Norwegian Psychomotor Physiotherapy (NPMP)

Theoretical framework;

NPMP was developed in Norway in the 1940s and 1950s by physiotherapist Aadel Bülow-Hansen and psychoanalytical psychiatrist Trygve Braatey. Braatey was concerned with how physical and emotional strain affected the body, and invited Bülow-Hansen to use her knowledge to reduce the patients' bodily resistance, thus opening access to emotions in psychoanalytic therapy, primarily by means of relaxation therapy (Bunkan, 2010; Heller, 2007; Totton, 2003).

Bülow-Hansen had realized that relaxation treatment had limited results unless breathing was taken into consideration. She introduced ways of influencing breathing and found that local treatment was not enough; the whole body had to be treated (Thornquist & Bunkan, 1991).

The aim of NPMP is to develop flexibility, versatility and stability (Thornquist, 2010). A successful treatment is a process of bodily changes which cannot be divorced from emotional and psychological changes, and becomes possible only when the therapy focuses on the patient’s breathing, posture and the musculoskeletal system of the body (Thornquist, 2010).

A treatment session may be short, composed only of active exercises in standing, sitting or lying positions, or it may be long and consist only of massage of the recumbent body. Usually, a treatment session lasts one hour and includes both massage and exercises. Treatment is usually given once a week or once a fortnight (Thornquist & Bunkan, 1991). Indications for NPMP are mainly strain, functional disturbances in the musculoskeletal system and psychosomatic diseases. Patients, who have psychiatric diagnoses, need an adapted kind of NPMP (Thornquist & Bunkan, 1991).

Breathing exercises are seldom used in NPMP, but the patient’s breathing during massage and exercises is a guideline for the intensity of the therapy (Bunkan, 2010), allowing the therapist to adjust continually to the patient’s reactions (Ekerholt & Bergland, 2008; Thornquist & Bunkan 1991). The aim in NPMP is to release respiration, through an interaction between breathing, musculature and emotions (Thornquist & Bunkan, 1991). The therapy is mostly individual, but therapeutic group sessions are also given.

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