

“And a door opens”: reflections on conceptual and identity issues on clinical reasoning in occupational therapy¹

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Abstract: Introduction: Placing practice in words is an arduous task for occupational therapists by considering the narrative aspects of practice in the complex and multifaceted relationships between human beings and society. Language favors the naming and conceptualization of what is done and opens up space of understanding and deepening of knowledge. Objective: To discuss the need to conceptualize terms to better delineate professional practice. Method: A participatory action research, organized as a community of practice for the development of clinical reasoning, with the participation of novice and experienced occupational therapists, had its data analyzed thematically, highlighting the construction of meanings about care in occupational therapy in mental health (practical, theoretical and conceptual specificities), in the light of the Dynamic Occupational Therapy Method. Results: The reflection on the shared practice favored the identification of dilemmas around the therapeutic activity and, as it gained conceptual clarity, favored the valuation of the context and the actions in occupational therapy. Conclusion: When practice is placed as an object of study, identifying statements capable of representing it, our professional field of knowledge and practice gain clarity and provide visibility to practice and epistemic communities more critical, situated, coherent, meaningful and complex.

Keywords: *Occupational Therapy, Occupational Therapy/Methods, Concept Formation, Mental Health, Health Knowledge, Attitudes and Practices.*

“É uma porta que se abre”: reflexões sobre questões conceituais e de identidade profissional na construção do raciocínio clínico em terapia ocupacional

Resumo: Introdução: Colocar a prática em palavras é tarefa árdua para terapeutas ocupacionais, considerando os aspectos narrativos da prática nas relações complexas e multifacetadas entre seres humanos e sociedade. A linguagem favorece a nomeação e a conceituação daquilo que se faz e abre esse espaço de compreensão e aprofundamento do conhecimento. Objetivo: Discutir necessidade de conceituação de termos para melhor delinear a prática profissional. Método: Uma pesquisa-ação participativa, organizada como comunidade de prática para o desenvolvimento do raciocínio clínico, com participação de terapeutas ocupacionais iniciantes e experientes, teve seus dados analisados tematicamente, explicitando a construção de sentidos sobre a assistência em terapia ocupacional em saúde mental (especificidades práticas, teóricas e conceituais), à luz do Método Terapia Ocupacional Dinâmica. Resultados: A reflexão sobre a prática compartilhada favoreceu a identificação de dilemas em torno de narrativas sobre a atividade

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terapêutica e, na medida em que foi ganhando clareza conceitual, favoreceu a valorização do contexto e das ações em terapia ocupacional. Conclusão: Quando a prática é colocada como objeto de estudo, identificando-se enunciados capazes de representá-la, nosso campo profissional e de saber ganham clareza e possibilitam visibilidade a comunidades epistêmicas e de práticas mais críticas, delimitadas, coerentes, significativas e complexas.

Palavras-chave: *Terapia Ocupacional, Terapia Ocupacional/Métodos, Formação de Conceito, Saúde Mental, Conhecimentos, Atitudes e Práticas em Saúde.*

1 Introduction

To write is to translate. It always will be. Even when we are writing in our own language. We take what we see and what we feel (assuming that seeing and feeling, as we generally understand them, are something more than words that it is relatively possible for us to express the seen and the sense...) for a conventional code of signs, writing, and we leave the responsibility to convey to the intelligence of the reader, the circumstances and the acoustics of communication, not the integrity of the experience that we propose to transmit (SARAMAGO, 1999, p. 320).

“[...] I get thinking in issues like this: ‘what is activity, what is material?’ Or ‘what do we call activity?’ [...] I am very much in conflict [...] if I believe in this clinical reasoning which is all the time proposed [...] as I minimally care for who is there...?”

This reflection is from Mariana, a beginner occupational therapist. We decided to begin with her our attempt to discuss the relationships between theory and practice in occupational therapy, especially how the theoretical-conceptual elaboration of generalizable situations of practice can favor the organization of the therapeutic reasoning.

Professional practice happens in complex situations in which professionals act without necessarily being able to put into words all the aspects that involved their decisions. This implicit dimension of practice is more intuitive as professionals gain their experience - considered more by their ability to reflect on practice and construction of practical knowledge than by time of practice (SCHON, 2000).

Thus, in the beginner professionals, clinical reasoning tends to be more segmented and explicit, favoring that the dilemmas about the practice can be more easily accessed (ADAM; PETERS; CHIPCHASE, 2013; MARCOLINO; LOURENÇO; REALI, 2017). However, to make explicit such tacit aspects, the professional needs to be involved in reflexive processes on action, exploring the reasons, beliefs, values, cultures and theoretical conceptions of their actions, evaluating if there is coherence

between what they think, do and explain their understandings - even considering them as partial interpretations of a process that is dynamic and difficult to be grasped (KINSELLA, 2012).

Placing practice in words has been an arduous task for occupational therapists as their profession seeks the construction of answers to the difficulties of human beings accomplishing what they need, desire, or may desire. It is a complex and multifaceted terrain between human beings and society, not limited to the domain of biomedical issues (LIMA, 2006).

The words favor the organization and interpretation of reality, they are organized in the language for indicating things, for communication and expression (CHAUI, 2000). Name what is done, regardless of the disciplinary field of action, opens up space of understanding and discussion, of problematizations and deepening of knowledge, “[...] becoming possible to coherently construct a system of thought, a theory, a perspective on a particular object of study” (BARROS, 2016, p. 81).

Poellnitz (2018, p. 33-34) highlights the importance of naming what is done in Occupational Therapy. After all, the use, choice or definition by certain terms and, respectively the concepts linked to them, “[...] become fundamental tools for practical-theoretical construction of the body of knowledge of the different fields of knowledge”.

Thus, this article seeks to discuss the dilemmas experienced by early-career occupational therapists and shared in a Community of Practice (CoP), discussing the conceptual fragility of the field as a dilemmatic element for the profession, indicating possible paths of overcoming.

2 Methodology

The study used the methodology of participatory action research, a modality focused on the construction of knowledge about the practice and its improvement, built in a collaborative way, by the participation of different actors (researchers and participants) (TOLEDO; GIATTI; JACOBI, 2014). In this study, the reference of the Community of Practice and Identity - CoP (WENGER, 1998) was used,

characterized as a collective undertaking focused on a common problem, built by the negotiation of meanings in the interaction between individuals' participation and what is produced by this participation (reification), always with the focus on practice.

This CoP had the participation of the researcher, six beginner occupational therapists in the second year of residency in occupational therapy in mental health (which practice in different mental health services), and two experienced occupational therapists, professors in this course.

The CoP project lasted 10 months (March to December 2007), in 18 fortnightly and face-to-face meetings, lasting approximately one hour, recorded in audio and transcribed. Also, the transcription of the meetings produced the group's chronicle (MARCOLINO; REALI, 2016), a narrative of what had been talked about at the CoP, given to the participants before the next meeting. Each beginner also maintained a reflective journal, shared with the researcher (MARCOLINO; REALI, 2010).

The transcriptions of the face-to-face meetings were submitted to content analysis (BARDIN, 2011) with the support of the ALCESTE software for quantitative analysis of textual data (CAMARGO, 2005). By analyzing the frequency and relevance of certain vocabularies, the result was the existence of three classes of vocabulary that, analyzed in their content, they allowed to understand that the conversation in the CoP generated around three great categories: the research-action process; to be a beginner occupational therapist; to care in occupational therapy - focus of the discussions of this article. Each major category was submitted to the analysis of the timeline (MARCOLINO; REALI, 2012), explaining how the contents were constituted throughout the research.

The names of the beginner professional participants are fictitious and the research was approved by the Human Research Ethics Committee of the University of Araraquara, under number 476, besides the other ethical procedures in research.

3 Results

The results related to the topic of occupational therapy practice included discussions about the therapeutic process in occupational therapy: (a) the choice of the beginner professionals by the type of occupational therapy they would like to practice, (b) the specificities of an activity-centered occupational therapy and the management of the therapeutic relationship, and (c) the sharing of doubts, opening

space to talk about the conceptual fragilities in occupational therapy.

From the beginning in the first reflective journal, the occupational therapists indicated the reasons for pursuing the residency course: improving theoretical and practical knowledge, expanded mental health concept of occupational therapy, offering practices in different services and programs, and the theoretical reference of the psychodynamic occupational therapy and the Dynamic Occupational Therapy Method², developed by Jô Benetton, in CETO³.

The approximation of this reference was due both to the presuppositions already studied in the undergraduate course, "a particular way of looking at the person", of "conceptions, person, disease, society and occupational therapy practice", and mainly by experience lived with occupational therapists (teachers or supervisors) who worked with these assumptions. At the time of the research, the professors and supervisors of the residency course either had the training in CETO, at different times or completed this same residency in occupational therapy in mental health, since Jô Benetton taught the course until 1996⁴ and her influence in the institution was still quite present. However, it is emphasized that not all of them use only this reference for practice and for teaching.

As consequence, the desire to understand the professional instruments and, in particular, the use of activities, was explicit.

One aspect [...] is the use of the activity, how we understand it, what is an activity for us, for whom it makes sense, we value the activity as our instrument [...] we expand [...] for human actions? (Isadora).

After sharing some experiences and reflections on their practices, the participants in the sixth face-to-face meeting of the CoP explicitly brought up the dilemma about the use of activities - a matter of prominence from the initial narrative of participants' presentation.

[...] I think I understand the question of how we use it [the activity], not only how we perceive it, but how do we do it and with what instrument? (Fernanda).

However, this conversation led the CoP to the discussion about the therapeutic relationship, in a dialogue about the management of the transferential emotions. The participants spoke of the activities as an element that interferes in this relationship, in a more conceptual discussion, trying to differentiate

the management of the transference emotions in occupational therapy and in psychoanalysis.

[...] we are going to get a lot of these concepts [...] in psychoanalysis [...] and [...] the management is very different and it gives me some discomfort [...] it is a dual relationship, [...] we speak of a triadic relationship [...] there are other things that happen that greatly interfere with the relationship [...] (Mariana).

Theoretical study of the works of Benetton (2010) and Ceccato (2012) favored the establishment of relationships between practice and theoretical concepts, valuing the action of the occupational therapist to guide the therapeutic process. These papers highlighted the importance of (a) what the occupational therapist felt in the relationship with the person as a guide for his/her actions sought to establish a new relationship, and (b) the possibility of activities opening spaces to try out new ways of relating.

[...] to associate [...] with history [...] so that you can associate and think in a way, so you have a clear idea of why you intervene, why the patient's attitudes, but to be able to perceive this and not simply be affected and paralyzed [...] (Fernanda).

This theme returned to the CoP discussions only at the fourteenth meeting, after an intensive group work on conflicts and tensions (MARCOLINO; REALI, 2012) and on the study of narrative aspects of occupational therapy practice. At that moment, the group resumed the reflections on how to conceptually think the therapeutic process through practical situations.

[...] the three cases that I have attended disturbed me very much, [...] I was not even able to name a lot, when you feedback me (journal feedback), I think I can start to discriminate a little what is happening [...] about clinical reasoning [...] there are some things that may be common, [...] a singularity of our work [...] of how you think occupational therapy, how you think activity, how you think the process [...] because that's it, you're entering into a relationship [...] well, then you show the activity, the material, and then I get caught up in such issues 'but what is the activity, but what is the material?' or 'what do we call activity?' [...] I have been caught up in these issues, [...] I am very much in conflict [...] (Mariana).

Mariana's speech ushered in a new phase in the CoP enabling a conversation on issues considered taboos, secrets, which participants felt they 'should already know'. The discussion about the use of

activities initially returned in an attempt to find the specificity of the work of the occupational therapist by questioning everyday situations experienced in practice, such as when they faced with (a) other professionals who also use activities in their work; (b) other professionals' understandings about the practice of the occupational therapist, mainly for activities' products performed by the patients, and (c) patients who took materials to do activities outside occupational therapy sessions.

[...] my crisis [...] is to think [...] what is the differential, because I think we talk a lot [...] that the differential is the activity, and hence there is this difference between activity and material, and that sometimes people confuse thinking that then the differential of occupational therapy is to work with the material [...] (Marisa).

There is the biggest issue there in the ward [...] the patient spoke with all the words that we have to leave the materials there for the patients to do activities, to do occupational therapy (Luiza).

In this context, more experienced professionals seeking to have new glances at the issue in an attempt to clarify understanding and seek to identify where the problem was. The ideas were around pondering how much, although therapist and patient need to see themselves in the same story, each one may take a different perspective from what is happening (MATTINGLY; FLEMING, 1994), and construct different meanings about what is experienced. In this way, the patient can name as therapeutic what s/he considers it.

[...] we realize that there is a healthy thing for her to keep all the materials, but [...] this is not therapy (Luiza).

However, if she wants to call it therapy she'll call it (Cecilia).

Also, experienced professionals seeking to say that the person needs to be active, the protagonist in his/her history, as opposed to choosing an activity as something external to the relationship or the action of the therapist. Even a conversation (without the performance of an concrete activity) between the occupational therapist and the patient will probably be aimed at helping patients to "[...] move in their actions, in their projects, in their activities" (Cecilia).

The conversation about the activities allowed sharing doubts and the non-knowledge, explaining an implicit tension in the professional practice.

I think it's very delicate, because [...] it's our instrument, so we have an obligation to know, [...] but it's hard to talk about it, because I think it's [...] [...] I think it's a door that opens and I do not think that for nothing [...] in this group [...] (Fernanda).

By working on the explicit tension around the activities, the CoP got openness to new constructions on occupational therapy practice. At the fifteenth meeting, the conceptual discussion took on new depth in addressing “what is it to treat in occupational therapy?” In the narrative shared by one of the participants, the discussion was triggered when Isadora said that the patient had “great participation in the occupational therapy group”. However, she also explained other particularities of the case that indicated that the patient was not able to perform meaningful activities in life. Reflecting on this narrative enabled the participants to work on the construction of an understanding of what is to treat in occupational therapy, or what is its effect? The CoP can mainly discuss the active attitude of the occupational therapist in understanding the patient's relational dynamics and acting intended to promote transformations.

[...] it caught my attention, when you put here the word 'great participation in the occupational therapy group', [...] but then it showed difficulty in giving continuity to the treatment (Clarice).

[...] she was entertained, she wanted to be there, [...] she had a good bond [...] I think it made sense to her [...] (Marisa).

But ... what does this have to do with treating yourself? (Cecilia).

This theme was extended to the sixteenth meeting, when another participant, Luiza, shared a narrative about the care of a patient who had suffered an accident and, when she was making a picture frame with the technique of mosaic, she presented an aggressiveness, not apparent until that moment. The occupational therapist explained her understanding of the process, focusing on the use of the mosaic technique as the generator of the patient's conflicts. The group questioned her understanding and resizing it by shifting the focus from the activity technique to the relationship with the therapist, which enabled them to continue in activity.

[...] I was thinking a lot about the mosaic [...] the activity as an expression of the unconscious, [...] I thought she did not want to do the activity anymore [...] because the activity reminded [...] the

accident [...]. At the time [...] I did not know if I offered any other activity [...] it was very difficult to deal with it [...] because I felt that there was something that was taking my relationship with her [...], of course, I proposed an activity, no, she chose an activity and then I went there to work on the activity, [...] and it became a tragic thing, [...] (Luiza).

4 Discussion

Beginner professionals who collaborated in this study highlighted the choice for a way to practice occupational therapy that moves away from a paradigm sustained by symptom/complaint, procedure and result. The desired occupational therapy they wish to learn is constructed in singular relational processes, in which two people are together to do activities.

In Benetton (2010) and Benetton and Marcolino (2013) we can see that the process of constructing the theoretical and methodological reference of the DOTM through the analysis of clinical phenomena observed in occupational therapy acknowledged that “doing activities” (doing, thinking about them, talking on them) modifies the relationship and opens space to a relationship of three (occupational therapist-individual-activities). This triadic relationship can be analyzed in its dynamics, that can offer information about the individual - his/her way of doing, being and relating - and sustain clinical reasoning to favor the individual to move on from his/her paralysis (in the broad sense of the objective and subjective impossibilities of producing his/her life) and from the position of social exclusion in which s/he finds her/himself.

Thus, the process of knowledge construction around this method has been through practice and intellectual research, searching for words, terms (to state what is done) and concepts (to share the meaning of what is done), so we could name, identify and explain the unique phenomena of this way of practicing occupational therapy.

For a word or a term to become a concept, it is necessary to be greater clarity and knowledge about the phenomenon to which it relates - associated with the conviction of the group that shares it. When talking about concepts with different areas of knowledge, it is important to consider also that there is a polysemy. There can be more than one concept linked to a word or term, because the coexistence of different theoretical models and perspectives (BARROS, 2016).

In the Brazilian occupational therapy, after a greater distance from Anglo-Saxon productions from the perspective of rehabilitation in the 1970s, and the approximation of both psychodynamic and socio-historical knowledge, a field of knowledge was organized taking the term “activities”, and others coming together as action, human activity, human doing as a point of support for several constructions (LIMA; PASTORE; OKUMA, 2011; FERIOTTI, 2013). These constructions were developed in association with other fields of knowledge, seeking ways to answer to new practical demands (SILVA, 2013), linked to different theoretical-methodological perspectives, allowing the emergence of polysemy for the term “activities” - a phenomenon still little researched (POELLNITZ, 2018).

The classic text by Nascimento (1990, p. 21) on the myth of therapeutic activity was a landmark in this discussion. It demarcates the recognition of the non-existence of recipes for the development of the practice, it proposes that it should be thought considering

[...] the transforming action of the technicians and patients together, from and in the process of restitution of the patient to the condition of a human, owner of his history, participant of his destiny; an intervention - at once technical and political.

From that moment,

[...] the activity is then questioned as the main resource of occupational therapy practice, in an attempt to rework this ‘myth’, which would be covering the real objectives and effects of occupational therapists actions (CASTRO; LIMA; BRUNELLO, 2001, p. 44).

Thus, early occupational therapists, as participants in our action-research, have been able to explain the tensions experienced in practice that seem to encompass the relationships between *what is done, how is done, and how to put into words what is done, what sense and what meaning is better to communicate about what is done* and possibly how this contributes to professional identity. *What is done and how is done* are not central dilemmas of the CoP, but *putting into words what is done* required efforts for the construction of meanings in the group.

Firstly, there was an approximation with the conceptual field of psychoanalysis to think about the therapeutic relationship, which seemed not to be enough to compose with the experiences in occupational therapy, after all, produces different interventions and understandings. The focus for

the performance of other professionals when using activities was characterized as another movement of the CoP in its process of investigation of the practice. Comparisons, assessments, disinformation, and competition between professions seem to gain strength when insecurities and the difficulty of naming and affirming *what is done* have become apparent.

Another movement can be observed when using the terms of therapy and activities - when the patient names the ‘therapy’ as the activities that make her good. This not acquired the same validation by the occupational therapists, who perceives the effects that are being produced but cannot associate so directly and linearly the doing as the cause.

The uncomfortable may be much more related to the therapist’s sense of insecurity in being able to state what would be therapeutic in its practice, than by the “therapeutic” synonymy used by the patient. That is her/his search for the utterance capable of translating and better representing her/his practice also cannot be contemplated with the expression offered by the patient.

This relationship can be understood in one hand by the simplicity between cause and effect, which does not seem to be sufficient to explain all the relationship inserted in that process in a much more complex and integrated way. On the other hand, from an abstraction on how the definition of activity, historically linked to occupational therapy, was established from materiality and products. The discomfort perceived by occupational therapists also seemed to relate to the understanding of how their practices go far beyond what is visible from these actions expressed by materiality.

Therefore, “*But what is activity, but what is material?*” Or “*What do we call activity?*” brings up the power of the word that, without a form, definition, conceptualization, hinders the organization of thinking about practice, without offering support to think about what is done in the “[...] perspective of a particular object of study” (BARROS, 2016, p. 81). The choice of words to describe a practice is not only on the choice of the term, but also it demands a work in the direction of the construction of concepts that may favor explanations/understandings of the practice phenomena - in particular of therapeutic narrative practices that deviate from protocolary actions and the use of standardized procedures, and search for unique, effective responses to the individuals in a singular way (BENETTON, 2010; BENETTON; MARCOLINO, 2013; CASTRO; LIMA; BRUNELLO, 2001; MATTINGLY, 1998).

In our results, the CoP, mainly by expert professionals, was able to work in the negotiation of meanings to overcome some points in the understanding of the therapeutic process in occupational therapy, such as the “therapeutic characteristics of the activity” - when the technique of the mosaic and the emotions linked to the patient’s accident, which would probably show in any other experimentation with the therapist - or of the “patient with good participation in the group” - because she/was doing the activity and linked with the therapist but not open to deal with the real problems of life.

Again, as Castro, Lima and Brunello (2001) emphasize, the elaboration of the ‘myths’ linked to the activities conceals ‘the real objectives and effects of the *actions of the occupational therapists*’ (CASTRO; LIMA; BRUNELLO, 2001, p. 44 our italics). Materials, techniques, activities do not need to be put out of the thinking about practice in occupational therapy, but rather they need to be included in the phenomena that can, in fact, be attributed to them: what is the place of the materials in practice in occupational therapy? When do they favor a greater involvement of the individual in his/her treatment, in his/her life? What is the place of the techniques for carrying out the activities? When knowing these techniques do favor care in occupational therapy? How to think about the multiple activities performed in occupational therapy?

Such questions and so many others imply a way of investigating the practice that is not simplistically and superficially satisfied, and which is constantly being constructed since it has a task that goes beyond the demarcation of words like territories and professional identities (this is Occupational Therapy!). This task is of the conceptual construction that favors the explanation of the phenomena and can sustain the thought, the occupational therapy thinking, so the professional actions find structures, parameters to reflect on the practice, to make decisions, to act, and be able to publicly explain what is done with a language they feel belonging to a particular community.

We can understand the relationship between practice and identity since the practice stands as a field for negotiating ways of being a person in a specific context, as a socially defined identity produced by participation in certain communities. Wenger (1998) states that building an identity is to negotiate the meanings of our experience of membership in social communities. Being a member of this or that community implies joining the regimes of competence (to know-how and to think) that they demand.

Thus, with tensions inherent in practices embedded in broad actions and diverse knowledge (LIMA, 1999, p. 43), the language in the theoretical-conceptual field of Brazilian occupational therapy - and its potential to aggregate a professional identity as

[...] an imaginary construction that assigns a value to a particular profession, a value that is directly related to the value that the practice socially has

was constructed in dialogues between practices, reflections and the concepts from other fields of knowledge.

In the Brazilian occupational therapy, Lima (1999) proposes that the profession assumes an identity built in process, considering complexity and differences, which can cover the multiplicity of problems placed in the field, maintaining openness to new configurations, without losing the “identity” of belonging to a community (LIMA, 1999).

At the same time as this daring proposition enables new practical constructions and theoretical connections, as Benetton (1995) and Marcolino (2012, p. 14) warn, they risk to be lost in a theoretical holism that contributes to the maintenance of “[...] the difficulty of justifying and explain why and how actions are done in practice, and the reflection of this on professional identity”. Thus, seeking to go further, we are not trying to create a tension about the existence of both a stuck professional identity and an unique language to describe occupational therapy practices. But, we are interested in the promotion of theoretical and conceptual construction on what we do, from our participation in different epistemic communities (KINSELLA; WHITEFORD, 2009). Such constructions can and do led us to a dialogue that includes our differences and overcomes the dichotomies placed in the past.

5 Final considerations

Being an occupational therapist is to know how to assume the value of your actions. Therefore, the myth unveiled by Nascimento (1990) remains current: there is no therapeutic activity, other than that which is performed in a given context, with a particular person-therapist (DI LORETO, 1998).

Removing humanity from objects, materials, techniques, and technologies, mischaracterizes human work necessarily inherent in these actions, neglecting history and ancestry intrinsic to this construction of knowledge. As it also produces detachment from reality, separating human beings from their own process of creation, management and actions.

This work reflects on conceptual construction in occupational therapy by presenting practical dilemmas explained by beginner occupational therapists in a process of negotiation of meanings in a Community of Practice. When aspects related to certain “myths” around the term activity came to light and could be worked together with experts occupational therapists, it was possible to emerge a sense about the real objectives of occupational therapy and occupational therapists’ actions in the construction of care.

As the practice can be placed as an object of study, seeking to identify statements capable of translating and better represent it, knowledge and professional field of occupational therapy can gain clarity and allow, with greater flexibility, the linking of professionals to practice and and epistemic communities that make more sense to them, providing more critical, situated, delimited, coherent, meaningful and complex professional identities.

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This is part of the doctoral research of the first author, under the guidance of the last author. Taís Quevedo Marcolino, Jéssica Cristina Von Poellnitz, Carla Regina Silva, Cecília Cruz Villares and Aline Maria de Medeiros Rodrigues Reali contributed to the production of the text. All authors approved the final version.

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- ¹ This part of the doctoral research of the first author, under the guidance of the last author.
- ² The Dynamic Occupational Therapy Method (MTOD/DOTM) is the result of more than thirty years of occupational therapy clinical practice research. It was constructed in a process of theory of technique by Jo Benetton in CETO. In the 1980s, the main reference for these constructions came from Psychoanalysis, creating a psychodynamic methodology for Occupational Therapy. Nowadays, the MTOD/DOTM is situated in the Occupational Therapy paradigm, favoring the study of the triadic relationship as the central and structural nucleus of occupational therapy practice.
- ³ Center for Occupational Therapy Studies, now called Occupational Therapy Specialty Center.
- ⁴ Information provided by Jô Benetton, by electronic mail dated 30/01/2009.