

Physiotherapy in Mental Health: A Historical Overview

Introduction

Physiotherapy in mental health is a relatively new specialty within physiotherapy. In 2006, a group of well-experienced physiotherapists specialised and working in this field set up an “International Organisation of Physical Therapy in Mental Health” (IOPTMH) with a view to bring together the different existing physiotherapeutic interventions in mental health. Indeed, until then, different approaches existed separately, without mutual interaction. The literature was sparse. Hare (1986) was the first to underline the importance of physiotherapy in mental health treatment. Today, physiotherapy in mental health consists of a broad scope of interventions (see figure 1).

The core of physiotherapy in mental health is to optimize wellbeing and empower the individual by promoting functional movement, movement awareness and physical activity, exercise, bringing together physical and mental aspects. It is person-centered and aimed at children, adolescents, adults and elderly with mild, moderate and severe, acute and chronic mental health problems, in primary and community care, inpatients and outpatients. Physiotherapists in mental health provide health promotion, preventive health care, treatment and rehabilitation for individuals and groups. They create a therapeutic relationship to provide assessment and services specifically related to the complexity of mental health within a supportive environment applying a bio-psycho-social



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model in different health and mental health settings, psychiatry and psychosomatic medicine (Probst et al., 2016).

The purpose of this paper is to give a concise overview of (a) the evolution of mental health care and (b) the different waves that have influenced physiotherapy in mental health and psychiatry. On one hand, a historical overview often seems synonymous with old-fashioned, but on the other hand, it gives physiotherapists working in mental health something to hold on to. Looking back is also looking forward. With respect to our predecessors, an overview gives us more insights into the evolution and the context of our specialty and partly explains who we are today.

1. Evolution of mental health care.

Descartes' dichotomy between body and mind strongly influenced the western medical world. This biomedical model assumes that an organic disease is located in the body whereas a mental illness can be located in the mind. This opinion is outdated and is today disregarded in favour of a more holistic way of thinking.

For patients with mental health problems, **the French revolution** [1789-1799] was an important phase in the evolution of mental health care. At that time, Pinel, a French medical doctor, ordered the removal of chains from insane patients. This moral treatment was established and accepted throughout all of Europe and in the USA. The ideas of “moral treatment” entailed the removal of the prison regime, fostering of hygienic and therapeutic conditions, consent that mental diseases are curable, the foundation of psychiatric nosology, systematic analysis of new methods of treatment (to offer outdoor activities and promote good physical condition among patients) and a more humane psychological approach (see Roback, 1961).

In between the French revolution and the Great War was the heyday of hydrotherapy, the Swedish gymnast [Per Hendrik Ling, 1776-1839] and in the USA, neurasthenia.

During **the Great War [1914-1918]**, for the first time, medical doctors realised the traumatic impact of war on soldiers. Since then, physiotherapy received public recognition as a valuable treatment for the rehabilitation of injured soldiers.

During **the Golden Twenties**, the influence of psychoanalysis was increasing, and psycho-analysts, such as Groddeck, Ferenczi and Fenichel, underlined the body-mind relation.

At the same time, ideas from Swedish gymnastics and dance were integrated into different body-mind approaches developed



Figure 1: the scope of interventions of Physiotherapy in mental health care (Probst, 2017a)

by Elza Gindler, Rudolf Laban, Hubert Pilates, Moshe Feldenkrais, Bess Mensendieck, Emile Jacques Dalcroze, Gerda Alexander, Frank Alexander and others.

Physiological and psychological research led to the development of relaxation therapies (autogenic training, Heinrich Schultz; progressive relaxation, Edmund Jacobson; “funktionelle Entspannung”, Marianne Fuchs).

After the **Second World War**, different factors influenced mental health care in a positive way: the invention of neuroleptica [1953, Chloorpromazine: Largactil], the growing influence of phenomenologists and philosophers (Heidegger, Merleau-Ponty, Sartre, Buytendijk, ...) and the rise of (group-) psychotherapy [see Heller, 2012]. It was realised that caring for persons with mental health problems is complex and requires a specific and not exclusively medical competence. Exercise and body awareness within a psychosocial approach became important factors in rehabilitation programmes in mental health care.

In the **21st century**, mental health received a more prominent place in society and policy. To date, concepts such as quality of life, patients' rights, wellbeing and evidence-based approaches have been generally adopted in health care. Within this context, the idea to set up an international organisation for physiotherapists working in mental health started in 2004. Between 2006 and 2011, different steps were taken to develop the IOPTMH as a professional international nongovernmental organisation for physiotherapists working in mental health. The goals of this organisation are to foster collaboration between physiotherapists working in mental health worldwide, to encourage improved standards for and consistency in physical therapy practice in mental health care and to advance practice by communication and exchange of information. In 2011, the WCPT recognised the IOPTMH as a subgroup (see www.wcpt.org/ioptmh).

2. The content of physiotherapy in a historical context.

Over the last sixty years, physiotherapy in mental health has been influenced by different waves.

The wave of eastern philosophy

After the Great World War, the recognition in therapy of the oldest civilisations (in India and China) and their philosophies was growing. Today, yoga, tai chi and qigong, or exercises derived from them, are included as possible tools in physiotherapy.

Yoga is the oldest known discipline from India that combines both the spiritual and physical body. Yoga uses breathing techniques, postures, gestures, relaxation, mental concentration, exercise and meditation. It helps to improve health and happiness.

Tai chi quan or the mobility of grounding, is a Chinese martial art with a broad historical background that incorporates Hindu and Chinese knowledge and is practised for defence training and health benefits. Tai chi is a type of Chinese physical exercise.

Qigong exercises have their roots in Chinese medicine, philosophy, and martial arts. Qigong is mainly a body-mind exercise, viewed as "life energy".

In current practice, relaxation therapies and breathing techniques are becoming increasingly important.

The psychoanalytical wave [1930 – ...]

The psychoanalysis of Freud [1856-1939] influenced the way of thinking in psychiatry. Today, psychoanalysis is a controversial discipline but it had a strong influence within psychiatry.

Gindler's "somatic work" influenced Wilhelm Reich, Reich [1897-1957] for his part influenced Trygve Braatoy, and, together with Aadel Bülow-Hansen [1906-2001], they developed the "Norwegian Psychomotor Physiotherapy" (see Ekerholt & Gretland, 2017; Thornquist, 2010).

Reich also influenced Frits Perls (Gestalttherapy), Alexander Lowen (Bio-energetica) and the Norwegian physiotherapist Gerda Boyesen (1922-2005), who later developed "Biodynamic Psychology and Psychotherapy" (see Heller, 2012).

In that time, Gindler had a student, Charlotte Selver [1901-2003], who further expanded the ideas of Gindler into sensory awareness in the USA during the golden sixties.

Jacques Dropsy, a French psychoanalyst and movement educator who was also influenced by Feldenkrais and eastern approaches, influenced Gertrud Roxendal [1931-2002], the founder of the "Basic Body Awareness Methodology" (see Roxendal, 1985; Gyllensten et al 2010; Skjaerven et al., 2013).

In England, Veronica Sherborne (2001) [1922-1990], a physiotherapist influenced by Rudolf Laban, developed the "Sherborne Development Movement" for children. Her starting point was learning by feeling, experiencing and exploring possibilities. The Sherborne methodology consists of awareness of one's own body, body parts, weight and rest, awareness of space and spatial orientation, and awareness of others, with others, against others, and together with others.

The wave of gymnastics and the importance of daily activities [1960 - ...]

Based on the ideas of Greisinger [1817-1868] and the moral treatment, Herman Simon and Adolf Meyer reported the positive effects of daily group physical activities and exercise on the health of patients with mental health problems. Their attention broadened from movement activities themselves to the interactions between the body in motion and the psyche, especially from a behavioural perspective. Later, other methods (relaxation, sensory, body and movement awareness) became an integral part of the therapy in psychiatry (see Probst, 2017b). In East Germany, the "Kommunikative Bewegungstherapie" was a mandatory course in physiotherapy.

The physical activity wave [2000 - ...]

Since 2000, increasingly more research has revealed that persons with mental health problems are confronted with lower levels of physical activity, higher levels of sedentary behaviour and higher risks of side effects from psychotropic medications. Consequently, patients are faced with many physical health problems such as cardiovascular and metabolic diseases. Physiotherapists can help overcome these lifestyle and physical problems by stimulating physical activity. Moreover, physical activity has a very well-established positive effect on physical and mental health (mood, anxiety, depression, ...) (see Schuch et al., 2016; Stubbs et al., 2013; Stubbs & Rosenbaum, 2018; Vancampfort et al., 2015).