PERSPECTIVE

Discipline, desire, and transgression in physiotherapy practice

David A. Nicholls, PhD, MA, GradDipPhys, MNZSP and Dave Holmes, RN, PhD, MSc, BSc

ABSTRACT

Therapeutic touch has played an important part in human civilization and continues to contribute to our social relations and individual identities. Therapeutic touch has been a vital component in the development and definition of physiotherapy practice and continues to be one of the profession's principal distinguishing competencies. It is surprising then that while so much has been written about how to perform therapeutic touch techniques, little has been written about the role that these techniques have played in defining physiotherapy's professional identity. Drawing on the work of three postmodern philosophers, we offer a critique of physiotherapeutic approaches to therapeutic touch, examining why certain modes of touch were adopted by the profession in the past and not others; how the innate sensuality of touch had to be managed; and how the disciplinary technologies that surrounded the practice of massage came to define physiotherapy's professional identity. Our thesis is that the disciplinary technologies adopted by the profession in the 1890s endure today and that the profession's heavily disciplined approach to touch is now constraining new therapeutic possibilities that may be necessary if the profession is to respond to the demands of twenty-first century health care.

INTRODUCTION

The therapeutic application of touch has played an important part in our civilization as a species and continues to contribute to our social relations and individual identities (Beck, 2010; Fritz, 2009; Schenkman, 2010). It has been a vital component in the development and definition of physiotherapy practice throughout the last two centuries and continues to be one of the profession's principal distinguishing competencies (Holey and Cook, 2003; Nicholls and Cheek, 2006; Valentine, 1988). Central to this development and definition have been the problems posed by the innate sensuality of touch.

When a patient exposes their body to a therapist and allows the therapist to touch them: to massage, manipulate, mobilize, and move their body, there exists an unspoken “problem” that must be managed. The problem is how to maximize the therapeutic possibilities of the encounter while retaining a dignified separation between therapist and patient. As McKintosh (2005) argues; “We cannot ignore sexual issues when learning to work with our clients ... The manual therapies are intimate and can bring up issues about sexuality, both for us and for our clients".

It is axiomatic that touch is innately sensual, both as a broadly sensory experience, and an experience linked to sexuality. It is also axiomatic that all practitioners of therapeutic touch must demonstrate that they can manage this sensuality if they are to

1 In this article, we refer to sensuality in both its “sexual” sense (i.e., in association with sexual arousal) and also, importantly, more broadly in relation to sensation and “being in the world” (Van Manen, 1990). An important feature of this article is our attempt to broaden the meaning and significance of words like desire, sensuality, massage, and touch for physiotherapists, to create space in which it might then be possible to think differently about our practice. Inherent in this process is a “troubling” of taken-for-granted language and an attempt to liberate words from their prior meaning and significance.

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Address correspondence to David A. Nicholls, PhD, MA, GradDipPhys, MNZSP, Head of Department, School of Rehabilitation and Occupation Studies, AUT University, North Shore Campus, A-11, 90 Akoranga Road, Northcote, Auckland, Private Bag 92006, New Zealand. E-mail: david.nicholls@aut.ac.nz
distinguish themselves as therapeutic professionals and not to be associated with unregulated or morally reprehensible practices. It could be reasonable to argue then, that physiotherapists have been particularly successful in this endeavor, since they are the largest organized and legitimized professional body that has therapeutic touch techniques at the core of their professional identity. Most physiotherapists will have, at times, experienced the effects of their skilled handling on their patients. Sometimes this may be through a patient’s sexual arousal that is often unexpected and embarrassing, or through emotional outbursts that can disrupt the therapy session. Consequently, most clinicians learn how to handle these experiences with dignity, but this does not belie the fact that sensuality is present in varying degrees in every therapeutic encounter and therefore relies on constant vigilance and ongoing management.

Given the critical tension that exists around the practice of therapeutic touch, it is surprising that there has been little critical analysis of the importance of the sensuality of touch to the physiotherapy profession. In this article, we cannot address the full breadth of this question, we can, however:

1. Examine the relationship between sensuality and physiotherapy practice and explore how sensuality continues to contribute to physiotherapy’s professional identity
2. Explore ways in which physiotherapy might now rethink its approach to the sensuality of touch, drawing on the work of three postmodern philosophers, and in so doing, open a space for thinking differently about the relationship between therapist and client.

To begin to address these questions, we examine the cultural significance of touch and its historical role in defining physiotherapy practice.

THE CULTURE OF TOUCH

Forms of therapeutic touch may be some of the oldest therapies known to human-kind. They range from simple primitive efforts to rub away pain to the sophisticated manipulation of tools and instruments. Touch itself plays a vital role in our growth and maturation; our gestures, our habits and social conventions; our music and art; our communication and interaction with others; and our means of healing, giving pleasure and relief, punishing and hurting (Classen, 2005). Our haptic vocabulary develops from our first sense of being in the world, and endures, barring lost consciousness or neurological injury, until we die.

The language of touch provides us with powerful metaphors that link our thoughts with our feelings. We speak of feelings, grasping ideas, holding on to life and catching our breath. Modern forms of interpersonal communication and social networking have become increasingly reliant on haptic technology through touch-screen smart phones, texting, and email. As Fritz (2009) argues; touch is “the most personalized form of communication that we know”, and one of our most powerful modes of communication with others.

Touch is also one of the defining characteristics of the care offered by skilled health care workers, and a significant variable in defining the technical competence of health care professions (Lauterstein, 2004). Here, the combination of skilled, purposeful, and non-intentional touch contributes significantly to the client/patient’s experience of health care (McCarthy, 1998).

For physiotherapists, the most commonly applied forms of purposeful touch are the various forms of massage, assisted movement, mobilization, and manipulation that we categorize here as modes of therapeutic touch. These approaches, alongside hydrotherapy, remedial exercise, and later electrotherapy, are the oldest forms of practice known to physiotherapy (Creighton-Hale, 1893; Dowse, 1906; Ellison, 1898; Palmer, 1901; Symons Eccles, 1895). Focusing specifically on massage, it has been argued that the physiotherapy profession owes much of its past and present professional identities to its approach to the sensuality of touch, and that physiotherapy was effectively founded as an attempt to legitimize massage practice (Dixon, 2003; Linker, 2011; Nicholls and Cheek, 2006). While it is not our intention here to revisit this history (for a comprehensive account of the events surrounding the birth of the profession, see Wicksteed, 1948; Barclay, 1994), we do, however, need to spend a moment considering how the nascent physiotherapy profession was able to prove its legitimacy in the late-nineteenth century, because this is pivotal to our argument that physiotherapy has, knowingly or otherwise, retained many of the approaches to massage common in the Victorian era, and that these approaches now require review and reform.

PHYSIOTHERAPY’S HISTORY OF DISCIPLINING TOUCH

Physiotherapy practices have long been defined by the need to regulate touch (Mason, 1985; Nicholls and
Cheek, 2006; Quinter, 1993). This century-long problem can be traced to the English Massage Scandals of 1894 and the resulting actions of the founders of the Society of Trained Masseuses (STM) (British Medical Journal, 1894a, 1894b; Society of Trained Masseuses, 1895). In essence, the profession that would later become physiotherapy was born of a desire to legitimize therapeutic touch and differentiate legitimate masseuses from unregulated and morally repugnant practitioners (Nicholls and Check, 2006). Legitimacy depended on the Society’s ability to demonstrate that its registrants could offer a plainly de-sensualized form of touch to its clients. It achieved this by implementing a series of disciplinary measures directed at regulating the conduct of its members (Table 1) (Palmer, 1901).

By the outbreak of World War I, the Society had done enough to demonstrate its legitimacy for the Society’s masseuses to be formally included in the war effort. With subsequent outbreaks of influenza, tuberculosis, and polio in the 1920s and 1930s, and the formation of the Welfare State in the 1930s and 1940s, the profession further established its orthodoxy, leading ultimately to profession-specific legislation in most Commonwealth countries (Anderson, 1977; Bentley and Dunstan, 2006; Cleather, 1995; Nicholls, 2008). None of these successes would have been achieved, however, had it not been for the early efforts to establish a disciplinary approach to touch. And at no time could the profession reside from its commitment to its highly restrictive approach to massage and movement for fear that it would bring the profession into disrepute. Thus, the disciplines established by the profession’s founders endured and can be seen still in the curricula, examinations, codes of ethics and systems of regulation systems around the world (Chartered Society of Massage and Medical Gymnastics, 1930).

**ENDURING LEGACY OF DISCIPLINE IN PHYSIOTHERAPY PRACTICE**

In some of the earliest published physiotherapy literature, we can see a clear image of a disciplinary approach to touch in the biomedically orientated practices that define physiotherapy’s orthodoxy (Butler, 1997). In Tidy’s (1932) *Massage and Remedial Exercise,* for example, disciplinary measures that later came to be seen as custom-and-practice, became established. There were strategies directed at the practice “environment”; with the use of treatment beds that were visibly similar to theater tables and looked nothing like a domestic bed, situated in sterile-looking, hospital-like clinical spaces; there were dedicated uniforms, biomedical language and curricula of study that situated the profession in close proximity to medicine; and there were practice choices made that actively denied the inherent sensuality of physical contact between practitioners and patients through rigid taxonomies and regimentation. Swedish Remedial Exercise, for example, a mainstay of physiotherapy’s approach to exercise for much of the twentieth-century, was based on the ability to constrain movement through a comprehensive series of fundamental and derived positions (Angove, 1936; Despard, 1916; Guthrie Smith, 1952; Tidy, 1952), and this approach can be seen as one measure among many chosen to reinforce the perception within the profession and without, that physiotherapists could practice without fear of licentiousness.

Among the disciplinary techniques and strategies deployed in physiotherapy, possibly the most potent was the adoption of the notion of the body-as-machine, which underpinned many of the other approaches (Nicholls and Gibson, 2010). This approach emphasized the primacy of an anatomic, biomechanical, and kinesiological view of the body at the exclusion of “other” ways of understanding the reasons for illness or injury (subjective, personal, social, or spiritual, for example). By adopting this approach, physiotherapists could align themselves with the medical profession without encroaching on their biomedical territory; distinguish themselves from other allied health professions (by emphasizing cure as opposed to the care of nursing, for example), and, most importantly, elevate themselves above unregistered and licentious practitioners who had not received such a rigorous biomedical, and therefore deemed respectable training.

**PROBLEMS RESULTING FROM PHYSIOTHERAPY’S DISCIPLINED APPROACH TO TOUCH**

While this approach certainly contributed to physiotherapy’s success in defining a role within the 3 Noel M. Tidy's *Massage and Remedial Exercise* text, first published in 1932 and now in its 14th edition, is the longest continuous text published in the field of physiotherapy. It offers a generic overview of physiotherapy in a range of contemporary practice areas, and so provides a useful ongoing barometer of the profession’s interests and involvements (Tidy, 1932).
orthodox health system that developed in the first half of the twentieth-century, it also, somewhat perversely, may have had a secondary effect that is only now being realized. Some authors have begun to argue that physiotherapy's biomechanical and biomedical approach to care effectively “blinkered” physiotherapists; discouraging them from engaging with other ways in which people experienced health and illness. Physiotherapists have historically been discouraged from exploring behavioral, cultural, economic, environmental, political, spiritual, or social determinants of health, believing that these approaches were the concern of other health professionals (Nicholls and Gibson, 2010). While this approach may have shielded the profession from some of the ideological vacillations experienced by some other health professions (nursing, occupational therapy, and psychotherapy being only three examples), there is now a growing consensus that physiotherapy's historically biomechanical and biomedical approach to the body is preventing the profession from engaging humanistically with the diverse health needs of the population, with the inherent risk that the profession is increasingly being seen as out of touch (Nicholls and Larmer, 2005; Nicholls, Reid, and Larmer 2009). It is as Juhan (1987) argues:

TABLE 1. Disciplinary strategies adopted by the STM.

<table>
<thead>
<tr>
<th>Disciplinary strategy</th>
<th>Rationale</th>
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<tr>
<td>No men allowed to train as masseuses</td>
<td>The Society's founders believed that contact between men and women involved an ungovernable sensuality and that it would be easier to simply prevent men from gaining registration with the Society. Men would not gain registration as therapeutic masseurs with the STM until 1914. Indeed, the Society successfully lobbied to have rival organizations like the Harley Institute closed down on the basis that they trained men and women together (Barclay, 1994). The STM remained the Society for “masseuses” rather than “masseurs” until well into the twentieth-century.</td>
</tr>
<tr>
<td>No men to be offered “general” massage unless in nursing cases and under the direction of a doctor</td>
<td>General massage was a euphemism for whole body massage. Although mobilizations and manipulations of specific bodily regions were not uncommon, massage was thought of as a tonic for weak nerves, debilitation or generally poor health, and was a major part of the masseuse's work. Such massage for men, however, could only be offered under specific conditions that drew on many of the masseuse's primary roles as nurses. The tensions between massage as health work and massage as an indulgence of the wealthy may have been significant here.</td>
</tr>
<tr>
<td>Examinations and registration</td>
<td>In its early years, the STM did not have the resources to administer a massage curriculum. They could, however, govern who registered with the Society through an examination that effectively defined the curriculum that registrants needed to follow. Thus, the STM could define how massage should be thought and practiced. Massage examinations continued to be a mix of anatomy, physiology, treatment techniques, and moral questions associated with touch well into the 1920s.</td>
</tr>
<tr>
<td>Patronage of doctors</td>
<td>The STM actively and aggressively pursued the patronage of medical professionals prior to WWI. Many of the founders were independent women, well placed in society (Rosalind, later Dame, Paget's uncle, for example, was the famous Liverpool surgeon William Rathbone). The STM sought to adopt a biomedical curriculum and a strongly anatomical – or more accurately “biomechanical” – view of health and illness that proved very favorable with the medical profession.</td>
</tr>
<tr>
<td>The body-as-machine</td>
<td>Possibly, the most significant measure taken by the Society to legitimize masseuses' philosophy of touch lay in the approach to the body that had to be learnt, or at least plainly demonstrated by registrants. The masseuses needed to be able to focus on the body-as-machine: they needed to be able to touch the inner thigh of a patient, for example, and think of the origins and insertions of adductor longus and not perceive it in any way as sensual. The ability to demonstrate this ability to the medical profession and the public at large was a defining feature of the Society's quest for legitimacy.</td>
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The term “physical therapy” avoids these associations, but it is too narrow in the scope of its normal use. It refers to an official medical discipline, one which is licensed only after protracted and highly specific studies, prescribed only by physicians, and applied through fixed procedures. Such academic rigor certainly does not count against it as a responsible therapeutic practice, but it does effectively partition “physical therapy” off from many other useful kinds of touching and manipulation. In particular, it typically eliminates a good deal of the intuitive element which seems to be such an important part of other approaches and which is fact many physical therapists have confessed to me that they wish they could use more freely in the clinical practice.

In recent years, a number of authors have questioned physiotherapy's affinity with the notion of the body-as-machine (Broberg et al., 2003; Cott et al., 1995; Darnell, 2007; Hislop, 1975; Nicholls, 2008; Nicholls and Gibson, 2010), and there is growing evidence of an emerging crisis in physiotherapy that centers on the care needs of an increasingly aging, chronically ill, and complex population while the profession's attention remains strongly focused on curing acute illness and injury (Gibson, Nixon, and Nicholls, 2010; Nicholls and Larmer, 2005; Nicholls, Reid, and Larmer, 2009). This also comes at a time when the volume of scholarship roundly criticize those professions who cling to an exclusively biomedical philosophy of practice grows almost daily (Lupton, 2003; Nettleton, 2005; Shilling, 2003; Turner, 2008; Williams, 2006).

It is our belief that physiotherapy is transitioning to more embodied or holistic modes of practice and away from purely biomechanically orientated views of the body and illness. At the heart, this transformation is a questioning of the principles that underpin what it means to practice physiotherapy, and at the very center of this debate is the professional's approach to therapeutic touch. Thus, part of our professional challenge involves finding new ways to liberate our practice from its historical disciplines; celebrating the fully embodied possibilities of touch, without, at the same time, losing our professional identity, destroying the public's trust in the profession or exposing ourselves and our client's/patient's to abuse. In this article, we offer only a preliminary and tentative response to this challenge, drawing on the work of three philosophers whose work we believe might be particularly instructive as physiotherapy seeks a new approach to practice; one that re-defines its relationship with the innate sensuality of touch. To begin with, we look at the work of Michel Foucault.

FOUCAULT AND DISCIPLINE

Michel Foucault (1926–1984) is considered by many to have revolutionized how we have come to think about notions of truth, knowledge, power, subjectivity, and discipline in contemporary society (Ransom, 1997; Turner, 2006). His writings on discipline alone have been the focus of work in areas like: accountancy (Macullich, 2003); community development (Schofield, 2002); economics (Miller and Rose, 1990); government (Higgins, 2004; Merlingen, 2003); law (Smith, 2000); education (Carpenter and Tait, 2001; Race, 2000); management (McKinlay and Starkey, 1998; Yakhlef, 2002); sexuality (Maines, 1999; Pryce, 2000); sport (Johns and Johns, 2000; Markula and Pringle, 2006); and technology (Mehta and Darier, 1998).

In health care, Foucault's work on discipline has been applied extensively in areas like: aged care (Katz and Marshall, 2004; Pincombe, O'Brien, Cheek, and Ballantyne, 1996); dentistry (Nettleton, 2001); disability (Reeve, 2002); nursing (Holmes and Gastaldo, 2002; Perron, Fluet, and Holmes, 2005; Riley and Manias, 2002); mental health, psychology, and psychotherapy (Hazelton, 1995; Hook, 2003; Rose, 1997); health care management and reform (Hau, 2004; Sheaff et al., 2004; Vicinus, 1985a); professionalization (Wear and Kuczewski, 2004); techno-science (Rudge, 1999); and medical history (Armstrong, 1995; Wainwright, 2003). How then can Foucault's ideas and writings help us to critically analyze the role of therapeutic touch in physiotherapy practice?

Part of the appeal of Foucault's work lies in the fact that he saw discipline not as an isolated practice applied by one person over another, per se, but rather as a productive technology of power that extended throughout society and helped to define who we were as individuals and actively constructed our society. Foucault was interested, for instance, in how we had learned as a society to distinguish between the mad and the sane, the healthy and the sick, and the good and the bad sexual citizen. He was interested in how we had established layers of examination throughout society (from school tests, to regular medical check-ups, and accounting measures), and used these as disciplinary strategies to distinguish between what was normal conduct (and by extension what defined a normal person) and what was abnormal. Foucault (1977) wrote extensively about what he called “technologies of surveillance” as measures developed by governments and institutions to better know and thereby govern the population.

Foucault showed that all these measures had their own history and that they were tactics or
“technologies” as Foucault called them, of power. Foucault did not see power as something negative; as a force that controlled people; or as something one person possessed over others. While he did not deny that these forms of oppression existed, he had, after all, experienced fascism and Stalinism at first hand, he was more interested in the power that obtained its results without force and oppression. These forms of power were multiple, various, and widely distributed throughout society and operated at every level. They constituted a “micro-politics” and through their actions, how we came to see ourselves and others.

In the history of physiotherapy, efforts to discipline the conduct of massage practitioners illustrate one micro-politics among many. In the measures taken by the founders of the STM detailed above, the Society illustrated some of the most familiar technologies of discipline unpacked by Foucault. To repeat, Foucault’s reading was not that these were necessarily negative technologies, far from it. They were productive in not only clearly defining the limits of physiotherapy practice, but also lending its legitimacy and orthodoxy. In this way, they helped to “produce” a particular kind of practitioner that met with the approval of the medical profession and the public alike. Accordingly, rather than seeing professions like physiotherapy as the initiator of discourses and ideas of practice, Foucault saw them as representing the effects of discourse; as the outworking of disciplinary technologies, governmental strategies, competitions between different knowledges and relations of power.

In all Foucauldian thinking, power can only operate where there is the possibility of resistance; where a person could choose to do otherwise, but chooses the preferred path anyway because of societal norms. In physiotherapy, we have seen a remarkable exercise of Foucauldian-like power in the way that a century of practitioners have adhered consistently to a model of practice handed down by previous practitioners. But, the possibility of licentiousness and abuse of power continues to surround the profession and requires a constant vigilance to ensure that it retains its hard-won status. To understand the object of these organizations’ disciplinary interest, we will turn to the work of one of Foucault’s colleagues and collaborators, Gilles Deleuze and his writings on desire.

DELEUZE AND DESIRE

The work of Gilles Deleuze (1925–1995) that we draw on here comes from the same tradition of postmodern continental philosophy as Michel Foucault’s. And like Foucault, Deleuze wrote in a style designed to challenge convention. Deleuze’s writing, often written with psychoanalyst Félix Guattari, is dense, often confusing, and idiosyncratic, and yet, beyond this, it has brought forth some startlingly influential thought over the last few decades (Deleuze and Guattari, 1987).

Deleuze and Guattari’s writings have been best-selling books in France, and have had a profound effect on contemporary philosophy, the arts and the humanities, leading Michel Foucault to claim that “one day, perhaps, this century will be called Deleuzian” (Foucault, 1970). In recent years, books such as Anti-Oedipus and A Thousand Plateaus have begun to influence health philosophers and theorists (Brown, 2004; Fox, 2002; Malins, 2004; Roberts, 2005). For example, Fox (2002) whose work has been a significant influence in the medical humanities, wrote Beyond Health which draws heavily on Deleuzian notions to advocate for a new focus on embodiment (Nicholls and Gibson, 2010). Holmes and Gastaldo (2004) have written about the need to move away from the limits of linear logic in nursing and the need to embrace Deleuze’s ideas of rhizomatic thinking. Indeed, Deleuze’s work has begun to feature in areas as diverse as: mental health (Roberts, 2004, 2005); visual arts (Olkowski, 1999); literature (Le Clézio, 2004); dance and movement (Manning, 2009); politics (Patton, 2000); and social philosophy (DeLanda, 2006).

Deleuze and Guattari (1987) argue that the contemporary thinking has become “arborescent” or tree-like, with ever-refined branches of knowledge that follow increasingly linear pathways. By contrast, they believe that our social world is more “rhizomatic”. Drawing on botanical metaphors, they contrast the traditional Western belief in ongoing progression towards enlightenment with what they believe is a more realistic view of our social world; a world in which we constantly find ourselves in the middle of multiple, competing discourses and lines of thought; occupying many roles and juggling many different ways of being, thinking, and practicing (Cormier, 2008; Holmes and Gastaldo, 2004; Lawrence, 2007). Thus, a rhizome works as a better metaphor for our lives as people and as practitioners because it “has no beginning or end; it is always in

4 Nobel Prize winning author Jean-Marie Gustave Le Clézio’s writings draw heavily on Deleuzian ideas. Wandering Star, the story of a chance meeting between an Israeli and Palestinian girl, emphasize the importance of indigenous marginal cultures, the virtues of nomadic freedom, and our ethical responsibility to open space for new modes of expression and thought.
the middle, between things, interbeing, intermezzo” (Deleuze and Guattari, 1987).

Despite parallels between Deleuze and Guattari’s writings and ways of thinking that exist within and about health care, one area of interest is particularly relevant to this article, that of desire. For Deleuze and Guattari, desire carries a double meaning. There is the desire associated with sensuality, and a more complex desire that is inherent in all things: a desire to actualize; to achieve a particular end; or serve a particular purpose. This desire is akin to the desire of the therapist to reduce a person’s pain, or serve a particular purpose. This desire is akin to the desire of the therapist to reduce a person’s pain, or serve a particular purpose. This desire is akin to the desire of the therapist to reduce a person’s pain, or serve a particular purpose. This desire is akin to the desire of the therapist to reduce a person’s pain, or serve a particular purpose.

When the desiring object connects with its target, an assemblage is formed, and these assemblages are many and varied (DeLanda, 2006). As I write this article, for example, my hand has formed an assemblage with my computer keyboard. The computer desires my touch as much as I desire it. In the same way, the therapist’s hand forms an assemblage with the body of their patient with the client/patient “desiring” the skilled touch of the therapist as much as the therapist desires to deploy their skills. This notion of a desiring assemblage formed around therapeutic touch seems alien to physiotherapy practice more familiar with evidence-based justifications for massage (Holey and Cook, 2003), but as Williams (1998) argues:

These issues...are clearly, if somewhat problematically, expressed in the new holistic health movement: a movement which illustrates very clearly the dilemmatic features of health as control and release, and the possibility, however distant it may be, of new more sensual, emotionally informed, ways of “seeing” and “keeping in touch” with the world around us.

Not surprisingly, it is in the complementary and alternative health literature that many of these issues are debated (Lauterstein, 2004; McKintosh, 2005; Oerton, 2004; Schenkman, 2010), and it is here that the “re-sensualization” and “re-enchantment” with health care is at its greatest (Williams, 1998).

Connecting Deleuze’s and Guattari’s work back to Foucault’s notions of discipline, we can say that despite the best efforts of the physiotherapy profession to remove all association between sensuality and touch from the profession’s identity, sensual experiences, in the broadest sense of the word, remain a natural, inevitable and, indeed, necessary part of the experience of touch. Physiotherapists are by no means the first people to draw on disciplinary technologies to govern the conduct of their practitioners and patients. There are many other examples of disciplines directed at people’s bodies that have been highly significant features of western civilization over the last few centuries including: posture and “attitude” of school children (Armstrong, 2002; Foucault, 1979); the moral guidance of mothers and the moral conduct of women in general (Bland, 2001; Jackson-Houlston, 1999; Vicinus, 1985b); the role of confessional and psychotherapy in governing people’s thoughts (Rose, 1997, 1999); and the maximization of work capacity following injury (Linker, 2011; Seymour, 1998). Indeed, every profession has its own history of discipline directed at some expression of the body’s desiring (Armstrong, 1995; Gastaldo and Holmes, 1999; Nettleton, 1992), and while a large part of physiotherapy’s particular disciplinary focus falls upon the sensuality of touch, each profession essentially grapples with the seemingly unlimited potential our bodies have for transgression. As Williams (1998) argues:

[A]s the history of western civilization shows, bodies are amenable to discipline and control – from the prison to the factory, the school to the asylum – but this nonetheless fails to detract from the fact that they are always threatening, through their libidinal flows and corporeal desires, their pleasures and their pains, their agonies and their ecstasies, to “overspill” the culturally constituted boundaries which currently seek to “contain/constrain” them. Indeed, it is from these “unruly” desires that the need for corporeal “discipline” arises.

Transgression, therefore, provides the conditions that make discipline necessary, and so must be understood if we are to make sense of our actions as physiotherapists. For help, with this we turn to the work of Georges Bataille.

BATAILLE AND TRANSGRESSION

Georges Bataille (1897–1962) was a French writer and philosopher whose influences extend to economics, literature, film, philosophy, and sociology. Although much less well known than Foucault and Deleuze, particularly in the broad field of health care, Bataille’s work has begun to be applied in areas where researchers are exploring “…the continuing resilience of the human body to rational, in this case biomedical control” (Williams, 1998); modes of performance sports (Marcia, 2001); conditions of profound physical disruption (Williams and Bendelow, 2000);
“marginal” health practices (Väänänen, Mäkelä, and Arppe, 2011); and mental illness (Elden, 2006; Whitebook, 1999). Notwithstanding the fact that Bataille’s writings, like those of Foucault and Deleuze, are challenging, confrontational, and often disturbing (Bataille, 1987, 1991), our focus here is on one of the pivotal ideas explored by Bataille in his work. Transgression, for Bataille, is an important philosophical concept that is an inherent part of our civilization. Transgression is seen throughout society where people exceed what is socially acceptable and challenge orthodox behavior. Young people who test the authority of older generations transgress. Marginalized groups who fight for their right to be heard transgress. Practitioners who challenge convention transgress (Noys, 2000). Transgressions are the “unauthorized crossings of boundaries or refusals to acquiesce to norms and mandates” (Crawford, 1999).

If transgression is an inevitable and necessary feature of social life, then so are the disciplines that surround it. Transgression is defined in many ways not by the acts of defiance as much as the conventions and boundaries it seeks to breach. As Falk (1994) argues, “The more articulated and multifarious the restrictions on corporeality, the more sophisticated the forms of transgression become”. Like the computer hackers who breach security systems to expose their limitations, transgressions reveal previously unseen boundaries; the limits to our tolerance; and the contingent perimeters to conventional thoughts and practices. Part of the inevitability of transgression derives from the belief that we can never fully contain ourselves, either individually or collectively. Our bodies, for example, are inherently “leaky” (Falk, 1994); constantly threatening to over-spill, whether through sweat or blood, through menstruation, coughing, or incontinence (Nettleton and Watson, 1998). Our “[b]odies, in short, from their leaky fluids to their overflowing desires and voracious appetites, are first and foremost transgressive” (Williams, 1998). What is more, because we are social animals; always occupying each other’s spaces, exchanging ideas and building communities and social relations, we are constantly transgressing the limits of our individuality.

Our potential for transgression, therefore, becomes a problem that must be managed, and this is no more evident than in the area of eroticism, which Bataille saw as the paradigm case of transgression and discipline. Sexual transgression strikes “at the very heart of rational modernity, involving as it does a ‘transgressive desire’ to go ‘beyond’ the order, to break prevailing boundaries in ‘regressive’ and ‘progressive’ turns” (Falk, 1994), reminding us of our age-old anxieties over dirt, body fluids, and the unconstrained contact between bodies (Hall, 1999; Lupton, 1994; Wood, 2005). Transgression, therefore, relates to the sensuality of therapeutic touch in a number of ways:

1. From Deleuze, we can say that desire is an inevitable feature of therapeutic touch because touch is a sensual experience.
2. We can also say that there is a desire inherent in touch that transcends mere sensuality. Our skilled hands “desire” to help and heal; our client’s skin “desires” to be touched; their pain desires relief, etc.
3. From Bataille, we can say that transgression is a natural feature of our bodies and our culture, and this is no more evident than where sensuality or eroticism is involved.
4. And from Foucault, we can say that discipline has been a powerful tool used to govern our conduct in the face of this inevitable transgression.

We will conclude this very brief overview of these concepts with a short discussion of how we think that these ideas can be deployed in physiotherapy.

DISCUSSION

The honest pleasure of sensuality is part of the profession, but the dark possibilities of seduction and exploitation are lurking in the background. (McKintosh, 2005)

The principal argument set out in this article is that the individual, institutional, and professional constraints put on physiotherapy practice by the need to discipline therapeutic touch are too restrictive for the needs of contemporary health care. Physiotherapy’s disciplined approach to touch may well be credited with providing it with the legitimacy and orthodoxy that was necessary in the first half-century of the profession’s growth, but these disciplines may now be acting to constrain possible alternatives for professional approaches. Physiotherapists may be struggling to adapt to the needs of increasingly aging, chronically ill populations, in part, because they only permit themselves to touch when there is a clear biomedical, evidence-based rationale. Touch that is simply “pleasant”, without any other justification, is currently beyond the profession’s scope. Thus, it would still be hard for a therapist to offer “general” massage to a patient on a palliative care ward, for example, simply as a means of giving comfort or short-term relief. The fact that for the duration of the session the patient is transported away from their suffering matters little if there is no physiological evidence of therapeutic efficacy.
The evidence of an increasing public desire for a more embodied health experience is now considerable (Csordas, 2000; Fox, 1999; Williams, 1996), but even without this, many are now more aware of their need to feel relief from pain, or to experience comfort in the hands of a skilled practitioner. Juhan (1987) expresses this idea clearly when he asks:

Why should such a few sessions of bodywork, often accompanied by a minimum of verbal dialogue, affect so dramatically these people's symptoms, their relationships with themselves, and their relationships with others? Most of the bodywork techniques I have observed and practiced are neither rigidly systematic nor forceful. The usual impression is that the client is being gentled and pleasured, not being “fixed” or “cured”. By what possible mechanisms, then, could something so simple as soothing touch alleviate painful and long-standing physical conditions, quell anxieties, foster more productive attitudes?

The fact that currently one is unlikely to see a reference to “gentling” or “pleasuring” a patient expressed within the physiotherapy literature, may be indicative of an association in the minds of physiotherapists with un-regulated alternative therapists, or the forms of massage offered in brothels and bordellos. Early in their careers, physiotherapists are taught to feel more comfortable trading in the biomechanical language of assessment, diagnosis, and cure. But these approaches have their own constraints, not least because they narrow how it is possible to think of notions of touch, desire, and sensuality.

Clearly, we are not advocating a laissez-faire approach to touch, or a position of complete moral relativity where physiotherapists are free to perform in whatever way they choose. We are aware of the fact that there will always be the need to have professional ethics and policies within the profession, to protect ourselves as much as our patients. Neither do we believe that the future of the profession lies in a wholesale rejection of past values that have served physiotherapists so well. We do, however, believe that physiotherapists should have a clearer understanding of where their disciplinary boundaries have been set, and an appreciation for what these then enable and constrain; what they presently make possible and impossible; and, most importantly, if this is what physiotherapists want for themselves and their patients.

To undertake such an analysis will require a concerted effort to challenge taken-for-granted assumptions within the profession; to examine things that seem, on the surface, to be obvious, and readily accepted. What is more, it will require physiotherapists to propose new ways of thinking that seem to transgress the disciplinary technologies of the profession; if only to follow Bataille’s example of transgression and use such approaches to identify where we have set our present boundaries and ask if there is a possibility of going beyond those boundaries.

If physiotherapists are to be able to meet the complex, multifaceted demands of the population, then they must develop practice models that cater for much greater inclusiveness and diversity. They must be able to use their skills for care, not just for cure. They must be able to offer a more embodied or holistic approach and use their touch for a much wider set of capabilities than is presently allowed. Of course, to use touch in these more diverse ways risks opening up to different questions about sensuality, which have been constrained throughout the profession’s past, but if physiotherapists cannot deploy their skills in these ways, they may see themselves gradually replaced by those who have grappled with these tensions and found a solution that satisfies everyone’s desires.

**CONCLUSION**

In this article, we have examined the technologies used by physiotherapists to discipline therapeutic touch, drawing on the work of three postmodern philosophers whose work may be of particular value given that they deal with questions of desire (Deleuze), discipline, (Foucault) and transgression (Bataille). These notions strike at the heart of some very powerful ethical, historical, and philosophical questions in physiotherapy; questions that will have an important bearing on the future viability of the profession. In the article, we conclude that rather than seeing desire, discipline, and transgression as negative aspects that need to be “managed out” of the profession, or issues to be ignored, physiotherapists should look to bring these issues to the surface and explore the possibilities they offer for the profession in the twenty-first century.

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