



Inviting movements in physiotherapy: An anthology of critical scholarship

Edited by Patricia Thille, Clair Hebron, Roshan Galvaan,
and Karen Synne Groven

ISBN 978-1-987830-17-0 (ebook)

ISBN 978-1-987830-18-7 (PDF)

Copyright © 2025 The Authors. Licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (CC BY-NC-SA).

Chapter 8

Power dynamics of knowledge in physiotherapy education: The case of Mensendieck

Tone Dahl-Michelsen, Dave Nicholls, Jan Messel, and Karen Synne Groven

To cite this chapter:

T. Dahl-Michelsen, D. Nicholls, J. Messel, & K. S. Groven. (2025). Power dynamics of knowledge in physiotherapy education: The case of Mensendieck. In P. Thille, C. Hebron, R. Galvaan, & K. S. Groven (Eds.), *Inviting movements in physiotherapy: An anthology of critical scholarship* (pp. 190–213). Critical Physiotherapy Network and College of Rehabilitation Sciences, University of Manitoba.
<https://doi.org/10.82231/S8HA-YK54>

ABSTRACT:

Over the years, various theorized movement systems have impacted the development of physiotherapy. In Norway, Mensendieck developed into an otherwise physiotherapy program. The existence of the Mensendieck program has been debated ever since its inception, but it managed to survive for decades, until 2019, when the program no longer was offered as a standalone option. In the Mensendieck program, personal experience combined with guiding movement was essential. Students were trained to perform exercises in the Mensendieck system and leading their own movement group was part of their physiotherapist training. The learning process was organized in a hermeneutic manner through the learning principle of spiral wherein learners revisit earlier learning over time. In higher education healthcare programs, the evidence-based practice model (EBPM) has become paramount in recent decades and the curricula are expected to be designed accordingly. In this chapter, we explore the emphasized knowledge in the Mensendieck program in relation to the power dynamics of knowledge embedded in the EBPM. Through a Foucauldian lens, we show how Mensendieck embodied an “otherwise” form of physiotherapy that needed to be marginalised within conventional physiotherapy thinking to maintain existing power/knowledge structures, professional subjectivities, and practice truths.



Power dynamics of knowledge in physiotherapy education

THE CASE OF MENSENDIECK

TONE DAHL-MICHELSSEN, DAVE NICHOLLS, JAN MESSEL, AND KAREN SYNNE GROVEN

The Mensendieck program: An otherwise physiotherapy

In line with this anthology's interrogations and transformative explorations of motion/movement within physiotherapy, this chapter will thematize the profession's tendency to move in conventional directions. In doing so, movements in more unconventional directions are resisted. Arguing this, we contextualize our interrogation in the closure of a movement system within Norwegian physiotherapy—a movement system which was practice-near and practiced the ideal of individualised care. Indeed, in this chapter we argue that the Mensendieck program embodied an “otherwise” form of physiotherapy that needed to be marginalised within conventional physiotherapy thinking to maintaining power/knowledge structures, professional subjectivities, and practice truth.

The core knowledge domain in physiotherapy is bodily movement (World Physiotherapy, 2021). During the history of physiotherapy, several movement systems have impacted the profession (e.g., Ling, Kendall, McKenzie, Kaltenborn, and Bobath systems). The influence of some of these systems, for example, the Ling system, has been elaborated on in the literature (Melnic,

2016; Moffat, 2012; Ottosson, 2005, 2010, 2016; Thornquist & Kalman, 2017), whereas other systems such as the Mensendieck system have been explored to a lesser extent. What is striking is that in Norway, Mensendieck not only influenced but developed into their own brand of physiotherapy. The Mensendieck program was established in 1927, and its existence has been debated ever since. For more than ninety years, it survived as an otherwise physiotherapy program until 2019, when the program was no longer offered and closed down.

The conventional physiotherapy program and the Mensendieck program

The oldest conventional physiotherapy program in Norway was established in 1897. This mainstream physiotherapy program was located at Oslo Ortopediske Institutt. The Mensendieck program started in 1927 under the name Norsk Mensendieckskole A/S [Norwegian Mensendieck School A/S] and was approved as a program educating medical gymnasts in 1937. Both programs struggled to be acknowledged by the medical profession and the government and faced financial challenges to their survival. The conventional program has been state-run since 1967 and the Mensendieck program has been state-run since 1978 (Haugen, 1997).

In 1992, both programs moved to Campus Bislet and in 1994, they became part of the newly established Oslo University College. This was a result of the structural reform of University Colleges in Norway merging ninety-eight university colleges into twenty-six. Since that time, organizational and economic concerns increasingly fuelled arguments for offering only one physiotherapy program in Oslo. Mensendieck proponents resisted these arguments fearing that their unique knowledge forms and professional identity would eventually disappear (Halvorsen, 2009; Haugen, 1997; Messel, 2022).

In the following years, there were heated debates and the Mensendieck program recurrently had to justify their existence as an otherwise physiotherapy program. In particular, they felt pressured into documenting the scientific results of their approach. Indeed, there was a repetitive argument that Mensendieck could not prove the effect of their movement system. As a program emphasizing experience-based knowledge, this emphasis on evidence was a challenge in several ways. As argued by historian Jan Messel, the Oslo program started to prioritize the academic education of their staff at a much

earlier point than the Mensendieck (Messel, 2022). In the Mensendieck program, clinical expertise and prioritizing teaching were considered most important. Even though they used professors in medicine to teach anatomy, physiology, and pathology, the majority of teachers who had their main positions in the program did not have academic training beyond their physiotherapy degree. Consequently, there was little research documenting Mensendieck's approaches in physiotherapy. However, this gradually changed during the 1990s (e.g., Rigault 1989; Soukup, 1997; Soukup et al., 1999; Haugstad, 2000) and research on the different aspects of the Mensendieck approach continued during the 2000s (e.g., Haldorsen, 2006; Haugstad et al., 2006a, 2006b; Dahl-Michelsen, 2007; Haugstad, 2008; Halvorsen, 2009; Haugstad et al., 2011; Fougner & Kordahl, 2012; Fougner & Haugstad, 2015; Kordahl & Fougner, 2017; Kaarbø et al., 2018; Danielsen et al., 2019; Haugstad et al., 2019). The academic competence of the Mensendieck teachers increased rapidly and ironically, discontinuing the Mensendieck program occurred when teachers were competent researchers and thus able to describe and document the various effects and the significance of the Mensendieck system as a movement approach.

There were also heated media debates regarding the decision to offer only one physiotherapy program, some of them published in the journal *Fysioterapeuten* and the Norwegian newspaper for higher education and research, *Khrono*. For example, there was a call to identify and explore more systematically what Mensendieck-based physiotherapy could offer. Additionally, others argued the profession risked losing valuable knowledge for physiotherapy (Rugseth, as cited in Hovden, 2017).

The (former) Head of Studies at the Department of Physiotherapy and the (former) Dean of the Faculty of Health Sciences at Oslo Metropolitan University, however, attributed the need for one program and one curriculum to the political reform of National Curriculum Regulations for Norwegian Health and Welfare Education (RETHOS) (Bentzen, 2017; Jamtvedt, as cited in Hovden, 2017). The reform aims to make health and welfare education more future-oriented and able to adapt to the rapid change in the related services (Government.no, 2019).

Finally, debates regarding judicial matters were raised in the media, through headings such as “Close down of Mensendieck” and “Mensendieck cannot be saved.” These fuelled disputes about whether the Mensendieck

program was protected by a resolution from the Norwegian Parliament (1979), stating that when the state took over the responsibility there was a premise that the program should keep its individuality. Clinicians participated in this debate, arguing for the need to preserve Mensendieck as an otherwise physiotherapy. Ingrid Ness, owner of Storo and Nydalen Mensendieck Physiotherapy (founded in 1991), argued that the Norwegian Physiotherapist Association (NPA) had let the Mensendieck program down by not supporting their efforts to remain a separate program as an otherwise program. Drawing on more than thirty years of clinical experience, Ness emphasized that it was not too late to reverse the process:

I am doing this on a daily basis with several Mensendieck groups and know that it works for the patients. . . . So, it is paramount that they stop the merging process, a process that has actually stranded, and they need to reconsider it. We can perfectly well have two physiotherapy programs in Norway. (Næss, as cited in Hovden, 2018)

But the leadership at the university argued that a board resolution was only valid until a new one was approved and that the process of merging the two programs and developing one common curriculum would continue as planned. As the (former) dean of the Faculty of Health Sciences emphasized: “We have one bachelor program in physiotherapy consisting of two branches of study: the branch of physiotherapy and the branch of mensendieck. We have started to develop *one common* curriculum for the bachelor study in physiotherapy” (Jamtvedt, as cited in Fimland, 2017, our emphasis).

There are different opinions or ways of expressing what happened: a merging or a closedown? Nevertheless, students were enrolled in either the branch of physiotherapy or the branch of Mensendieck until 2019, where only one physiotherapy program was offered. In this chapter, we take a historical glance at knowledge forms embedded in the Mensendieck program before the merging in 2019. Through a Foucauldian lens, we explore how knowledge forms and power dynamics were embedded in the decision to offer one common physiotherapy program in Norway.

Organisation of chapter and positioning of authors

Our chapter is organized as follows: After the introduction, we present our theoretical approach. Theoretically, a Foucauldian lens is in use and in the chapter, we draw on the concept of an “otherwise” physiotherapy as an important filter which we apply to consider the power/knowledge dynamics at play. Next, we present the basic ideas of the Mensendieck system and take a closer look at the knowledge forms that have been emphasized in the Mensendieck program in Norway. Thereafter, we turn to the evidence-based practice model (EBPM) and the power dynamics of knowledge embedded in it. In our discussion, we explore how knowledge forms and power dynamics were embedded in the process where the Mensendieck program no longer was offered in 2019.

As authors, we are all familiar with the Mensendieck program/education, although from different backgrounds. The first and the last author (TDM and KSG) are both educated from the Mensendieck program (1995), and previously, have been teachers in the program (for more than ten years). As scholars and professors, we have published on the Mensendieck education, also together with the second and third authors (DN and JM). Professor DN led the Critical Physiotherapy Network (CPN) for more than ten years, and he is one of the driving forces in critical thinking, including physiotherapy education. The third author, scholar, and research professor JM is a historian who has published on physiotherapy education in Norway. In his critically praised book *Profesjonsutdanninger i sentrum: Fra jordmorutdanning til OsloMet 1818–2018 (Professional education at the centre: From midwifery to OsloMet 1818–2018)* (Messel, 2022), he examines the relationship between the Oslo School and the Mensendieck School. As educators and scholars, we have been discussing physiotherapy education for years. All authors also share an interest in knowledge and the position of different knowledge forms in higher education and professional practice.

Power dynamics of knowledge: A Foucauldian lens

Since the middle of the twentieth century, any discussion of what constitutes knowledge in higher education and professional practice has had to consider how certain forms of knowledge take precedence over others, whose voice is heard and whose marginalized, and what relations of power make these dynamics possible. Continental philosophy, and particularly

the writings of Michel Foucault, have been pivotal here. Foucault inverted the classical Enlightenment belief in the sovereign autonomy of “man,” arguing instead that human subjectivity, embodiment, knowledge, and experiences were the achievement or effect of power systems that shaped and determined who we were and the choices available to us. As Foucault put it, “There is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations” (Foucault, 1977b, p. 27).

According to Foucault, “individuals” were never free from the mediating effects of myriad circulating discourses:

In short, it is not the activity of the subject of knowledge that produces a corpus of knowledge, useful or resistant to power, but power-knowledge, the processes and struggles that traverse it and of which it is made up, that determines the forms and possible domains of knowledge (Foucault, 1977b, p. 28)

Power produces subjectivity—or what we might otherwise call “identity”—but its greatest role is in its ability to control the conditions that govern what can be seen to be the truth in any specific context. It is the ability of biomedicine, for instance, to define what constitutes the truth of health and illness, for instance, that affords doctors so much power and shapes every aspect of medicine. Crucially for Foucault then, power is not a negative force—as is often seen in critical theory, which often portrays power as oppressive and top-down—but a deeply positive and omnipresent force (Foucault, 1998) that comes from everywhere and produces myriad social effects: “In fact, power produces; it produces reality; it produces domains of objects and rituals of truth” (Foucault, 1977b, p. 194). Power achieves its mediating effects through what Foucault called a “dispositif.” A *dispositif* is an apparatus, assemblage, or network of relations between a heterogeneous ensemble of discourses, institutions, laws, and regulations, practices, conventions, beliefs, and propositions. This apparatus is strategic, morphing in response to specific social needs or problems. It works to maintain certain conditions of power/knowledge and can be used to explain how conditions shift over time (Foucault, 1977, in Gordon, 1980).

In this chapter, a Foucauldian lens on power helps us examine how the evidence-based practice model (EBPM) has become enfolded into the

apparatuses (dispositif) of contemporary higher healthcare education, including physiotherapy. In doing so, we can unwrap how power/knowledge dynamics embedded in the model have come to shape how knowledge is valued in today's physiotherapy programs.

To bring this dispositif into relief and make its operations more transparent, we contrast the kinds of EBPM now prevalent in physiotherapy with the concept of “physiotherapy otherwise.” This concept was developed over a decade ago to provide tools to think beyond the conventional boundaries of contemporary professional practice. Physiotherapy otherwise embraces several critical principles, including:

- A desire to explore philosophies, theories, and ideas that have been seen historically as beyond the boundaries of physiotherapy, especially those that go beyond the idea of the body as a machine.
- An openness to critical, diverse, inclusive, and pluralistic understandings of the body, health and illness, lived experience, movement, function, alterity and difference, therapy, rehabilitation, and so on.
- A commitment to thinking “against” conventional modes of practice and theory building, to encourage greater innovation and creativity.

The basic ideas of the Mensendieck system

Bess Mensendieck (1861–1957) was both artistically and medically educated. In the early 1900s, she established Mensendieck as a unique movement system in terms of health promotion. She positioned herself as a health reformer acknowledging physical activity as essential (Dahl-Michelsen 2007; Dahl-Michelsen et al., 2021; De la Roi-frey, 2005; Haugen, 1997; Rigault, 1989; Veder, 2010, 2011; Wulfsberg, 1982). Physical activity, she argued, should be targeted to the movement of everyday life and entail specific movements founded on a scientific base. As a health reformer, she underscored the significance of good movement habits in terms of improving posture, breathing, and physical function (Mensendieck, 1937).

The Mensendieck system was formed on varied inspirational resources. First, in terms of movement, biomechanics was fundamental, and she argued that useful movement was based on scientific ground. Second, movement

should be graceful, an inspiration drawn from her training with the dancer Genevieve Stebbins, who was an American performer of the Delsarte system (a movement system of expression). Further, a central idea that Bess Mensendieck included in her movement system was that the entire body should be trained: “it included all body parts, and the exercises were performed without any apparatus” (Mensendieck, 1906, p. 12). Both the inspiration of training the whole body and graceful movement were inspired by Stebbins. The idea of grace in movement also lined with her inspiration from the body in ancient Greece, with significant muscle contours (Dahl-Michelsen, 2007). She was also inspired by the Swedish Ling gymnastic system where correcting body alignment was essential. The approach of the Ling gymnastics was military, where participants were organized in rows and trained to “stand to attention”; this practice was taken up in the Mensendieck system (Dahl-Michelsen, 2007). Finally, Duchenne de Bolougne’s study of electrical neurology (Mensendieck, 1906, 1954) inspired Mensendieck’s ideas of the brain instructing muscles to respond in a similar vein as an electrical stimulus. These insights paved the way for principles of very precise and detailed instruction of movement to be performed, telling where the movement should take place (on the level of the joint), and what muscles to perform the movement (Klemmetsen & Rugseth, 2005).

The American historian Robin Veder (2011) has explored the Mensendieck system, pinpointing how it is a visual practice where three main components are core: demonstration and imitation, inspection and appreciation, and kinaesthetic visualization. Veder also points to how Bess Mensendieck’s ideas still are part of dance, sport, and physical culture programs. Thereby, Mensendieck’s reform pedagogy and the significance of professionalized teacher training have made a profound impact on dance and physical education (Veder, 2011). During the 1920s and 1930s, Bess Mensendieck established several training schools in Europe and the United States (Dahl-Michelsen et al., 2021; Veder, 2011). Aagot Normann, who had trained and worked with Bess Mensendieck, returned to Norway in 1918 and started developing a Mensendieck education. This program, the Mensendieck School, was through several steps approved as a physiotherapy education program (Wulfsberg, 1982).

The emphasized knowledge and the hermeneutic spiral in the three-year curricula/program

In 1974, the Mensendieck program (established in 1927) was formally and fully acknowledged as a physiotherapy program/education in Norway, and from then on students graduating from the program were physiotherapists, as were students from the conventional physiotherapy program (established in 1897). This recognition of Mensendieck as a physiotherapy program was a positive turning point in terms of professional status. However, it also required modifications, including adding electrotherapy and massage to the curriculum (Halvorsen, 2009; Haugen, 1997). In this way, the unique Mensendieck approach was expanded to include some common aspects of physiotherapy. The program continued to develop the pedagogical approach of Mensendieck as an integrated part of the physiotherapy training (Messel, 2022). In particular, emphasis was increasingly put on teaching and guiding Mensendieck students through three main dimensions, namely “about, in, and through, the body.” The idea was that exercises that students knew in their bodies were deeply learned, whereas exercises that they had not experienced in their bodies would be understood superficially (Halvorsen, 2009).

The learning process was organized in a hermeneutic manner through the principle of a spiral of learning (Halvorsen, 2009). First, students were to learn the various Mensendieck exercises through group sessions in Mensendieck gymnastics daily. In these sessions, students learned the Mensendieck approach, “in and through” their bodies, by performing the exercises and reflecting on their experiences. The learning process also entailed knowledge “about” the body through theoretical principles of weight bearing, stability, and mobility. Theory was thus an integrated part of the learning process. However, this theoretical knowledge base was different from the one emphasized as researched-based knowledge in the EBPM, where proven effect is the essence. The theoretical emphasis in the spiral learning process was integrated into the teaching of exercises. For example, the aim (theoretical foundation) of each exercise was emphasized by the teacher, pinpointing its relevance in terms of people’s needs in everyday lives. In a similar vein, the teacher provided a short outline of the exercise preparing students on how to perform it (Halvorsen, 2009; Klemmetsen & Rugseth, 2005). Second, the students had sessions in instructions/guidance. These sessions aimed

to provide students with personal experiences in teaching the Mensendieck exercises to others. Hence, students started working in groups of four to six students, teaching each other the exercises and providing one another with feedback on the performance. Next, they conducted exercise programs based on different given patient cases. They solved the patient cases by organizing their group work, outside the classroom, and they uploaded their suggestions for exercise programs on a digital learning platform. They followed a template and assessed other students' suggestions for the given case. They assessed the exercises chosen, the order of the exercises, and the reasoning. Also, they practiced the guidance of the exercises before the lessons/classes. In the sessions, they performed their chosen program, and co-students gave feedback. The teacher led the sessions and guided their discussions aiming for students to learn clinical reasoning.

Learning about, in, and through the body through various cases, settings, and situations, students' learning process took the form of a spiral as they increasingly gained more insight into the Mensendieck approach and its relevance in terms of health promotion and individual aspirations and needs (Halvorsen, 2009). The spiral took another loop as the first-year students also had their own "pupil." This pupil should be someone who was not familiar with the Mensendieck system so that students were trained to teach the exercises in a somewhat realistic situation for their future practice. This work included a basic functional examination of their "pupil," which also included the aims/motivation of their pupil. Based on the examination, the student prepared an exercise program and instructed/guided this program, consisting of ten separate lessons each lasting for one hour (Halvorsen, 2009). The work was assessed and supervised. Early on, the supervision was provided by the teachers in the program. However, in the early 2000s, this changed so that second-year students supervised first-year students in the work with their pupils, and then followed different organized sessions with discussions led by the students, in which the teacher also participated.

The spiral of learning about, in, and through the body then was forwarded in yet another loop when students moved on to organize their own Mensendieck group during the final year. This entailed two students leading their group conducting functional assessments of each participant, including the participant's perspective on their body and health, and what their personal needs were (Halvorsen, 2009). Usually, each group consisted

of six to ten participants with various needs and preferences, so students were expected to plan sessions so that exercise could be performed by everyone in the group albeit somewhat adjusted in cases where this was deemed necessary. Some of the groups, however, were organized around specific areas, such as long-term back pain or arthrosis. Health promotion was the main focus of these group sessions, as well as developing competence as group instructors. Regularly, teachers supervised students during their group sessions followed by guidance and reflection on various matters. Hence, the three dimensions of learning about, in, and through the body acquired new dimensions as students increasingly learned how to lead their own Mensendieck group, including challenges and possibilities.

From the mid-2000s onwards, the spiral of learning about, in, and through the body also integrated movement practices from other traditions, such as yoga, running, dancing, and so on. Comparing and contrasting such practices to Mensendieck exercising, students were stimulated to critically reflect through group discussions, logbook writing, and plenary sessions.

Finally, the spiral principle of learning was integrated into exams. Students delivered a portfolio, where they presented their group, including the results of the functional examination and the personal needs of their participants, the most used Mensendieck exercises, and the exercise program for the exam. Students assessed their learning process and wrote theoretical assignments on phenomena that they had worked particularly on during the year, for example, stability and balance. This assignment focused on using theoretical models and references from research. Documenting students' learning about the body using theoretical models and explanations is in line with how theory has been used in the Mensendieck program from its beginning. Whereas the use of references from research in students' assignments is an adaption to using research-based knowledge as understood in the EBPM. In Mensendieck, for example, students explain the relevance of exercises of balance by referring to research studies documenting the effect of balance training on different health conditions. As part of their exam, students also demonstrated a session of teaching their group participants, after which they were examined about this performance and their portfolio. The exam finalized the principle of the spiral of learning the Mensendieck exercises and approach about, in, and through the body.

The power–knowledge dynamics of EBPM

The evidence-based practice model (EBPM) was introduced in medicine and health care in the 1990s. Since its introduction, there have been debates about the EBPM regarding the intended meaning of what practicing evidence-based entails. The model has been criticized for lack of clarity (Anjum et al., 2020; Dahl-Michelsen et al., 2021; Grimen, 2009; Heggen & Engebretsen, 2009; Hofmeijer, 2014; Wieringa et al., 2017; Wieringa et al., 2018a, 2018b). Early on, when the model was introduced by Sackett (1996), research-based knowledge framed the “best, current” knowledge as that from systematic reviews of randomized controlled trials, and where these are absent, randomized controlled trials alone. This hierarchal understanding of evidence is known as the evidence hierarchy/pyramid where knowledge/evidence from systematic reviews of randomized controlled trials is at the top. Second follows knowledge/evidence from randomized controlled trials alone, followed by knowledge from cohort studies, case-control studies, cross-sectional surveys, and case reports in this given order (Greenhalgh, 2019). Notably, positivism/post-positivism has been the driving force for the EBPM. Although one can say that different paradigms exist, the pyramid (hierarchy) is still embedded in a positivistic ontology.

The narrow interpretation of research-based knowledge (in the pyramid) has been and still is debated (Dahl-Michelsen et al., 2021; Goldenberg, 2006; Mengshoel, 2023; Mykhalovskiy & Weir, 2004). Some argue that today's EBPM relates to a broad understanding of research, including both quantitative and qualitative research (Jamtvedt et al., 2015). Others, such as the Norwegian physiotherapist and professor emerita Mengshoel (2023), argue that a broad understanding of knowledge in the EBPM is not the case; there is still a hierarchy of knowledge embedded in the model. She agrees with the need to include knowledge from both quantitative and qualitative research. According to Mengshoel, knowledge from quantitative studies can benefit physiotherapy practice regarding the processes of disease, prognosis, examination methods, and treatment effects. Qualitative studies can strengthen physiotherapy practice concerning personal experiences of disease, health and practice, clinical uncertainty, cooperation, social cultures, reflexivity, and clinical judgment (Mengshoel, 2023). Mengshoel's point is that in today's EBPM, where the pyramid is promoted, some knowledge forms are considered more paramount than others. Consequently, there is a hidden power dynamic in the

model giving priority to knowledge that can be captured through numbers and measurable outcomes (Grimen, 2009; Mengshoel, 2023).

Tacit and more experience-based knowledge that is not easily articulated and documented is not given the same emphasis, a concern also raised by the Norwegian philosopher Harald Grimen. Grimen (2009) pointed out that there are conflicting logics in the understanding of the EBPM. On the one hand, there is an idyllic understanding; the circular model, where there is no hierarchy, and the different forms of knowledge are considered equal. This equality is illustrated through the three circles (research-based knowledge, experience-based knowledge, and user-based knowledge and user involvement), being the same size, signaling harmony between the circles. On the other hand, there is a hierarchy where certain types of evidence are given priority among the different forms of knowledge. As Grimen (2009) puts it:

What is the point of the circular model if the evidence hierarchy is given priority? And if the circular model is given priority - or if the two different logics are to be considered equal - what is the point of the evidence hierarchy? (p. 214, our translation).

In other words, the implicit power dynamics of the EBPM can pose challenges for professional practices in which experience-based and tacit knowledge have been in the foreground, including the Mensendieck program. As Foucault (1977b) showed, power's cardinal function is to produce the knowledge and truths that constitute our reality and our "selves." The most effective forms of power achieve this without noise or controversy, but by appealing to conventional beliefs about what is common sense and reasonable (concepts that are themselves the products of existing power/knowledge relations) (Foucault, 1977b). Power achieves its ends, despite the ever-present possibility of resistance succeeding, when we come to take for granted some knowledge as more valuable than others. EBPM is a paradigm case of this, becoming a central tenet of contemporary biomedicine, defining how we now believe medicine should be thought of and practiced, and creating a raft of subject positions for those who are evidence-based practitioners (in this case, "conventional" physiotherapists) and those who are not (Mensendieck practitioners).

The knowledge forms in the Mensendieck program versus the knowledge forms in the EBPM

The Mensendieck program included the knowledge forms of the EBPM. However, whereas the EBPM emphasizes research-based knowledge, the Mensendieck program emphasized experience-based and personal knowledge. Further the knowledge dimensions - about, in, and through the body - resonate with research-based, experience-based, and personal knowledge, as established knowledge forms in the EBPM.

In terms of the pedagogical spiral approach, the two latter dimensions in and through the body were emphasized as paramount in developing students' critical awareness and sensitivity. Indeed, critical awareness and sensitivity were regarded as essential knowledge forms in terms of approaching patients as individuals in various settings and contexts. In other words, the patient-centered focus was at the fore, implying that clinical sensitivity and expertise were in the foreground, whereas research-based knowledge was not given the same emphasis. Implicit in this focus was a concern that research-based knowledge emphasizing measurable results (on a population level) was not necessarily easy to implement as to individual patient's needs and challenges. Knowledge forms emphasizing experience and tacit knowledge, on the other hand, were essential in clinical practice, however, not acknowledged as equal knowledge forms in the EBPM- thinking.

The EBPM hierarchy is increasingly challenged considering the call for personalized medicine in health care, and the call for health professionals to practice in accordance with asking the patient the question "What matters to you" (Olsen et al., 2020). Putting the patient at the center was an approach embedded in the Mensendieck system from the start. As pointed out by Aagot Normann, the Mensendieck approach was based on solid knowledge, where the starting point always is the human as an individual. If you are not able to establish contact with your patient, and establish trust, then it will not work (Normann in Wulfsberg, 1982, p.33).

Although there is a call for emphasizing experience-based and personal knowledge (Olsen et al., 2020), forms emphasized in Mensendieck, still there is a tendency for these knowledge forms to be restricted by the focus on measurable and quantitative knowledge (Mengshoel, 2023). Thus, the power dynamics of the EBPM boils down to a hierarchy of knowledge that does not account for how good practice needs to include both human and

cultural processes, examination, and treatment methods (Mengshoel & Feiring, 2020). This means that all three knowledge forms are necessary to provide “best practices” for patients, and that the power dynamics of knowledge must be ongoing and balancing: through a Foucauldian lens, this calls for accounting for how the power relations constitute a field of knowledge, presupposing and constituting at the same time (Foucault, 1977b). Further, and in line with Foucault (1998), implicit power dynamics embedded in the EBPM are relevant to understanding why the Mensendieck program, representing an otherwise physiotherapy program, was eventually no longer offered as a separate and otherwise program.

Controversies about no longer offering the Mensendieck program

Although the Mensendieck program was threatened since its inception, it survived for a considerably long period. During its history, the women who ran the education, as well as the Mensendieck association, successfully protected the existence of Mensendieck as an otherwise physiotherapy program, using the political system to do so (Wulfsberg, 1982). To survive all those decades, the Mensendieck program adapted when it needed to (or when they were forced to). For example, before 1974, they included both massage and electrotherapy to get authorization as a program for educating physiotherapists (Haugen, 1997; Messel, 2022; Wulfsberg, 1982). Also, from a political angle, we see how the societal context plays a role. For example, when the Mensendieck program received state support in 1967, the Parliament was concerned that the school would close, and maintaining a sufficient number of educated physiotherapists was important because of the increase in occupational diseases and the need for industrial rehabilitation. This situation resulted in state support for both the Oslo School and the Mensendieck School. Rivalry between the two programs varies in accordance with the market situation, which is evident in several periods during history (Haugen, 1997; Wulfsberg, 1982). Indeed, when the market conditions were good, there was more harmony between the two programs and associations, and vice versa, when the work market tightened, the view of one another as rivals became more prominent (Haugen, 1997).

In retrospect, we consider the move of both programs to Bislet, becoming part of the Oslo University College in 1994, to be a significant “game

changer” because the contextual framing enhanced the pressure to offer only one program/education. This pressure was not least due to economic reasons, and over a long period of twenty-five years, the pressure seemingly increased when the economic conditions for maintaining two different physiotherapy programs weakened. The fact that the two had co-existed for twenty-five years after moving into Oslo University College highlights the strong ability and will of the proponents of the Mensendieck program/education to fight for this program/education.

In higher education, including physiotherapy, political trends and knowledge dynamics run in waves, and some discourses become more prominent in times than others. In understanding why the Mensendieck program, representing an otherwise physiotherapy, ceased to be offered from 2019, we find that power dynamics of knowledge shed light on why this happened. The dominating role that the EBPM has played for the last ten years is significant here. We argue that the ordinary physiotherapy program was better able to fit into this discourse and had a tacit advantage when discussions about offering only one program once again became the agenda.

Also, at the time of the decision to no longer offer the Mensendieck program, the discourse of “bigger is better” was prominent in higher education in Norway (Norge Kunnskapsdepartementet, 2014–2015). The political reform—the structural reform—resulted in mergers of many different universities and university colleges on a large scale not seen before in Norway. We argue that against this backdrop, the larger the better political rhetoric paved the way for the decision to offer only one physiotherapy program.

Whereas Mensendieck first and foremost emphasized a prophylactic approach, ordinary physiotherapy focuses on treatments (Haugen, 1997; Halvorsen, 2009). In the final round of discussions about the situation of no longer offering the Mensendieck program, there was a call for research as a way forward, pinpointing how physiotherapy—and the practices in the programs—to a very little extent, have been scrutinized through research. We argue that, at a minimum, one should have paid attention and seen if there was something to be learned from the Mensendieck program (Rugseth, as cited in Hovden, 2017).

“Learning about, in, and through the body” was a popular slogan in the Mensendieck program. Interpreting this slogan, learning about the body has traditionally been seen as theory, but today, it emphasizes research-based knowledge. In contrast, “in and through the body” represent a bodily- and

practice-near approach, where own and co-students' bodies are learning subjects and objects. Indeed, meeting and working with patients are considered a legitimate learning technique for physiotherapy students. Although learning "in and through" the body has been particularly emphasized and related to the Mensendieck system, such a learning approach might be considered to resonate well with how other physiotherapy programs have paid attention to a bodily and practical approach to learning in physiotherapy.

Regarding knowledge dynamics, this approach to knowledge in higher education, focusing on practical knowledge, has in later years been challenged by a more intensive focus on research, often called the academic drift in higher education (Messel, 2021). This shift toward research can be regarded as a threat, and in physiotherapy this threat reflects a worry that the profession is moving away from core competencies in handling bodies at the practical/embodied level (Engelsrud et al., 2018; Langaas & Middelthon, 2020; Nicholls, 2018; Mengshoel, 2023; Thornquist, 2022). Such concerns imply that experience-based and personal knowledge, considered core components in physiotherapy, do not get sufficient attention in today's physiotherapy curriculum. Using a Foucauldian lens, we see how certain forms of knowledge have taken precedence over others, though change is always possible.

There is little doubt that the social conditions shaping what is now thinkable and doable in physiotherapy are shifting and EBPM is becoming firmly established within physiotherapy's *dispositif*. Much is changing in physiotherapy, not only in terms of the profession's educational and professional institutions, but also its laws and regulations, values and beliefs, conventions and relations with service users, professional colleagues, funders and legislators. Foucault's idea of the *dispositif* speaks to the heterogeneous apparatuses, assemblages, and networks of relations that hold these various connecting, and sometimes competing, material practices in place. What we have seen with the rise of EBPM concerns us, because the knowledge forms and the embodied knowledges emphasized in the Mensendieck program risk being lost or diluted by an overly dogmatic view of evidence, objectivity and detachment. But as power dynamics, according to Foucault, are open-ended, this can also always be otherwise (Foucault, 1977b). Against this background, we hope that the core dimensions of the Mensendieck approach—about, in, and through the body—will be acknowledged and reconsidered in future programs in physiotherapy.

References

- Anjum, R. L., Copeland, S., & Rocca, E. (2020). *Rethinking causality, complexity and evidence for the unique patient: A causehealth resource for healthcare professionals and the clinical encounter*. Springer Nature.
- Bentzen, H. (2017). En krevende endringsprosess [A demanding change process]. *Fysioterapeuten*, 10(17), 17.
- Dahl-Michelsen, T. (2007). *Fra tante til ekspert: Mensendieck som system og erfaring* [From aunt to expert: Mensendieck as system and experience]. Oslo University.
- Dahl-Michelsen, T., Nicholls, D. A., Messel, J., & Groven, K. S. (2021). Boundary work: The Mensendieck system and physiotherapy education in Norway. *Physiotherapy Theory and Practice*, 37(3), 420–431. <https://doi.org/10.1080/09593985.2021.1887063>
- Danielsen, K. G., Dahl-Michelsen, T., Håkonsen, E., & Haugstad, G. K. (2019). Recovering from provoked vestibulodynia: Experiences from encounters with somatocognitive therapy. *Physiotherapy Theory and Practice*, 35(3), 219–228. <https://doi.org/10.1080/09593985.2018.1442540>
- De la Roi-Frey, K. (2005) Bess Mensendieck (1864–1957). In H. U. Grunder & K. De la Roi-Frey (Eds.), *Reformfrauen in der schule: Ein lesebuch*. Schneider Verlaghen Hohengehren.
- Engelsrud, G., Øien, I., & Nordtug, B. (2018). Being present with the patient—A critical investigation of bodily sensitivity and presence in the field of physiotherapy. *Physiotherapy Theory and Practice*, 35(10), 908–918. <https://doi.org/10.1080/09593985.2018.1460431>
- Fimland, Ø. (2017, December 16). Mensendieck kan ikke reddes av gammelt styrevedtak [Mensendieck cannot be solved by an old board decision]. *Khrono*. <https://www.khrono.no/mensendieck-hioa-bentzen/mensendieck-kan-ikke-reddes-av-gammelt-styrevedtak/203269>
- Foucault, M. (1977a). The confession of the flesh interview. In C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings 1972-1977* (pp. 194–228). Pantheon Books.
- Foucault, M. (1977b). *Discipline and punish: The birth of the prison*. Vintage.
- Foucault, M. (1998). *The history of sexuality: The will to knowledge*. Penguin.
- Fougner, M., & Haugstad, G. K. (2015). Treating gynecological pain: The experiences of bachelor students in physiotherapy performing somatocognitive therapy. *Physiotherapy Theory and Practice*, 31(5), 318–326. <https://doi.org/10.3109/09593985.2014.1003343>

- Fougner, M., & Kordahl, H. L. (2012). Nude drawing—a relevant tool in health professions education? Developing skills in observation method for reflective physiotherapy practice. *Arts & Health, 4*(1), 16–25.
- Goldenberg, M. J. (2006). On evidence and evidence-based medicine: Lessons from the philosophy of science. *Social Science & Medicine, 62*(11), 2621–2632.
- Government.no. (2019). *RETHOS: Background*. Retrieved Sept 16, 2019, from <https://www.regjeringen.no/en/topics/education/higher-education/nasjonale-retningslinjer-for-helse--og-sosialfagutdanningene-rethos/background-rethos/id2569501/>
- Greenhalgh, T. (2019). *How to read a paper: The basics of evidence-based medicine and healthcare*. John Wiley & Sons.
- Grimen, H. (2009). Debatten om evidensbasering—noen utfordringer [The evidence-based debate—some challenges]. In H. Grimen & L. I. Terum (Eds.), *Evidensbasert profesjonsutøvelse* [Evidence-based professional practice] (pp. 191–222). Abstrakt.
- Grimen, H., & Terum, L. I. (Eds.). (2009). *Evidensbasert profesjonsutøvelse* [Evidence-based professional practice]. Abstrakt.
- Haldorsen, B. (2006). Mensendieck og musikk: Musikk som virkemiddel til å skape treningsglede i mensendiecktrening [Mensendieck and music: Music as a tool to create exercise pleasure in Mensendieck training] [Master's thesis, Universitetet i Oslo]. UiO DUO Research Archive.
- Halvorsen, G. (2009). *Mensendieckutdanning i Norge 1912–2008. En faghistorisk reise* [Mensendieck education in Norway 1912–2008. A vocational historical journey]. Vett & Viten.
- Haugen, K. H. (1997). *En utdanning i bevegelse: 100 år med fysioterapiutdanning i Norge* [An education in motion: 100 years of physiotherapy education in Norway]. Universitetsforlaget.
- Haugstad, G. K. (2000). Utvikling og validering av en standardisert, kvantifisert Mensendieck test. Anvendelse av testen ved fysioterapiundersøkelse av kroniske smertepasienter [Development and validation of a standardized quantified Mensendieck test. Application of the test in physiotherapy examination of chronic pain patients] [Master's thesis]. Universitetet i Oslo.
- Haugstad, G. K. (2008). Mensendieck somatocognitive therapy of women with gynecologically unexplained chronic pelvic pain [Doctoral dissertation]. University of Oslo.
- Haugstad, G. K., Haugstad, T. S., Kirste, U., Leganger, S., Hammel, B., Klemmetsen, I., & Malt, U. F. (2006a). Reliability and validity of a standardized Mensendieck physiotherapy test (SMT). *Physiotherapy Theory and Practice, 22*(4), 189–205.

- Haugstad, G. K., Haugstad, T. S., Kirste, U. M., Leganger, S., Wojniusz, S., Klemmetsen, I., & Malt, U. F. (2006b). Posture, movement patterns, and body awareness in women with chronic pelvic pain. *Journal of Psychosomatic Research*, *61*(5), 637–644.
- Haugstad, G. K., Kirste, U., Leganger, S., Haakonsen, E., & Haugstad, T. S. (2011). Somatocognitive therapy in the management of chronic gynaecological pain. A review of the historical background and results of a current approach. *Scandinavian Journal of Pain*, *2*(3), 124–129.
- Haugstad, G. K., Wojniusz, S., Kirschner, R., Kirste, U., Lilleheie, I., & Haugstad, T. S. (2019). Somatocognitive therapy of women with provoked vulvodynia: A pilot study. *Scandinavian Journal of Pain*, *19*(4), 725–732. <https://doi.org/10.1515/sjpain-2019-0011>
- Heggen, K., & Engebretsen, E. (2009). Tvetydig om kunnskapsbasert praksis: En dekonstruktiv nærlesning av arbeidsbok for sykepleiere. *Sykepleien Forskning*, *4*(1), 28–33. <https://doi.org/10.4220/sykepleienf.2009.0039>
- Hofmeijer, J. (2014). Evidence-based medical knowledge: The neglected role of expert opinion. *Journal of Evaluation in Clinical Practice*, *20*(6), 803–808. <https://doi.org/10.1111/jep.12267>
- Hovden, K. (2017, December 5). Forholder seg til retningslinjene [Adheres to the guidelines]. *Fysioterapeuten*. <https://www.fysioterapeuten.no/mensendieck/forholder-seg-til-retningslinjene/115795>
- Hovden, K. (2017, December 8). Svaret ligger i forskningen [The answer is in the reserach]. *Fysioterapeuten*, *10*(17), 13–14.
- Hovden, K. (2018, April 19). Sterkt kritisk til NFFs Mensendieck-vedtak [Strongly critical to the NFFs Mensendieck-decision]. *Fysioterapeuten*. <https://www.fysioterapeuten.no/bachelorutdanning-fysioterapiutdanning-mensendieck/sterkt-kritisk-til-nffs-mensendieck-vedtak/116483>
- Jamtvedt, G., Hagen, K. B., & Bjørndal, A. (2015). *Kunnskapsbasert fysioterapi* [Knowledge-based physiotherapy]. Gyldendal Akademisk.
- Kaarbø, M. B., Haugstad, G. K., Stubhaug, A., & Wojniusz, S. (2018). The Standardised Mensendieck Test as a tool for evaluation of movement quality in patients with nonspecific chronic low back pain. *Scandinavian Journal of Pain*, *18*(2), 203–210.
- Klemmetsen, I., & Rugseth, G. (2005). *The Mensendieck system of functional movements*. Vett & Viten.
- Kordahl, H. L., & Fougner, M. (2017). Facilitating awareness of philosophy of science, ethics and communication through manual skills training in undergraduate education. *Physiotherapy Theory and Practice*, *33*(3), 206–217. <https://doi.org/10.1080/09593985.2016.1277289>

- Langaas, A. G., & Middelthun, A. L. (2020). Bodily ways of knowing: How students learn about and through bodies during physiotherapy education. In D. A. Nicholls, K. S. Groven, E. Kinsella, & R. Anjum (Eds.), *Mobilizing knowledge in physiotherapy* (pp. 29–40). Routledge.
- Melnick, S. (2016). Per Henrik Ling—Pioneer of physiotherapy and gymnastics. *European Journal of Physical Education and Sport Science*, 1(1).
- Mengshoel, A. M. (2023, July 30). Kunnskapsbasert praksis, makt og helsepolitikk [Knowledge-base practice, power and health policy]. *Fysioterapeuten*. <https://www.fysioterapeuten.no/fagessay-kunnskapsbasert-praksis-politikk/kunnskapsbasert-praksis-makt-og-helsepolitikk/150168>
- Mengshoel, A. M., & Feiring, M. (2020). Rethinking recovery. In D. Nicholls, K. S. Groven, E. A. Kinsella, & R. L. Anjum (Eds.), *Mobilizing knowledge in physiotherapy: Critical reflections on foundations and practices*. Routledge. <https://doi.org/10.4324/9780367855338>
- Mensendieck, B. (1906). *Körperkultur des weibes. Praktisch hygienische und praktisch sthetische winke* [Body culture of the woman. Practically hygienic and practical aesthetic]. Verlagsanstalt F. Bruckmann A.-G.
- Mensendieck, B. (1937). The Mensendieck system of functional exercises. *Physical Therapy*, 17(5), 216. <https://doi.org/10.1093/ptj/17.5.216>
- Mensendieck, B. M. (1954). Look better, feel better: The world-renowned Mensendieck system of functional movements—for a youthful body and vibrant health. *Physical Therapy*, 35(7), 404–405. <https://doi.org/10.1093/ptj/35.7.404b>
- Messel, J. (2021). *Akademisering av yrkesutdanninger - fra frigjøring til tvang* [Academisation of vocational education—from liberation to coercion]. OsloMet ODA. <https://oda.oslomet.no/oda-xmlui/bitstream/handle/11250/2999473/Akademisering+av+yrkesutdanninger+-+21062021.pdf?sequence=1>
- Messel, J. (2022). *Profesjonsutdanninger i sentrum: Fra jordmorutdanning til OsloMet 1818-2018* [Professional education at the centre: From midwifery education to OsloMet 1818-2018]. Pax Forlag.
- Moffat, M. (2012). A history of physical therapist education around the world. *Journal of Physical Therapy Education*, 26(1), 13–23.
- Mykhalovskiy, E., & Weir, L. (2004). The problem of evidence-based medicine: Directions for social science. *Social Science & Medicine*, 59(5), 1059–1069. <https://doi.org/10.1016/j.socscimed.2003.12.002>
- Nicholls, D. A. (2018). *The end of physiotherapy*. Routledge.
- Nicholls, D. A. (2021). *Physiotherapy otherwise*. Auckland University of Technology. <https://doi.org/10.24135/TOAB.8>

- Norge Kunnskapsdepartementet. (2014-2015). *Konsentrasjon for kvalitet: Strukturreform i universitets- og høyskolesektoren* [Concentration for quality: Structural reform in the university and college sector] (Meld. St. 18). <https://www.regjeringen.no/no/dokumenter/meld.-st.-18-2014-2015/id2402377/?ch=1>
- Olsen, C. F., Debesay, J., Bergland, A., Bye, A., & Langaas, A. G. (2020). What matters when asking, “what matters to you?” —perceptions and experiences of health care providers on involving older people in transitional care. *BMC Health Services Research*, 20(1), 1–13.
- Ottosson, A. (2005). *Sjukgymnasten-vart tog han vägen? En undersökning av sjukgymnastyrkets maskulinisering och avmaskulinisering* [The physiotherapist—where did he go? An investigation of the masculinization and demasculinization of the physiotherapy profession] [Doctoral thesis, Göteborgs universitet]. GUPEA.
- Ottosson, A. (2010). The first historical movements of kinesiology: Scientification in the borderline between physical culture and medicine around 1850. *The International Journal of the History of Sport*, 27(11), 1892–1919.
- Ottosson, A. (2016). One history or many herstories? Gender politics and the history of physiotherapy's origins in the nineteenth and early twentieth century. *Women's History Review*, 25(2), 296–319.
- Rigault, N. B. (1989). *Mensendieck-systemet i et didaktisk perspektiv: På jakt etter røtter* [The Mensendieck system in a didactic perspective: In search of roots]. Universitetet i Oslo. Pedagogisk Forskningsinstitutt.
- Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence-based medicine: What it is and what it isn't. *BMJ*, 312, 71. <https://doi.org/10.1136/bmj.312.7023.71>
- Soukup, M. G. (1997). *Mensendieckgymnastikk som sekundærforebygging av ryggsmertor* [Mensendieck gymnastics as secondary prevention of back pain] [Master's thesis]. University of Oslo.
- Soukup, M. G., Glomsrød, B., Lönn, J. H., Bö, K., & Larsen, S. (1999). The effect of a Mensendieck exercise program as secondary prophylaxis for recurrent low back pain: A randomized, controlled trial with 12-month follow-up. *Spine*, 24(15), 1585. <https://doi.org/10.1097/00007632-199908010-00013>
- Thornquist, E. (2022). Movement, touch and talk in Norwegian psychomotor physiotherapy. *Frontiers in Rehabilitation Sciences*, 3, 1011146. <https://doi.org/10.3389/frsc.2022.1011146>
- Thornquist, E., & Kalman, H. (2017). The formation of a profession: The case of physiotherapy in Norway. In B. Blom, L. Evertsson, & M. Perlinski (Eds.), *Social and caring professions in European welfare states* (pp. 131–146). <https://doi.org/10.51952/9781447327219.ch009>

- Veder, R. (2010). The expressive efficiencies of American Delsarte and Mensendieck body culture. *Modernism/Modernity*, 17(4), 819–838. <https://doi.org/10.1353/mod.2010.0037>
- Veder, R. (2011). Seeing your way to health: The visual pedagogy of Bess Mensendieck's physical culture system. *The International Journal of the History of Sport*, 28(8–9), 1336–1352. <https://doi.org/10.1080/09523367.2011.567781>
- Wieringa, S., Engebretsen, E., Heggen, K., & Greenhalgh, T. (2017). Has evidence-based medicine ever been modern? A Latour-inspired understanding of a changing EBM. *Journal of Evaluation in Clinical Practice*, 23(5), 964–970. <https://doi.org/10.1111/jep.12752>
- Wieringa, S., Engebretsen, E., Heggen, K., & Greenhalgh, T. (2018a). Rethinking bias and truth in evidence-based health care. *Journal of Evaluation in Clinical Practice*, 24(5), 930–938. <https://doi.org/10.1111/jep.13010>
- Wieringa, S., Engebretsen, E., Heggen, K., & Greenhalgh, T. (2018b). How knowledge is constructed and exchanged in virtual communities of physicians: Qualitative study of mindlines online. *Journal of Medical Internet Research*, 20(2), e34. <https://doi.org/10.2196/jmir.8325>
- World Physiotherapy (2021). *What is physiotherapy?* Retrieved March 14, 2021, from <https://world.physio/resources/what-is-physiotherapy>
- Wulfsberg, C. (1982). *Den norske Mensendieck-skoles historie* [The history of the Mensendieck school]. Universitetsforlaget.