When I was an undergraduate student in occupational therapy, one of the required courses in the curriculum was a six-credit course in gross anatomy offered by the medical school. During the lab sessions across the semester, we gradually worked our way into the interior of the human body, going deeper and deeper into the anatomical structures. I vividly remember the labor-intensive process of dissection and identification of the complex neuro-muscular structures of the upper extremity and, in particular, those of the hand. For me, the symbiotic arrangement of the deep tendons of the palmar surface of the hand, with the flexor digitorum profundus neatly tunneling through the sheaths of the flexor digitorum superficialis, was both elegant and amazing.

But, as Margaret Atwood said, “The living bird is not its labeled bones” (2000, p. 395).

The physiological processes and the anatomical structures of the human body may be wondrous, but the living person is much more than a biological fleshly being. For us in occupational therapy, the heart of the matter lies not in the structures and processes themselves, but in the way they contribute to the engagement of human beings in everyday occupation. Yet we know intuitively as well as conceptually that occupation does not and cannot exist without the body; disembodied occupation is a contradiction in terms. The question arises: What is the place of the body in the study of occupation and in the practice of occupational therapy?

In the third edition of *Uniform Terminology for Occupational Therapy* (American Occupational Therapy Association [AOTA], 1994), muscles and tendons and other bodily structures and processes were imbedded within the category Performance Components; this category was one of three broad categories that included Performance Components, Performance Areas, and Performance Contexts. In the new *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002), the category of Performance Components is replaced with two new categories—Performance Skills and Client Factors. Performance Skills is defined partly as “what one does, not what one has” (p. 38). This definition seems to mean that at the skill level, we in occupational therapy do not focus on the body itself but, rather, on what the body does (i.e., the “observable elements of action that have implicit functional purposes” [p. 38]). Alternatively, Client Factors includes the body structures and functions represented by the anatomical and physiological aspects of the corporeal body. Body structures and functions reside “within” the client and influence the client’s occupational skills and performance. These factors are what one has.

The Framework is an Official Document that strives to present our official professional gaze. The document encompasses the physical body as well as the occupational performance of the body. Yet I believe that as a profession, we continue to struggle with just where and how the body fits into our occupational framework. Client Factors is the last subheading within the large section of the document devoted to the domain of occupational therapy. It seems likely that the final placement of the “body” in the Framework was the end result of considerable discussion.

In occupational therapy, our ongoing conversation about how the corporeal body fits into our profession’s philosophy, values, and principles of practice is not dissimilar to conversations present in other fields, such as disability studies. As a quasi-resolution to “the contested nature of the body” (Williams, 1999, p. 797), we have elected to embrace the new World Health Organization (WHO, 2001) International Classification of Functioning, Disability
and Health (ICF) and have incorporated much of its terminology about disability into our newly developed Framework. The WHO model is one that represents disability as an integration of the impaired body and sociocultural forces (Williams, 1999).

Paterson and Hughes (1999) suggested that the word body often is used in disability fields “as if the body were little more than flesh and bones” (p. 600). Yet in reality, our bodies are a large part of who we are; “the impaired body has a history and is as much a cultural phenomenon as it is a biological entity” (p. 600). Similarly, in Williams’s (1999) view, “our identities are lodged in our bodies” (p. 811). From these perspectives, the body becomes not so much something that one has but more something that one is. As Paterson and Hughes further stated, “Our perception of everyday reality depends upon a 'lived body,' that is a body which simultaneously experiences and creates the world” (p. 601). Surely to think of human occupation without a body is not possible.

The question still persists: Where does the body belong in the study and practice of occupational therapy? In much of our current rhetoric about occupational therapy practice, we represent the physical body as one half of a dichotomy: the “down” half of a top–down approach, the “bottom” half of a bottom–up approach, the “science” of the art and science of practice, the biomedical half of a two-body practice. It seems our lot in life to be forever trying to reconcile the body and soul of our profession. Williams (1999) stated that “the body is everywhere and nowhere today” (p. 798); the phrase seems, in many ways, to be an apt expression of the status of the body in occupational therapy.

The conversation about where the body belongs in occupational therapy research, education, and practice continues. In Dyck’s (2002) compelling article on the relationship between body and environment, she urges us to focus on “the ways in which a person’s everyday life is grounded in his or her bodily experience” (p. 53S). Dyck searches for ways to meld together the biological and the social aspects of the living human being. She uses examples from occupational therapy to demonstrate this melding, illustrating what she described as “the intricate interweaving of corporeality, the powerful inscriptions of medical knowledge, and the body as a cultural text to be read” (p. 57S). For myself, I hope we are able to continue to frame our research and practice in ways that reflect the “intricate interweaving” that constitutes the wholeness of human life and human experiences, all of which is elegant and amazing.

References


Dyck, I. (2002). Beyond the clinic: Restructuring the environment in chronic illness experience. Occupational Therapy Journal of Research, 22(Suppl. 1), 52S–60S.

