences and dispositions permeate the environment like an invisible net that projects from its senses and limbs, connects us with the world and renders it familiar to us. Each perception, each situation is permeated by implicit bodily recollections. Autobiographic memory only represents the past *as* the past. The memory of the body, on the contrary, mediates the real, living presence of the past. Thus it is also the essential basis of the self. A rationalist concept of the person as advocated by John Locke or Derek Parfit attaches the unity of the self only to the explicit or autobiographical memory. I only remain Thomas Fuchs, as long as I am able to recollect my earlier states and attribute them to myself; otherwise my identity would be lost. But even when dementia deprives a person of all explicit recollections, she still retains her bodily

memory: the history of her life remains present in the familiar sights, smells, touchings and handlings of things, even when she is no more capable to account for the origin of this familiarity and to tell her history. Her sense become carriers of personal continuity, of a more felt than known recollection, a silent, but faithful memory – the tacit, but enduring memory of the body.