Manipulating practices

A critical physiotherapy reader

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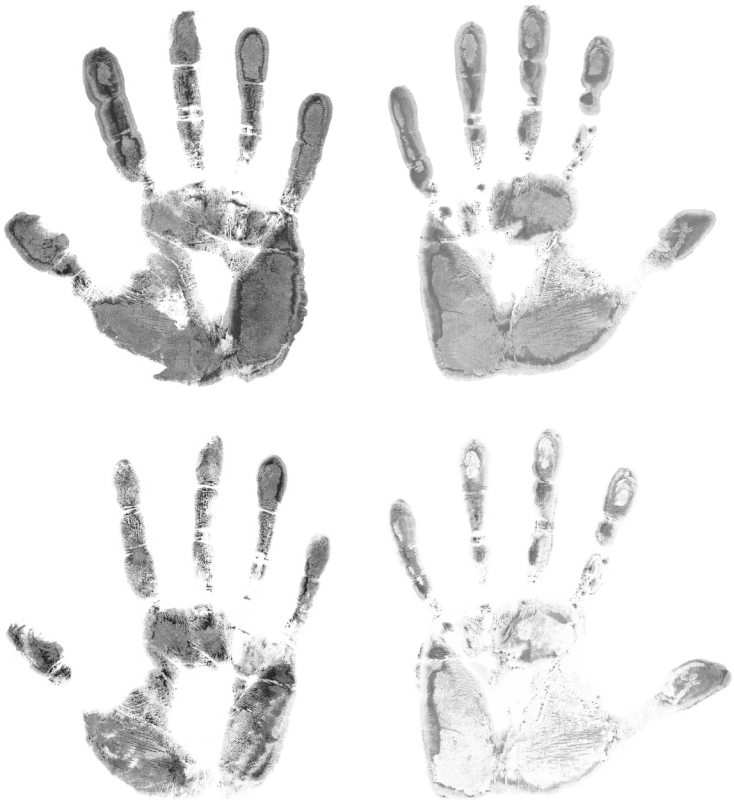

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CHAPTER 2

What can critical theory do for the moral practice of physiotherapy?

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Abstract

Physiotherapy is undeniably a concrete practice. What then do theoretical considerations on moral matters have to do with it? Drawing on Max Horkheimer's distinction between critical and traditional theory, I suggest that once the meaning of moral theory is recast as critical theory, in contrast to a mere framework of ethical codes and rules, a deeper significance of theory for 21st-century physiotherapy practice can be drawn out. Critical theory, a practice of critique and resistance to improve human existence, has clear significance for physiotherapy. Drawing on the critical philosophy of Theodor W. Adorno, this chapter describes some of the aspects of the kind of critical moral theory that is relevant for physiotherapy today: it demands consideration of real contexts and people, it seeks to disrupt the "business as usual" of the field, and aims to remain open to maintain its relevance and critical purchase. To achieve the

objective of critical theory in physiotherapy, it needs to be understood as an ongoing struggle rather than immediate solution. Thus, rather than merely agreeing on some ethical rules, critical theory needs to analyse and resist whatever might restrict morality in practice.

Introduction

Ethics, morals, theory. Who cares, right? After all, physiotherapy is a material practice that deals with concrete and often immediate physical problems. So far in its history, physiotherapy has benefited from adopting the scientific reductionist view of the body, function, movement and health that is characteristic of biomedicine (Nicholls, 2018). Does moral theory – that is, theoretical considerations on moral and ethical[1] matters – have anything to do with the "hard science" of physiotherapy? What, if anything, can moral theory do for 21st-century physiotherapy? The purpose of this chapter is to offer some answers to these questions and to contribute to theoretical literature on rehabilitation.

In applied ethics, such as physiotherapy ethics, "theory" is usually taken to refer to the plethora of classical and contemporary ethical theories that seek to determine the grounds for arguing what is

1 Ethics and morals can be roughly distinguished by their etymology: "morals" comes from the Latin *mores* for the characteristic customs and conventions of a society or community and ethics from the Greek *ethos* for nature, disposition and customs implying a more personal set of standards (which have to be socially accepted because the idea of an individual private ethics is absurd). The terms are often used interchangeably (e.g. ethics vs. moral philosophy) and also contrary to their etymological distinction (e.g. in Scott's 1998 textbook, morals have religious connotations and are therefore considered more personal than the authority or study of ethics). There is also obviously an overlap between personal and social, which is why drawing a line between them is at best superficial. All etymological definitions in this chapter follow the Oxford English Dictionary, retrieved on 10 September 2017 from http://www.oed.com/.

right and wrong, or good and bad, in the actions and persons of human beings (e.g. in Scott, 1998; Sim, 1997; Gabard & Martin, 2011). Whether acting out of duty or according to ethical principles (deontology and principlism), whether paying less attention to the needs of some patients to benefit many as the putative best outcome (utilitarianism, or consequentialism), or whether disposed to having excellent moral character and practical wisdom to act virtuously in clinical practice (virtue ethics) – each approach yields different perspectives and justifications for practice. This is all very well. However, to think critically about moral theory for physiotherapy today is neither to settle disputes between different theories nor to decide which one to endorse. As I argue in the first part of this chapter, the commercialization and rationalization of social life that began to take form in the advent of the age of Enlightenment in Western Europe destroys the grounds for taking any conception of morality seriously (Poole, 1991).[2] What was once the moral jurisdiction of the church and state has increasingly become a matter of personal preference: one could, in principle, argue a case for virtue ethics today and utilitarianism tomorrow, and all readers have to do is to choose which theory suits them and their presuppositions better. The problem is that no matter how well any approach is justified, or which codes of ethics are followed, there is still unfathomable injustice and suffering in the world. This is not to suggest universalism, relativism, foundationalism or an anti-theory approach, as all such binary extremes are equally unhelpful. Nor is it to say that classical moral philosophy or professional ethical codes ought to be abandoned. It is merely to

2 "Modernity" is used to describe this process. It is contested whether we have transitioned into something else through the critique of modernity (stemming from e.g. Nietzsche, Weber and postmodern philosophy). The rational scientific project of modernity, however, continues to have a hold on social and moral life, as well as on health sciences (e.g. Gibson, 2016).

say that in order to address the crisis of morality, it is time to move beyond understanding moral theory as the plethora of approaches that might enter the marketplace of physiotherapy ethics. Thus, drawing on the critical theorist Max Horkheimer, I suggest that physiotherapy ethics today calls for *critical theory:* the engagement in critical and reasoned reflection on moral philosophy and ethical codes, as well as on the moral context of practice, rather than an agreement on a moral framework for physiotherapy – as if, merely to do so, it would guarantee moral practice.

In the second part of this chapter, I argue that the objective of morality – the struggle against injustice and suffering – requires that the actual and particular, rather than abstract universal norms, become the centrepiece of ethics. I then examine the putative gap between theory and practice. To address the challenges of contemporary healthcare, as Nicholls (2018) argues, physiotherapy needs to move beyond the biomedical paradigm that has underpinned it. This also implies that physiotherapy, as a material practice, ought to be understood as more than a mere economic exchange of services, technical knowledge and skills: it involves working on, with, for, around and through bodies that encounter, interact with and touch each other, move and are moved physically, psychologically, socially, culturally, biopolitically and emotionally. In short, physiotherapy is undeniably what has been called *body work* (see e.g. Twigg, 2006) in sociology. I argue that critical moral theory is indeed needed in physiotherapy today, not despite the innate materiality of body work, but because of it: physiotherapy is a material practice but it is also inescapably social and therefore a moral practice. To approach the question of moral theory and practice in a manner that is attentive to the people and practices that are invisible in the marketplace of care – those that the innate materiality of physiotherapy makes visible – theory's practicality cannot simply be about *whether* it is practical

or not. For "theory" is not one unified practice. Rather, one has to ask *what kind* of theory, if any, might serve physiotherapy today, both its explicit and hidden realities? What are the demands for its practicality in this context?

Finally, drawing on the work of Horkheimer's close colleague, Theodor W. Adorno, I argue that theoretical critical inquiry that is directed towards the material and ideological realities of healthcare is already *in itself* a practice. Understood through the etymology of the Greek *theoria*, theory is a practice of contemplation, observation, speculation, seeing and a looking at. It is to be a spectator, to see both in the sense of apprehension and comprehension. The etymology links theory with thought which is not a copy of reality or its passive recipient but, as Benedetto Croce (2000, p. 32) puts it, it is "as active as action". The practice of theory as critical thought seeks understanding of the mode of our social life in modernity and, more explicitly since Marx, as I explain below, its transformation through critique. Herein lies the value of critical theory for physiotherapy: when it criticises and resists[3] whatever in the actual material and ideological context might obstruct moral physiotherapy practice – wherever and however morality finds meaning and expression in the context of modernity – theory becomes a practice that is moral because it is also political. As Adorno 2000, p. 176) writes: "the quest for the good life is the quest for the right form of politics, if indeed such a right form of politics lay within the realm of what can be achieved today".

Even if radical social transformation and politics to achieve it are uncertain, critique and resistance are means that are available – at least for some. However, it is unreasonable to expect that critique will immediately solve all problems. Such impatience towards

3 Wherever there is critique, there is also resistance, because they necessitate each other (Hoy, 2004).

theory, as Adorno (2000, p. 4; 1998, p. 293) argues, restricts its openness and thus its "power of resistance". What critical theory can do is develop the moral and political maturity of practitioners, educators and researchers. It aims at empowering them to disrupt the conditions for practice that are today often less than favourable. These less-than-favourable conditions may be the result of, for example, a lack of time, communication, collegiality, solidarity, leadership or resources. The relevance of this chapter for physiotherapy is, then, to develop an understanding of moral agency in modernity, one that gives voice to theoretically rigorous critical moral practice that is attentive to real people and contexts, rather than fixed ethical frameworks that guide from above.

Modernity and moral theory

To see why the understanding of "theory" as the array of approaches to moral matters is insufficient, we need to look at the processes that shape social and ethical experience in modern life.[4] It is by no means a new or radical claim that modernity itself – its disenchanting forces of secularisation, consumerism and science – undermines the meaning of morality (see Bennett, 2009). Modernity is a temporal notion but more importantly, it refers to the inescapable mode of social experience that is dominated by processes of rationalization and commercialization (Osborne, 1992; Poole, 1991). These processes of modernity, as Bernstein (2001, p. 420) argues, enclose ethical experience "on all sides in rationalized institutional

4 The concept of experience has a long history in philosophy – Martin Jay (2005) traces it insightfully – that often carries more complex meaning compared to everyday language. In this chapter, experience refers to the Hegelian sense of *Erfahrung*, i.e. the dialectical process between subject and object, which cumulatively shapes consciousness, understanding and knowledge. Importantly, the concept of experience also contains the reference to Benjamin and Adorno whose concern is the question of the decay and possibility of *Erfahrung* in modernity.

structures and social practices". This undermines everything non-factual, as well as the motivation to pursue anything non-factual, including moral ideals and values. In short, what passes for morality is hollowed out by positivism. Morality in modernity is, therefore, only fugitive and a matter of subjective belief and preference (Bernstein, 2001; MacIntyre, 1985; Poole, 1991). If there remains such a thing as a modernist ethical experience at all, Bernstein (2001, p. 420) writes, then it is "the experience of the promise of a form of life escaping [such] nihilism".

The problem of modernity illuminates the need to rethink the meaning and function of moral theory, more specifically, the need to move towards critical theory. In his seminal 1937 essay on the distinction between traditional and critical theory, Horkheimer (1973; see also Horkheimer & Adorno, 2002) argues that traditional theory follows the Enlightenment ideal of science and thought (of which positivism is a continuation) which holds rationalistic, mathematical and mechanistic thought in the highest value. Traditional theory, he argues, seeks to be a universal system of facts and conceptual determinations in which every proposition can be derived from and subsumed under its concepts without friction or contradictions. This description of traditional theory epitomizes what modernity's "imprint of meaninglessness" means for Max Weber (1991, p. 139): namely, that "there are no mysterious, incalculable forces that come into play, but rather ... one can, … in principle, master all things [including morality] by calculation." The prime example of this in healthcare ethics is the consequentialist framework of four principles (Beauchamp & Childress, 2013), in which ethical considerations exist in reference to four putatively universal norms: respect for autonomy, nonmaleficence, beneficence and justice. Traditional theories, such as the four principles framework, attempt to find grounding for ethics in universal principles and positivistic ideals but, paradoxically, by doing so they also destroy

the grounding because ethical experience ultimately transcends positivistic "facts" conceptual definitions and calculation.

Rather than suggesting an ethical tool or a specific theory to address the problem of modernity, Poole (1991) argues a case in favour of critical theory and maintains that the task of moral philosophy today is to criticise existing social life and its practices to direct change. Critical theory, Horkheimer (1973) argues, is a mode of inquiry concerned with the prevailing social totality and its injustices, and it seeks radical improvement of the conditions of human existence. Importantly, according to him, because of its object of critique – the contemporary situation of a historically changing society – neither the practice to achieve its emancipatory goals nor its exact theoretical structure can be fixed. According to Horkheimer, critical theory is in evolution as long as there are injustices that call for radical social transformation.

Edwards and colleagues (2011, pp. 1643–1644) argue that the ethical codes that often underpin physiotherapy ethics have broadened from a concern for individual patients' well-being towards the inclusion of social and global matters. This "represents a maturation of the physical therapy profession's sense of moral agency ... [that] extends beyond the treatment encounter between individual therapists and patient and into those broader social and ethical issues that are increasingly recognized as shaping and determining health." The broadened perspective, which for Edwards and colleagues calls into question concepts about both current practices and foundational theory, represents a moving away from traditional theory. If this is right, and if the move is towards anything like critical theory, then the nature of moral theory as something that prescribes norms from above ought also to be called into question. Because critical theory is always in evolution, it necessarily questions the concept of normativity understood as the ability to spell out a definitive alternative to whatever is under critique. Critical

theory can make normative claims, and often does. However, fixing it in a way that canonises it as an infallible replacement for whatever is under critique misses the complexity of social structures and practices – and it is exactly this complexity that calls for critical rather than traditional theory in the first place. This also applies to making critical theory into a precise tool. Delany and colleagues (2010) formulate a model for physiotherapy ethics that moves towards critical morality by spelling out three steps: listen actively, think reflexively and reason critically. This exemplifies what critical moral practice might look like. The point of critical theory, however, is not to prescribe how to implement critical thinking. Instrumentalising critical theory runs the risk of restricting its openness, as by defining it, it would also define its limits. Rather, critical work needs, as Gibson (2016, p. 13) writes, "an ongoing commitment to thinking against the grain."

The objective of morality

Even if critical theory cannot be fixed, the improvement of human existence is nonetheless the object of its practice. This object is not altogether unlike the "objectives of morality" in the four principles approach. Tom L. Beauchamp (2010, p. 176), one of its foremost advocates, argues that the objectives are such that promote "human flourishing by counteracting conditions that cause the quality of people's lives to worsen." This is difficult to disagree with. However, the moral urgency of global suffering calls for a more radical formulation. Croce (2000, p. 50), for example, is more forthright: "Morality is nothing less than the struggle against evil; and if evil did not exist morality would not exist either." Such objective is undeniably Herculean, even utopian, when conceived in terms of definitive outcomes rather than an ongoing struggle. Any positive social change requires taking steps though the "negative": critique,

resistance and action towards what is "better" even if it is ambiguous, transient, beyond conceptualisation and often out of reach.

Gordon Finlayson (2002) reformulates Adorno's call for resistance against the conditions of a life that is "false" and fittingly calls it the *ethics of resistance*. According to Finlayson (2002, pp. 6–8), the ethics of resistance requires political maturity that "prevents conscience from ossifying into moralistic righteousness", as well as humility and affection, that is, the capacity to be moved. This point has also been made in ethics of care regarding shifting the focus of ethics from depersonalised, distanced, impartial and generalising rationality towards the inclusion of "virtues associated with care, such as compassion, attentiveness, empathy and attention to detail" (Sevenhuijsen, 1998, p. 5; see also Tronto, 1993). In other words, moral theory and practice need to pay attention to what is too often considered irrelevant or secondary in the search for normative universals: particularity, people, bodies, context, affect, feelings, emotions, power relationships and suffering.

Kate Schick (2009) argues that Adorno's attention to particular suffering challenges and disrupts the abstraction, instrumentalism and universalism of modernity. Owen Hulatt (2014) also interprets the theme of suffering in Adorno's thinking. He argues that it constitutes a somatic impulse that must have both normative and moral content.[5] An observer of suffering, as Hannah Arendt (1990) points out, does not of course share the suffering in a somatic sense. The "somatic impulse" is rather the reaction, the embodied affect – disgust, shame, sadness, shudder or anger – in the face of suffering which motivates moral action, critique and resistance. Being a witness to suffering may of course fail to move and motivate. Such failure constitutes, however, nothing less than one of the most pressing questions for both moral theory and practice.

5 I disagree with Hulatt that Adorno claims suffering to be normative. However, for the purposes of healthcare ethics, his interpretation is useful.

In other words, if we are to take Beauchamp and Childress' objective of morality seriously, practice cannot place its trust in moral principles detached from the particularity of human experience and, to put it provocatively, sit back to witness morality happen. Defining principles and codes of ethical conduct does not yet guarantee moral and ethical practice. Rather, as Joan Tronto (1993) argues, for moral arguments to be taken seriously, they need to be understood in their political context and the inherent power relationships within both moral situations and moral theories. Therefore, rather than merely justifying norms that constitute the ideal moral practice for physiotherapy, critical moral theory starts with what the objective of morality requires: challenging the prevailing practices and conditions that cause people's lives to worsen, for example, due to exploitation, injustice, inequality, poverty, exclusion, silencing, discrimination, or the neo-liberal consensus and its demand for exchange-value over just healthcare provision.

Towards a materialist view of morality

During the past few decades, empirical research in healthcare ethics has increased to the extent that it is no exaggeration to speak of the "empirical turn" (Borry, Schotsmans & Dietrickx, 2005). It has also been suggested, with due critical interrogations (Loughlin, 2006), that ethical decision-making should be "evidence-based" (Borry, Schotsmans & Dietrickx, 2006). This new paradigm of empirical moral inquiry has challenged the prospects of contributions from the standard classical theories, such as utilitarianism and deontology, with the added option of the four principles approach. At the same time, however, and in line with the problem of modernity and the appeal of traditional theory, the value of philosophical and theoretical inquiry in a more general sense has also become suspect.

The question that reveals the relationship between theory and practice is often framed in terms of utility: is moral theory of any *use* for practical research and clinical practice? Should moral theory inform them, or *vice versa*? If these questions are asked in utilitarian terms, the answers tend to favour utilitarian approaches.[6] The conditions of healthcare today demand utility, both in evidence-base and cost-effectiveness that militate against non-utilitarian theoretical and philosophical considerations, both materially and intellectually, simply because "evidence" and "effectiveness" too readily come to be understood merely on an empirical basis. Consequently, other approaches to ethics become marginalised, especially those that challenge modernity, that transgress the formalism and abstracted simplification of traditional normative theories and that are impossible to translate into the language of utility – especially in terms of the markets (Diamond, 1992; Rajala, 2016). These marginalised approaches also include those that draw upon the everyday material realities of care as body work that often deal with what is already rejected[7] and hidden: disability, difference, old age, death, the boundless leaky body, its waste and fluids, and touch that often involves intimate areas (e.g. Lawler, 1991; Shildrick, 1997; Twigg, 2006).

Physiotherapy, just like care work, is utterly material and concrete. The unavoidable mutuality of touching and moving bodies, the involvement of leakage and waste, and neediness and dependence, are necessary and natural parts of both caregiving and care

6 E.g. Monteverde (2014) frames his questionnaire in terms of practicality of application. The results favour consequentialism and principlism that are both utilitarian approaches.

7 The rejection is not merely a consequence of the rational scientific processes; what is rejected reminds us of our own limits and, ultimately, the limit of life. This abject is, as Julia Kristeva (1982, p. 4) argues, something rejected but something that one does not part from: it is uncanny, it disrupts identity, system and order, and disrespects borders, position and rules.

receiving (Tedre, 2004), but often also physiotherapy practices to different degrees. Moral theory that pursues an understanding of physiotherapy cannot afford to ignore this. On the contrary, the necessities of the body should be the basis recognition of both caregivers and those who are cared for (Rajala, 2016). Attention to the body, as some recent critical research in physiotherapy shows (e.g. Gibson, 2016; Nicholls & Holmes, 2012), disrupts and resists the detachment of traditional moral theory as well as the misleading "certainties" and reductionism of an evidence-based approach. In other words, a material practice requires a materialist ethics that considers actual people with bodies acting in physical spaces, times and context, but without reverting to traditional theory and its positivism that excludes all matters in life that cannot be directly verified by empirical evidence.

Critique and resistance in Adorno's philosophy

It might seem odd that I treat Adorno as the theorist of philosophy and resistance *par excellence*, given his infamous quarrels with the German political student movement (see e.g. Jeffries, 2016, pp. 341–350) and his oft-quoted aphorism that there is "no right life in the wrong one" (Adorno, 2005, p. 39). After all, these have earned him – however unfairly – the reputation of a political defeatist and a moral pessimist. I turn to Adorno because I share some of this "pessimism": it is self-deceiving to think that political resistance without the critical input of theory, the meticulous pointing out of the wrong and false in the world, could achieve a "better" world where neither resistance nor critique are any longer needed. However, I also share the utopian hope – the point of contemplation for critical theory and the reason why Adorno is not simply a defeatist and a pessimist – that even if a right kind of society is difficult to portray

explicitly, its possibility is at least conceivable. There is thus an alternative to the conformity with the *status quo*. As Adorno (1998, p. 288) writes, "the false, once determinately known and precisely expressed, is already an index of what is right and better."

To understand the context of Adorno's argument about theory and practice, we have to start with Marx's famous eleventh thesis on Feuerbach: "The philosophers have only *interpreted* the world, in various ways; the point is to *change* it" (Marx, 1975, p. 423). Here Marx posits the practical changing of the world above its mere theoretical diagnosis. Adorno (1973, p. 3) argues, in reply to the primacy of practice especially in 20th-century Marxism, and as a critique of state socialism, that because the moment to realise the revolutionary social change was missed, philosophy as the critique of the *status quo* is still very much needed. The prevailing evil and suffering in the world necessitates, he argues, that the thought that cannot be realised is not simply discarded. What Adorno means is that to understand why the opportunity was missed, political practice needs theory that explores the societal and political reality and its dynamic, so that political practice remains self-critical and serves its purpose to produce "a rational and politically mature humanity" (Adorno, 1998, p. 14). If, Adorno (1998, p. 265) warns, theory is simply subjugated to practice, the truth content of theory is dissolved, because theory becomes unavoidably limited by its sole purpose being to serve practice. In fact, and this is Adorno's point about political resignation, the "utopian moment in thinking is stronger the less it … objectifies itself into a utopia and hence sabotages its realization" (Adorno, 1998, p. 292).

Nevertheless, Adorno remains concerned for action – not least inasmuch as he regards theorisation as itself active; as practical. Despite his repudiation of direct political action without theoretical interpretation, the Kantian question of "What shall we do?" is for Adorno still the crucial one for moral philosophy and for

philosophy in general.[8] Such practicality, as it was for Aristotle and for Kant, is in fact precisely what moral philosophy deals with. However, Adorno sees a problem in that practicality is used to refer to mere problem solving. Rather, his focus is on theory *as* practice, which has its roots in the philosophical origins and meaning of the Greek word *praxis*, referring to acting and doing. Theory, on the other hand, does not refer to the smorgasbord of competing theories and approaches that philosophy has produced throughout its history. According to Adorno (2000, p. 3), theory refers to the theoretical analyses – the practice of theory – that are essentially critical in nature. Theory, Adorno argues, is akin to the practice of prudent thinking, which is not the mere forming of concepts, or of making judgements correctly; rather, it is at the same time the ability to direct itself outside itself – to the object outside the subject, or the material and ideological reality. Therefore, thinking is not mere subjective activity. Granted, it cannot be imagined without the subject. It is essentially, however, a dialectical process *between* the thinking subject and its object in which they mediate each other mutually (Adorno, 1973). Such thinking is, for Adorno (1998, 11; 109; 254; 261), inherently practical.

Because thinking is not merely subjective, it must have some effect outside itself. To effect social change, however, it needs to stay open and critical (cf. Gibson, 2016). Thought that merely recites what is accepted without reflecting upon it, Adorno (1998, pp. 122; 264) argues, brings thought to a standstill: it cannot be called thinking proper. On the contrary, he argues further, thinking that approaches its object openly and that is based on progressive knowledge is also free towards its objects in the sense that it refuses to have rules prescribed to it by some external authority (Adorno, 1998, p. 13). Social change needs

8 Adorno is not Kantian and whether he has a specific "ethics" beyond morally motivated critique is highly contestable.

such a critical form of thought according to Adorno: for it does not take mere applicability as the criterion of knowledge, maintaining the existing conditions, but rather negates whatever is prescribed to it and so exercises resistance by refusing to take part in the wrong state of things (Adorno, 1998, pp. 259; 292; Adorno, 2000, p. 7). Such thinking is the "force of resistance" (Adorno, 1998, p. 293). Within thinking, then, lies the key to the relationship between theory and practice that, as Adorno (1998, p. 261) argues, "neither divides the two such that theory becomes powerless and praxis becomes arbitrary…" Rather, because thinking is an activity, and therefore there is no such thing as pure thinking, theory as critical thinking – as critical theory – is already *in itself* a form of practice (Adorno, 1998, p. 261).

Critical theory as resistance in physiotherapy

The implications of critical theory for moral theory in physiotherapy are far-reaching. It shifts the focus towards the existing material and ideological conditions that mediate acting subjects, thinking, morality and knowledge. Moreover, because it is a practice that concerns social change, it is a political practice that is moral because, while it is political, it also *disrupts* political hegemony. Critical theory, therefore, transgresses the boundary between the political and the moral (see Tronto, 1993). The task for such moral theory is also to resist whatever might obstruct moral and ethical action in practice, to become an ethics of resistance. Traditional moral theory with fixed norms runs the risk of becoming limited by its own content. In contrast, acting ethically, and even according to moral norms, requires creativity and openness that is achieved by such open-ended critique and resistance that Adorno describes (cf. Gibson, 2016).

Although the physiotherapy profession has its own ethical dimensions (see Delany et al., 2010), it also shares a lot with bioethics general.[9] To illuminate the political role of bioethics, Lisa Parker (2007) argues that bioethics has a conservative role in contributing to the processes of rational deliberative democracy but it should also be regarded as a form of activism. While bioethics often takes a stand on social justice, this is not yet, for Parker, what activism means. Social justice is rather "the business as usual of the field" and activism should be something that disrupts business as usual (Parker, 2007, p. 146). When practised well, even when participating in public deliberative processes, she argues, bioethics should serve as a corrective to the deficiencies of the deliberative processes thus serving an activist role. As activism, bioethics seeks the inclusion of those who are traditionally excluded from deliberative democratic processes, and draws attention to structural injustices, inequalities, power relations, identity categories, binaries in thinking, and dominant conceptual frameworks for bioethical discussion and consensus (Parker, 2007). Parker's activism concretely complements what I have argued so far: that theory as practice should be disruptive, should point out what is hidden and rejected, and that it should seek to point out and critique systemic flaws in the conditions for morality.

Adorno (2000, p. 4) and Parker (2007, pp. 148–149) both point out a difference between critical theorising and activism: that theory, because it does not really "do" anything, is considered to fail to take a political stand. Adorno (1998, pp. 260; 292; 2000, p. 4) argues that this impatience, the demand that theory must produce its practically legitimating justification immediately, does not advance thought beyond itself but ties it down by the criteria of immediate effectiveness. Instead, the call for immediate effect

9 Bioethics commonly refers to the study of the ethical implications of the advances of medical research and technology.

needs to be resisted, Adorno argues, in order to ruthlessly follow a theory through to see where it might lead, which is exactly what makes theory practical. What Adorno means is that political action requires a reasoned analysis of that situation; analysis that does not conform but may be able to point beyond the given constraints of the situation, social totality and immediately given "facts". Such thinking, that does not conform to what is immediate becomes transformative, a practical productive force: "If thinking bears on anything of importance, then it initiates a practical impulse, no matter how hidden that impulse may remain to thinking" (Adorno, 1998, p. 264).

Conclusions

I have argued that theory does indeed have something to do with physiotherapy. My main claim is that the kind of theory that finds meaning for 21st-century physiotherapy is critical theory. However, as with any open-ended approach, more questions arise than I have space to address. One of these questions, and perhaps the most difficult to answer, is this: Are critique and resistance privileges? Are they more readily available to those who already have a voice in the clinic, academia and politics? Are those in less powerful positions able to criticise and resist or can it cause them more harm? If so, is it enough that those who can criticise, do so by acting as their advocates? On the other hand, we might ask: Could the articulation of critique and resistance empower the powerless to find a voice? Another set of questions has to do with the agency of the physiotherapist. Is it right to assume and indeed expect that all physiotherapists are and should be interested in politico-moral agency? Is it not easier to resign critical thinking to the formal normative frameworks that have already been set out? If so, should they do so, if they simply do not have resources to engage with critique?

The challenge, then, is to bring critical thinking from the margins to the fore. My fear, however, as with any critical work that challenges conventions, is that I may be preaching to the converted.

What is critical theory for physiotherapy? The demands of critical theory, in order to have practical purchase, include creating awareness among the profession about ethics and morality as critical political notions that are attentive to the materiality of people, spaces and contexts. The aim of critical work is to help researchers, practitioners and students to identify those situations where critique and resistance improve the well-being of patients and, perhaps controversially, also the therapist: a healthy working force is better for the patients, rather than being overwhelmed by conditions that are less than favourable for best practice, for example due to "moral distress" (see Carpenter, 2010). This is not mere problem-solving. It is not the giving of an ethical seal of approval to certain clinical practice. Rather, this is a demand for a self-critical, and for other-critical, practice.

I am not against problem-solving or traditional normative ethics because both are of course useful. The latter can certainly provide a vocabulary, structure, arguments and shorthand about ethics. Neither are, however, exhaustive of moral practice; or of, as I would put it, critical practice. Furthermore, even traditional and formal theories need to be "kept alive" by exercising constant critical thinking towards them – it often moves on speculative level to find reasons and justifications but always arises from the material world we inhabit, but also tolerates the uncertainty that modernity finds intolerable – rather than thinking that once some ethical ground rules are in place, all is well. I acknowledge that traditional normative theories still have a place in healthcare and physiotherapy but my hope is that critical theory can challenge their claim to authority. I hope that this will grant thinking a moment of freedom and the thinker an agency, so that thinking can indeed reach beyond

itself and initiate change. This cannot be done, however, without thought's resistance to what is merely given. Moreover, it cannot be expected that any change will occur immediately rather than as a struggle. The point of critical theory as practice – the practice of critique and resistance, call it activism or the ethics of resistance – is to work towards radical social transformation but also to point outside the hegemonic discourses of modernity.

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