

# Manipulating practices

A critical physiotherapy reader

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## INTRODUCTION

# Working against the grain: Criticality for an otherwise physiotherapy

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## Abstract

In this opening chapter, we make the case for the need for a book on critical physiotherapy at this moment in history, provide a brief sketch of the meaning and practice of critical thinking, and suggest some possible alternative pathways for reading the book.

## Introduction

This is the first book of its kind devoted to a critical examination of the discipline, profession, and practice of physiotherapy. Like all critical work, its aim, *our* aim as editors and authors, is transformation.

We do not aim to provide a neutral or objective reading of physiotherapy. Instead, we want to shake things up, perturbate, instigate, revolutionize, manipulate. Our title, *Manipulating Practices*, with its multiple meanings conveys our commitment to extending, rethinking, and reshaping the ossified ways physiotherapy is understood, practiced, taught, and researched. Etymologically, “manipulation” in its earliest form simply referred to a “handful” of something, and by 1828 was understood as the skillful handling of objects or persons. In physiotherapy, manipulation refers to a therapeutic technique of applying a manual thrust to a joint at end range of motion (Rubinstein, van Middelkoop, Assendelft, de Boer, & van Tulder, 2011). The term “manipulative physiotherapy” has also come to be used as an umbrella term for a range of hands-on therapeutic skills. In contemporary usage, manipulation can also have a negative connotation, referring to unfairly influencing another. In all of these usages, manipulating has always been about the hands, about metaphorically or physically touching others in order to make a change. In this book, we interrogate the narrow range of outcomes that dominate the physiotherapy landscape, to manipulate practice and theory towards a more expansive vision for the profession. The manipulations you will find in these chapters are handfuls of clay, molded into temporary forms that can be taken away and refashioned for other purposes. The reader is invited to handle the material in whatever ways deemed useful to influence positive change in the profession and the world.

In this introductory chapter, we first outline why this book is vitally important at this moment in the history of the profession before providing a brief sketch of “criticality” and its application to physiotherapy. We conclude with a discussion of the chapters and suggest a number of pathways for navigating the book.

## **Why this book and why now?**

To date, physiotherapists have been relatively slow to engage in the kinds of professional self-scrutiny that have become increasingly

common in medicine, nursing, occupational therapy, psychology and elsewhere in the last half-century. What is more, few from outside the profession have shown much interest in physiotherapy's practices, its particular approach to the body, or its role as an agent of change in healthcare history. It is only in the last decade that we have seen the emergence of scholarship critically analysing why physiotherapy is what it is, what it does, where it came from and how it might have navigated its way to becoming one of the largest and most established orthodox health professions in the world.

Perhaps the origins of this newfound interest in physiotherapy's professional self-scrutiny can be traced to two significant events. The first might be broadly termed the professionalization of physiotherapy education. This process, which began in earnest in the 1980s, ushered in changes to a curriculum that for 35 years had remained largely unchanged. Professionalization made it possible for educators and students to develop capabilities in subjects that had for a long time been marginalized in favour of developing technical competencies (Dahl-Michelsen, 2015; Higgs, Hunt, Higgs, & Neubauer, 1999; Hunt, Adamson, Higgs, & Harris, 1998; Lindqvist, Engardt, & Richardson, 2010). New fields of study like ethics, the humanities, social sciences, and research increased interest in the idea that physiotherapy had a culture and a history of its own that was worth studying (Higgs, Refshauge, & Ellis, 2001; Trede, Higgs, Jones, & Edwards, 2003). While past preferences for content-heavy, didactic and "hands-on" learning still persist, the professionalization of physiotherapy education instigated a move towards more critical and analytical forms of learning.

The second significant event occurred with the neoliberal economic and political reforms that gathered momentum in the 1970s and continue across the world. These reforms introduced new

managerialism and accountability to healthcare and education. They promoted individual responsibilities over social welfarism and marked the beginning of a lengthy project to reduce the size and influence of central government in people's lives. Having relied on public healthcare, legislative support and funding for over 40 years, the physiotherapy profession in many countries was forced to face up to greater competition with other practitioners, and the slow decline of public health systems and structures that had once sustained it. Governments and private funders alike demanded greater accountability and assurances that increasingly took the form of "evidence-based practice", standardized outcomes, and indicators of efficient use of resources. Concurrent with these two events (professionalization and neoliberal reform), physiotherapists were increasingly pursuing graduate degrees. Some of these scholars breached disciplinary boundaries to ask questions about the nature of physiotherapy practice and its professional identity (Nicholls, 2017).

Although attempts to locate physiotherapy's professional identity can be traced back to acts of protective legislation and early contests over terminology (for example, the debates described by Murphy (1995)), between American doctors and therapists over the right to be called "physiotherapists" the earliest efforts to define a distinctive physiotherapy "identity" may well have been Helen Hislop's 1975 Mary McMillan lecture (Hislop, 1975), in which she codified physical therapy as a "pathokinesiological" profession. Others followed, attempting to look to broader, more humanistic, and political influences to define the profession's scope of practice and the paradigmatic assumptions underpinning research, education and practice (Broberg et al., 2003; Cott et al., 1995; Heap, 1995; Higgs, Refshauge, & Ellis, 2001; Nicholls & Cheek, 2006; Ottosson, 2015; Noronen & Wikstrom-Grotell, 1999; Parry, 1995; Richardson, 1993; Tyni-Lenné, 1989; Wikström-Grotell, Broberg, Ahonen, & Eriksson, 2013). In the last 15 years, there has even been interest from scholars outside of

the profession, who have begun to examine the profession's practices, boundaries, history and competitive tensions (Abrams, 2014; Carden-Coyne, 2008; Dew, 2003; Fournier, 2002; Linker, 2005).

What this emerging literature reveals is that, until recently, the physiotherapy profession has left its culture, identity and fundamental principles largely unexamined. Moreover, this disregard inheres in the profession's practices. The profession's fundamentally unquestioned need to legitimise itself as "scientific" by adhering to the notion of the body-as-machine (Nicholls & Gibson, 2010), has allowed it to sideline the many "other" ways people experience and engage with health and wellbeing (Nicholls et al., 2016). The myriad cultural, economic, existential, geographical, historical, philosophical, political, social and spiritual dimensions of health and healthcare have been largely bypassed by physiotherapy (Setchell, Nicholls, & Gibson, 2017). The result may be that the profession has achieved greater professional security and clarity of purpose, but it has also resulted in a profession that lacks the tools to respond to the changing economy of healthcare in the 21st century (Nicholls & Larmer, 2005). Moreover the enduring emphasis on bioscientific principles and "evidenced-based practice" sustains care approaches that may at best only partially meet the needs of the people physiotherapists are meant to serve, and may even be harmful.

Physiotherapy is undergoing a relatively rapid period of transition towards examining and addressing some of the blind spots of the past. A widening circle of physiotherapists are feeding ideas from sociology, philosophy, and theory into their curricula, daily practices, research and scholarship. This book is an expression and extension of that growing awareness. Imagined and produced by a group from within the Critical Physiotherapy Network (CPN) – an organization of over 600 members in more than 40 countries – the book reflects some of the diversity of interests and approaches now being explored by physiotherapists. Moreover, it connects physiotherapists with a wider, established

community of critical scholars in fields like disability and gender studies, physical culture, critical race theory, political science and cultural studies to ask questions about how, for example, disability, health, wellness, identity, social justice, and diversity are understood and addressed within physiotherapy and healthcare more broadly. Since its inception in 2014, the CPN ([www.criticalphysio.net](http://www.criticalphysio.net)) has sought to be a “positive force for an otherwise physiotherapy”. Its objectives include:

- Actively exploring the world beyond the current boundaries of physiotherapy practice and thought
- Challenging physiotherapy to critically examine its position on alterity and otherness, abnormality, deviance, difference and disability
- Developing a culture and appreciation for the exploration of all views that deviate from conventional thought and practice in physiotherapy.

This book echoes and extends the objectives of the CPN in actively embracing ideas that promote thinking against the grain. It can be read as a sustained argument to challenge physiotherapists and others to embrace a plurality of ideas, practices, objects, systems and structures that challenge contemporary physiotherapy. The book aims to promote another key objective of the CPN: *to support critically-informed thinking through engagement with ideas from diverse disciplines uncommon in mainstream physiotherapy.*

## **Critically-informed thinking (and doing)**

Each chapter in the book is an application of critical thinking to an aspect of physiotherapy practice, research, and/or education. Critical thinking has its origins in the critical theories that first emerged in early 20th century Germany as part of the Frankfurt School (Agger, 2006). In contemporary usage, “critical” refers to

any approach which inquires “against the grain”, “makes the familiar strange” or imagines how “things could be otherwise”. It does *not*, however, encompass any and all forms of critique (a common misperception). Rather research and practice in the critical tradition are explicitly aimed at understanding how different forms of *power* operate, exposing both helpful and harmful effects, and looking to possibilities to address harms and injustices (Kincheloe, McLaren, & Steinberg, 2011). Critical approaches are thus inherently emancipatory, but can be understood as a continuum of approaches, each of which varies significantly in how it understands and approaches this goal. On one end of this continuum are materialist/Marxist approaches and anti-oppression traditions, while at the other end are the relational approaches inherent in poststructuralism and posthumanism. This range of traditions is evident across the different chapters of the book. The poles are not fixed and between them is a wealth of established and emerging methodologies and theories. Nevertheless, the common element remains: critical approaches are concerned with the operation of power.

All of the chapters in the book examine the role of power in shaping how health phenomena are understood and addressed. Importantly, in critical work, power is understood as having many forms. Citing Lukes (1974), Eakin and colleagues (1994) discuss three dimensions of power. The first of these is *overt* power, that is, the power that one group holds over another, often understood in terms of power imbalances, hierarchies, or dynamics. This is the most obvious and nameable kind of power. It includes the power the state holds over its citizenry and the obvious ways that dominant groups oppress and marginalize other groups in particular times and places. Examples include oppressive government regimes and laws prohibiting homosexuality or certain religious practices. The second dimension of power is less overt and

more *subtle* wherein the operation of power is recognized but remains unaddressed. Systemic racism that is inherent in hiring practices is an example. An organization or society may recognize that these inequities exist, but the reasons for that inequity may be explained away, or diffused, through negotiation or co-optation (Eakin et al., 1994).

The third dimension of power is *covert*. Covert forms of power are those deeply entrenched and pervasive ideas about the world and how to understand it. In other words, covert power takes the form of assumptions regarding what is “implicitly” true and therefore remains largely unexamined. This power is very different from the kind of power that individuals and groups wield over others. Rather it has invaded our collective psyches, embodied in our everyday practices as “obvious”, “natural”, or “just the way things are”. Enacting these truths may or may not be problematic, but as Foucault (1983) famously said, it is “not that everything is bad, but that everything is dangerous”. The danger comes in unexamined assumptions. We cannot assess the potentially negative or positive effects an idea exerts without questioning the putative truths contained within that idea. Thus, much critical work focuses on examining covert forms of power, their various hidden and/or unintended effects and the possibilities for thinking and doing differently. Exposing and addressing the operation of covert forms of power in physiotherapy is a central aim of this book.

The exposure of taken-for-granted truths and how they operate can be a catalyst for radical change in physiotherapy. There are many examples of societal shifts that have begun because of small groups of people challenging ingrained assumptions. Most of these movements are ongoing - always considering how things might be otherwise. This *openness to change* is also a hallmark of criticality – it is comfortable with, even perhaps insists on, doubt.

Said differently, a critical stance requires a sustained concern about the dangers of complacency, remaining dynamic and never settled. As an example, the status of women as inferior to men was historically attributed to biological differences. This long held assumption has been largely abandoned in many societies but persists in others. Critical feminist work at one end of the criticality continuum looks to expose how and why these assumptions persevere and the material effects on women (a critical materialist approach, e.g., Millet, 1970). Poststructural strains of critical work, at the other end of the continuum, may look even deeper into the separation of people into two genders, question the logics of these categorizations and/or problematize notions of biological essentialism (e.g., Butler, 2011). While, as the example indicates, there exists a rich diversity of critical approaches and theories, all share in common a commitment to making the familiar strange towards opening up possibilities for change.

What does this mean for physiotherapy? Critical work has been gaining momentum in healthcare and research over the last two decades, and this in turn has influenced an emergent group of physiotherapy scholars, many of whom have authored chapters in this compilation. Critical physiotherapists have critiqued (or “problematized”) a range of assumptions and practices that pervade healthcare and physiotherapy including, for example, how we understand and address movement (Bjorbækmo, 2010; Wikstrom-Grotell & Eriksson, 2012), disability (Gibson, 2006), weight stigma (Groven & Engelsrud, 2016; Rugseth & Standal, 2015; Setchell, Watson, Gard, & Jones, 2016), the body (Hay, Connelly, & Kinsella, 2016; Jorgenson, 2000; Nicholls & Gibson, 2010; Setchell et al., 2017), practices of touch (Bjorbækmo & Mengshoel, 2016; Nicholls & Holmes, 2012), communication (Parry, 2004), and ethical reasoning (Edwards & Delaney, 2008). There are critical histories of physiotherapy (Nicholls, 2017; Ottosson, 2015; Owen, 2014),

critical pedagogies (Rowe, Bozalek, & Frantz, 2013; Trede, Higgs, Jones, & Edwards, 2003), and critical explorations of gender (Dahl-Michelsen, 2014; Hammond, 2009; Sudmann, 2009) and culture (Ihle & Sudmann, 2014; Nixon et al., 2015). This book builds on this emerging corpus of critical scholarship to explore the possibilities inherent in new ways of thinking, knowing, teaching, researching and doing physiotherapy.

## Overview of chapters

Planning a chapter order for this collection was an interesting project in itself. We could have randomly organized chapters, or grouped those with similar philosophical underpinnings, topic areas, or other analogous features. We decided to organize the chapters in a malleable way, following in the footsteps of authors such as Marg Sellers (2013) who take a philosophical approach to book structuring. Sellers drew on the work of postmodern philosophers Gilles Deleuze and Félix Guattari (1987) to organize her book on young children's interrelationships with education curriculum development. Drawing inspiration from her, we invite the reader to engage with the book using a number of possible pathways depending on interests. The book is ordered according to what Deleuze and Guattari term "plateaus", or areas of intensity and commonality, with the chapters grouped into four such plateaus including theory (*critical openings*), practice (*practicing differently*), pedagogy (*rethinking education*) and research (*researching practices*). Like Deleuze and Guattari's conceptualization of plateaus as dynamic and without rigidly defined internal structurings, each grouping can be considered unbounded. Almost any chapter could have been allocated to any plateau – certainly they all have theoretical components and pertain to practice. In grouping them as we

have, we provide only one of many possible pathways through the book. Following a brief overview of chapters as presented in these plateaus, we suggest two other possible pathways.

The first plateau, *Critical openings*, contains four chapters that engage with social theory and philosophy to challenge some of the fundamental assumptions underlying physiotherapy thinking and practice. It begins with Barbara Gibson's chapter that draws on critical and postmodern theories to offer an "ethics of doubt" that seeks to dismantle binaries such as normal/abnormal and health/illness in physiotherapy, and works against adherence to universal rules promulgated in traditional bioethics. Anna Ilona Rajala's chapter which follows also focuses on physiotherapy ethics. She begins with a provocative question: "Ethics, morals, theory. Who cares, right?". Rajala works from the ideas of critical theorist Theodor Adorno to discuss how, far from being an irrelevant intellectual triviality, moral theories are an important *practice* – suggesting that striving for morality in physiotherapy requires acting to consider the specific, individual and localised. Roger Kerry's chapter shifts to analytical philosophy in considering the assumptions underlying causation in evidence based practice (EBP), a topic that is further addressed in a number of chapters throughout the book. He argues that EBP's Humean framings assume that cause can only be determined in particular, controlled conditions, and that problems arise when trying to apply this constrained framing in clinical decision-making. In the final chapter of this plateau, David Nicholls introduces the philosophies of "new materialism" to map out radical new possibilities for understanding and practicing physiotherapy. Nicholls suggests that new materialism provides a bold new vision for physiotherapy by challenging contemporary modernist assumptions including the separation of nature and culture, and the supremacy of "the human" over other animals and things.

The *Practicing differently* plateau showcases critical writings that offer insights into how physiotherapists practice and how “things could be otherwise”. In the opening chapter, Blaise Doran and Jenny Setchell draw on their experiences working in the performing arts to demonstrate the applications of creative performance theories and techniques to the *doing* of physiotherapy. They blend Keith Johnstone’s “impro” theatre techniques with Judith Butler’s theories of performativity to discuss potential problems with the “archetypal physiotherapist” in clinical interactions. Following this is another chapter from Setchell, who together with Ukachukwu Abaragou, interrogates the dearth of attention in physiotherapy to culture and politics. Drawing on post-structuralism, they explore how sociopolitical forces organize health practices and people’s experiences of health, including stigma and discrimination. Touch is another theme explored across the book, and in Chapter 7, Fiona Moffatt and Roger Kerry work to reconceptualize how touch is understood, researched, and addressed in physiotherapy practice. Finally, Tobba Therkildsen Sudmann (2009) takes readers on a critical hermeneutic exploration of hippotherapy; highlighting the embodied, affective, social, and political connections between horses, riders and physiotherapists.

*Rethinking education* shifts the focus to pedagogy, with each of the three chapters in this plateau scrutinizing physiotherapy education through a distinctively critical lens. Karen Yoshida explores Collins’, and bell hooks’<sup>1</sup> Afro-centric feminist epistemology to argue for resistance of masculinist, Euro-centric approaches to knowledge generation through active dialogue that emphasizes connectiveness to others. Subsequently, Tone Dahl-Michelsen and Karen Synne Groven draw from the new materialism of Karen Barad to reconsider EBP as an entanglement between

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1 bell hooks does not capitalize her name

different types of knowledge that are never fixed but instead are always “becoming”. In complicating how knowledge is produced, their work provides fresh insights into how to assist students in working with the complexities of practice. In the plateau’s final chapter, Michael Rowe draws from the critical pedagogies of Paolo Freire and Henry Giroux to argue for a move away from linear, top-down approaches to learning and teaching. Using the example of digital technologies, he reasons that the thoughtful facilitation of personal learning networks enables creative inquiry, preparing students to engage with the complex and networked nature of contemporary life.

The final plateau, *Researching practices*, highlights critical empirical work across a spectrum of substantive issues to provide nuanced insights into how physiotherapists might practice differently. First, Wenche Bjorbækmo and Jay Shaw present an observational study of clinical care in which they draw on the work of Maurice Merleau-Ponty to demonstrate how physiotherapists manage apparently contradictory needs for both standardization and individualization. In considering the embodied nature of practice, they further extend the problematization of EBP found in earlier chapters. Amy Hiller and Claire Delany’s chapter also looks closely at physiotherapy-client interactions, and returns to the theme of touch. The authors use data from video-recorded physiotherapy sessions to discuss how, despite common rhetoric, most interactions are professional-centred rather than client-centred. Within these encounters, they describe moments of disruption enacted through non-verbal communication such as touch. Next, Karen Synne Groven, Nicole Glenn and Jenny Setchell use Luna Dolezal’s phenomenology of shame and a post-structuralist reading of fatness to analyze the unspoken problematic consequences of weight and fitness testing in research with adolescents involved in a weight loss program. This final plateau concludes with Birgitte

Ahlsen and Kari Nyheim Solbrække's chapter outlining research conducted with men who have chronic muscle pain. They discuss how narrative interviews and a sensitivity to gender norms can help facilitate a better understanding of how people construct their illness stories, and conclude with a call for more individualized care.

As we noted above, there are multiple alternative pathways through this book. No doubt readers will find their own pathways, but in Figure 1 we offer two other possibilities.

A) Chapters grouped by substantive topic

Topic	Chapters
Evidence Based Practice	3, 6, 10, 12
Ethics	1, 2
Disability	1, 9
Touch	7, 13
Obesity	6, 14
Performing arts	5, 8
Sociocultural context	4, 6, 8, 9, 14

B) Chapters grouped by philosophical approach

Philosophical approach	Chapters
Poststructuralism	1, 5, 7, 8, 9, 14
New Materialism	4, 10
Phenomenology	7, 12, 14
'Classic' critical theories (Adorno, Gadamer, Friere)	2, 8, 11
Analytical philosophy	3, 7
Symbolic interactionism	6
Narrative theory	13

**Figure 1:** Alternative pathways for reading the book

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