


Body concept from the perspective of physical therapists: a critical phenomenological research


Noção de corpo sob a ótica dos fisioterapeutas: uma pesquisa fenomenológica crítica

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Abstract

The human body, throughout history, has been the object of study of several areas of health sciences, which present discourses about its use and way of existing. This study comes from an excerpt from a master's thesis that aimed to understand the body view for physical therapy professionals. The critical phenomenological method was used with the triggering question: "tell me what body is for you." The study had the theoretical perspective of Merleau-Ponty's phenomenology. Some professionals described a perception of body focused on physical and biological aspects, contemplating this object at times as structure, at times as a means of locomotion, or even as a machine that serves as a shelter for different stages of life. Others considered the body as a whole, that is, from an integrality that goes beyond the mechanistic notion. However, when faced in the practice with aspects outside this model, professionals find it difficult to deal with this, due to an academic training that does not consider divergent ways of understanding the body. The need for a greater discussion of the concept of body in physical therapy is emphasized, especially on those aspects linked to notions that go beyond the biologizing normativity.

Keywords: Physical therapy; Body; Critical Phenomenology.

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Resumo

O corpo humano, no decorrer da história, foi objeto de estudo de diversas áreas da saúde, que apresentam discursos sobre o seu uso e forma de existir. Este artigo surgiu de um recorte de uma dissertação de mestrado que teve como objetivo compreender a visão de corpo para os profissionais de fisioterapia. Foi utilizado o método fenomenológico crítico por meio do pedido disparador “me fale o que é corpo para você”. O estudo se apoiou na perspectiva teórica e fenomenológica de Merleau-Ponty. Alguns profissionais descreveram uma percepção sobre corpo voltada aos aspectos físicos e biológicos, contemplando esse objeto ora como estrutura, ora como meio de locomoção, ou mesmo como máquina que serve de abrigo para diferentes fases da vida. Outros consideraram o corpo como um todo, a partir de uma integralidade além da noção mecanicista. Contudo, ao se depararem na prática com ideias que fogem ao modelo mecanicista, os profissionais encontraram dificuldade devido a uma formação acadêmica que não considera modos divergentes de entender o corpo. Ressalta-se a necessidade de uma maior discussão do conceito de corpo na fisioterapia, principalmente sobre os aspectos ligados a noções que ultrapassem a normatividade biologizante.

Palavras-chave: Fisioterapia; Corpo; Fenomenologia Crítica.

Introduction

Throughout history, the human body has been characterized by different knowledges that shaped its use and its way of existing, attributing meanings that emphasize certain particularities at the expense of others, creating its own patterns and transforming the body into the target of interests and beliefs of various sectors such as religion, family, and the State (Separavich; Canesqui, 2010; Barbosa; Matos; Costa, 2015; Fernandes; Barbosa, 2016). Accordingly, the health scope also weaves its own definitions by choosing the health and disease process as a starting point for understanding phenomena related to the body. In biological processes, valuable information is found for the clinical practice of areas such as medicine, nursing, nutrition, and physical therapy, an occupation that has the human body and its forms of expression as primordial objects for its praxis (Brasil, 2002; Lupton, 2012; Sá, 2016).

Physical therapy, as a profession, is concerned with restoring the body's potentialities when taking care of its functionality, preserving and developing the integrity of organs, systems, and functions (Brasil, 2002). In this practice, physical therapy allows the body to gain different contours and meanings with the historical advance of the profession and the influences resulting from the transformations caused by multiculturalism and globalization (Sá, 2016). Despite being the core of this area, the body, as a philosophical/theoretical construct, has not been the main interest on the part of professionals – who assume the notion of something “obvious” –, exercising the knowledge of physical therapy without perceiving its theoretical complexity (Sá, 2016; Kelly et al., 2019).

The position of not considering the philosophy and theory about the body may result from the fact that the field of physical therapy, for a long time, was entirely linked to the act of rehabilitation (Kelly et al., 2019). Although there is an incessant movement aimed at the adoption of conducts that prioritize a view and treatment of the body as a whole, the mechanism inherited from the Cartesian model still permeates the training of physical therapy professionals. In the curricular structure of undergraduate programs, mostly, anatomical and

biological disciplines are contemplated, which often influence clinical practices, omitting the integral view of the body and manifesting the mechanistic practice directed to the biomedical standard (Meyer, 2005; Bonatti, 2011; Zanotelli, 2015).

In Brazil, the standard curriculum of the Physical Therapy program has little emphasis on disciplines focused on the analysis or understanding of the body beyond the physical aspect, valuing hospital and outpatient practices concentrated in rehabilitation, which bring to light the body/mind dichotomy and fragment the organism into specific parts, so that one loses the view of the patient as a whole, or even as a human being (Lorenzo; Bueno, 2013; Zanotelli, 2015). In this context, body evaluation becomes the main concern of professionals, only aimed at the results of diagnostic tests and disregarding touching the patients and their report. These issues are verified in several health areas, raising concerns and showing the need for a better knowledge, on the part of professionals, of themselves, the other, and how to exercise clinical practice seeking an understanding of human beings as individuals, considering their subjectivity (Kelly et al., 2019).

Acknowledging this understanding implies considering the beings under the various aspects that constitute them, understanding them as a constant process of cultural and social construction. Having this understanding of the subject is one of the great challenges of physical therapy professionals and the health area in general (Barbosa; Matos; Costa, 2015). Considering these problematized questions, this article aims to identify the understanding of the notion of body from the perspective of physical therapists.

Methods

This is a qualitative research that uses the critical phenomenological method, inspired by the philosophical phenomenology of Maurice Merleau-Ponty, which seeks to understand the experience from the various cultural and ideologically constituted contexts, through which this phenomenon can be perceived, in its multiple forms. In this methodology, critical perspective plays an important role, as it allows ceasing ingenuity and

opening the researcher's eyes to the multiplicity of a phenomenon (Moreira, 2017).

Data collection took place by individual interviews based on a single guiding question, which gave the participant freedom to speak and assign meanings through the active listening of the researcher, thus producing a particular and pre-reflective discourse of the subject. In this study, the guiding question was: "tell me what body is to you."

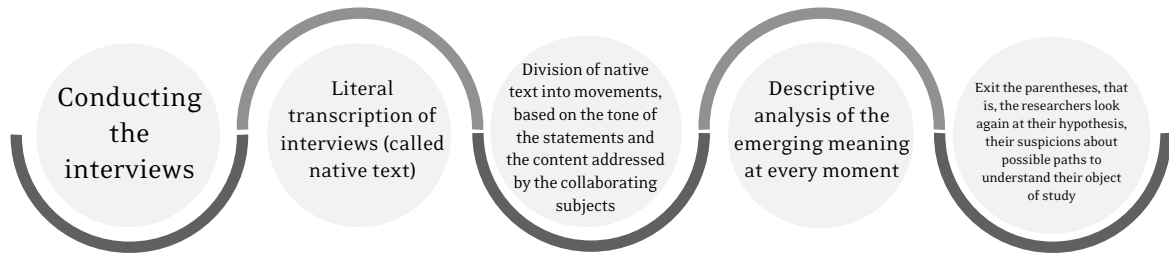
The critical phenomenological method has steps for the analysis of the statements obtained from the interviews. In the literal transcription step – called native text – it is ideal for the transcriber person to be the same person who did the interview, which allows the text to contain not only verbal speech, but also the various nonverbal expressions, such as silences, tones of voice, cries, intervals, etc. The second step consists of dividing the native text into subsequent movements according to the tone of the interview. After this phase, the descriptive analysis of the emerging meanings of each of these movements begins. Finally, the last step of the method consists of the "exit from the parentheses," in which "researchers look once again at their hypothesis, their suspicions about possible paths to understand their object of study" (Moreira, 2017, p. 126, free translation).

It is worth mentioning that this hypothesis is configured, according to Moreira (2017), as a **hypothesis of mistrust**, that is, one that does not follow positivist standards:

It is not a matter of focusing on this hypothesis, but of enclosing it in parentheses, hence doubting it, so to realize it. But at no time is it a matter of using the hypothesis as a form of restriction or fixation of the researcher. Conversely, pretending to have no hypothesis, no clue, or intuition about the studied subject, when in fact one has, is a hypocritical position on the part of the researcher, who is tied within the model of a supposed scientific neutrality and, even worse, makes deceptive use of a phenomenological methodology for this purpose. (Moreira, 2017, p. 118, free translation)

The steps of the proposed method are described in **Figure 1**.

Figure 1 – Step by step for using the critical phenomenological method



Source: Prepared by the authors based on Moreira (2017).

It is noteworthy that, in addition to founding the methodology, Merleau-Ponty’s philosophical phenomenology – mainly addressed in his work *Phenomenology of Perception* (2005) – will sometimes be used to theoretically support the discussion presented by the interviews. This work was chosen because it contains a chapter exclusively on the topic of body.

The participants of the interviews were physical therapists, without delimitation of age group or sex, working in the profession with experience of more than two years since graduation (this delimitation occurred due to the need to understand the perceptions of professionals with more time of clinical practice about the notion of body). The physical therapists were contacted using the snowball technique, which has the premise of selecting new participants through the indication or suggestion of the participants already part of the research (YIN, 2016).

This selection was performed, at first, by selecting documents and key informants who were called “seeds,” in order to locate some people with the profile necessary for the research within the general population. Subsequently, the indicated people were asked to designate new contacts with the desired characteristics from their own personal network. It should be noted that the interviewed professionals were not identified, and fictitious names were used. Altogether, 17 professionals were interviewed; however, as it is an excerpt from a Master’s thesis, not all interviews in their integral aspects will be addressed in this study.

Table 1 shows the synthesized information about the research participants. The interviews were conducted in the private offices of each of

the respective interviewees, places chosen for the convenience of the participants. Although the critical phenomenological method did not guide the specific period of the interviews’ duration, each interview lasted an average of 45 minutes to one hour.

Table 1 – Synthesized information about the research participants

Number of participants	17 (13 women and 4 men)
Occupation	Physical therapists
Time of experience or professional practice since graduation	All participants had more than two years of clinical practice
Other professional training	No participant had any other professional training

The research complied with the provisions of Resolution No. 466 of the National Health Council (CNS) of the Brazilian Ministry of Health, of December 12, 2012 (Brasil, 2012) and of the National Research Ethics Commission (Conep), under Opinion No. 2.542.726.

Results and Discussion

The participants’ statements brought different perspectives on the notion of body. Some professionals described a perception of body focused on physical and biological aspects, contemplating the body sometimes as structure, sometimes as a means of locomotion, or even as a machine that serves as a shelter for different stages of life.

I think it’s my object, a work instrument, and I deal directly with it, providing treatment to it,

and everything the patient tells me is a symptom, whether [a symptom] of pain, I think, it's basically my work instrument, which I have to make it work (Joana).

Because, thus, we treat the body as a mechanism, to give support to the patient, to have a better quality of life, right?, 'cause, generally, as we know, the body undergoes many changes during life, and with it there are many recurrent problems of muscle, joint pain, so we treat this body, but to provide quality of life, to improve the locomotor mechanism, that's what I understand most about the body [...]. (Heitor)

When the professionals talk about “to make it work” and “to improve the locomotor mechanism,” it demonstrates a perception about the human body guided by physical aspects, understanding its functioning from the biomedical paradigm by equaling it to a machine and understanding the perspective of quality of life based on biological principles of the body. Conversely, Merleau-Ponty (2005) rejects this notion of organism as a machine, or object that moves randomly in a given space; the author considers body as that which perceives and is endowed with knowledge, which moves in the intentionality of lived experiences and in intersubjective relationships, that is, “the anchoring of the active body in an object, the situation of the body in face of its tasks” (Merleau-Ponty, 2005, p. 115).

Jeez... [it is] difficult (laughter), for me body is a set of functions, a set of systems that act in balance to generate a certain function according to the external environment in which the person is, and the body is different in every human being, having somehow been corrected or not. (Karina)

When thinking from this perspective, we find an idealized and programmable body, such as a machine that has as its main characteristic the physical and chemical processes that regulate and maintain its structure, being its stoppage or “damage” recognized as a “deviation” or a “disease” (Macdonald; Nicholls, 2017). In this perspective, the body loses the subjectivity that is placed by individuals;

its particularities are allocated to the background in the understanding of demand, making care practices focused on the standardization of biological aspects. The pain reported by the patient becomes the failure of some regulatory mechanism, resulting in the repression of psychological, social, and environmental variables (Esteves; Fernandez, 2017).

For me, I think the body... (silence), not only that, when you asked right away it's a work method, it's my job, I try, through the body, to make the person feel good, right, as I work in the area of Pilates, so as it involves the body, it involves the musculature, it involves all the structures, so the body, for me, is a means of work to be able to transmit well-being to my patients, you know, I think that's it. (Gabriel)

There is the clinical view, right, of the anatomical body, the anatomy, you know, formed by segments, the anatomical terms that we learn, right, which will be my object of study, so it's a view that has to be passed on because we must have an in-depth knowledge. (Fátima)

The patient's body is taken as the means of work that enables the occupation of physical therapists, who in turn seek to promote well-being for this patient by moving the structure of the “anatomical body,” focusing on the solution of the patient's physical complaint and seeking to maintain and improve bodily functions (Canto; Simão, 2009; Driver et al., 2016). The body as a means of work is taken as a specificity in which the professional's perspective emerges as the main form of interpretation and the focus shifts towards postural reeducation, motor coordination, muscle strength, and joint movement, which reduces the complexity of processes related to health and illness and limits the role of the physical therapist to the ability to respond to processes that surpass the biological paradigm (Driver et al., 2016).

Merleau-Ponty (2005, p. 81) supports an understanding of the body as a “point of view upon the world, as one of the objects of that world.” For the author, the body is an object, but it cannot be objectified, which goes against the perspectives

found in the interviews. This conception is proven when Ponty states that “the body, by withdrawing from the objective world, will carry with it the intentional threads linking it to its surrounding and finally reveal to us the perceiving subject as the perceived world” (Merleau-Ponty, 2005, p. 83).

Other interviewees presented the integral view about the body and not as a mere sum of its parts, demonstrating an understanding that goes beyond the mechanistic paradigm when evaluating the context and totality of individuals, without privileging the physical aspect over the others.

Well, the body for me is..., I look at the body both on the spiritual side and on the side of the mind, body and spirit, you know, it's the place where we live, the body is our home, right, it's all this, [...] when I touch the patients, I touch them thinking about the care for the patient's body, that's not an object, it's something that we have to take care of, it's life, so the patient's body for me is not an object, it isn't something that you take and discard, the patient's body is an individual. (Daniela)

It's... For me, the body is an object that we study, right, as a healthcare professional, we treat and rehabilitate disease, but I think the body is not only that, the body, for me, somatizes, for example, if your mind is not good, the body ends up responding [to it], it isn't just a set of organs, you know? (Valda)

Merleau-Ponty's statement that addresses the understanding of health and disease as existential phenomena corroborates the view of these professionals by asserting that:

[...] illness and health are not modalities of consciousness or will, but presuppose an “existential step.” Loss of voice does not merely represent a refusal of speech, or anorexia a refusal of life; they are that refusal of others or refusal of the future, torn from the transitive nature of “innerphenomena,” generalized, consummated, transformed into *de facto* situations. (Merleau-Ponty, 2005, p. 190)

The understanding of the body as a total, not only divisible in anatomical parts, results from the cessation of the biomedical paradigm, as the limitation of this model is perceived when attempting to comprise the entire breadth of care and human health (Hay; Connelly; Kinsella, 2016). The notion of body acquires new characteristics when understood and interpreted from the emerging relationships between somatic, psychosocial, and social factors (Schillmeier, 2019).

I think body is how we present ourselves to the world, like, the physical part, our inner side too that ends up expressing the body [...] I see a lot in this issue that I told you about, it's a set, not only the physical, because we're also kind of a psychologist and many other things as well, how the patient feels about the problems and everything end up influencing the body [...]. (Elaine)

Body is art, body is movement, it's... the body is you overcoming your everyday limitations, is you interacting with something that I consider sacred, but that can bring dysfunctions, which can be linked to illness because it's strongly related to the mind, a healthy body, a healthy mind. So, you need to take care of this body, you need to understand that your body depends on your lifestyle, it depends on your way of manifesting itself in situations, anyway, body is all of this, this universe that contemplates these issues that I've talked about. (Bia)

The aforementioned excerpts demonstrate a thought based on the biopsychosocial perspective. The physical therapy approaches tend to assume a behavior of duality in practice – sometimes adopting a physical-centered view, sometimes it is understood that the physical is impaired by the psychological (Schorne; Bittencourt; Holler, 2014).

From this discussion, Merleau-Ponty (2005) defines that body is not a cluster of sensations, but it functions as a system in which all aspects, whether internal or external, present themselves simultaneously through an action that contains meaning in face of an organized whole. Therefore, “the consciousness I have of my body is not the consciousness of an isolated mass; it is a

postural schema” (Toadvine; Lawlor, 2007, p.147); the consciousness of the body takes into account that the body scheme is a unified whole.

I can perceive, across the visual image of the other, that the other is an organism, that that organism is inhabited by a “psyche,” because the visual image of the other is interpreted by the notion I myself have of my own body and thus appears as the visible envelopment of another “corporeal schema.” My perception of my body would, so to speak, be swallowed up in a cenesthesia if that cenesthesia were strictly individual. (Toadvine; Lawlor, 2007, p. 147)

Professionals also perceive that the body becomes a vehicle that enables the subjectivity of individuals, signaling possible aspects that patients are experiencing in their life history.

For example, if I see a patient who has trapezius trigger points, I already know there’s something wrong, like she’s stressed, she’s anxious, she’s worried about something, I think 90% of the time I see patients like this, who are having a problem such as torticollis or a problem of muscle strain, it’s related to the psychological aspect. (Valda)

Of course, there’s been many [patients], many... Many times, so much so that when I first spoke [about it], I spoke of the body attached to the mind precisely because the emotional aspect influences the body, a lot, they are [...], when they are in a pathological situation, the body changes, the mind changes, they become more fragile. (Karina)

This way of thinking demonstrates a need for understanding the body that is not only physical, but conceived as something that goes beyond the anatomical, and which is interpreted as “art, body and movement,” gaining contours from different experiences, being a point of intersection between biological, psychological, and social (Schillmeier, 2019, free translation). Moreover, Merleau-Ponty (2005) points out that the body can only be explained by its existence in the world, endowed with perceptions:

[...] it is by abandoning the body as an object, *partes extra partes*, and by going back to the body which I experience at this moment, in the manner, for example, in which my hand moves round the object it touches, anticipating the stimuli and itself tracing out the form which I am about to perceive. I cannot understand the function of the living body except by enacting it myself, and except in so far as I am a body which rises towards the world. (Merleau-Ponty, 2005, p. 87)

Considerations about the notion of the body, besides characterizing the way of thinking of professionals, also have consequences for the relationship that is established between patient and professional, reflecting in praxis and the form of intervention that is established. In the obtained statements, the professionals who presented a discourse more focused on the biomedical logic found difficulties in handling or understanding demands other than the physical aspect.

It’s complicated, but we try to help, at least I try to talk and make she hum... hum... hum... I try to separate one thing from the other, I try to lift her spirits so that she minimizes that suffering. [...] (Thoughtful) Yeah, it’s... it overwhelms [us] a little, you know? If the patient comes to you more depressed, suffering more, then you, I try to act by lifting them up, but if I enter her game, I go down too, it’s hard to deal with it. (João)

I don’t think anyone is [trained], I think we, apart from the psychology people, we don’t have this foundation in training, then we have to learn by ourselves, and it’s difficult, it’s very difficult, to deal with disease and what comes tied to it is very difficult, and we are not prepared for it, you know? (Fátima)

When encountering these topics in practice, the physical therapist professional encounters discomfort and resistance when dealing with social, psychological, and ethical aspects that are not described in the body-as-machine paradigm (Mudge; Stretton; Kayes, 2013). Their role, thus, becomes that of specialists on the human body, taking it as a receiver, which limits the

value of the individuals' own perspective on their body. Therefore, physical therapists assume the place of connoisseurs of the needs and priorities of the subjects' organism, which leads them to the objective and observing view of the demands that arise (Hay; Connelly; Kinsella, 2016; Macdonald; Nicholls, 2017).

Patients, then, become a molded and modified object to improve their anatomy; their abilities and knowledge of their demands are underestimated, which causes health-related autonomy to be lost (Mudge; Stretton; Kayes, 2013). However, according to Bonnatti,

it is worth mentioning that [...] this is not the only perception that exists. Some professionals combine this mechanistic perspective with a more integral view uniting the body as a physical and biological instrument to the human being who carries in oneself all their emotional, social, and cultural potentialities. (Bonnatti, 2011, p. 73, free translation)

The notion of body encompassing the totality of the individual also arises in the discourses of professionals who speak from the biopsychosocial perspective, understanding the individual as total and valuing these characteristics in the relationship that is established by looking at facts not addressed in other paradigms.

It impairs a lot, I say this because I've seen it, not because I think so, mainly because I've seen that these emotional problems get in the way, indeed, in the body and in the treatment too somehow, 'cause the mind is what I lied about in this energy issue, people who pull you down, that's what gives us motivation, the posture of the body that is part of the body changes, they are in a more retracted posture, so all of this also generates psychological problems, it's totally related. (Karina)

This conception reverberates in the professional practice of physical therapy by providing practices aimed at understanding the individual characteristics of patients, modifying the role of the physical therapist, who gains new contours,

and not being limited to the figure of the specialist or in the practice centered on the therapist, but rather on the patients and their emotional, social, and psychological aspects. In this person-centered relationship, physical therapists maintain their rehabilitation practices, but share their decisions with the people who seek them, respecting their particular aspects, which allows patients to be active participants in their healing process (Mudge; Stretton; Kayes, 2013; Josephson et al., 2015).

Because I think patients are more than a sick body, they're someone who needs help and who are suffering for it. When I treat patients without understanding this need, I'm not being professional, I'm being a robot, emotions are present in our life all the time, how can I live without feeling emotions? How can I treat patients and exclude their emotions? Body is physical and mind is emotion. (Ana)

For the physical therapist, in the evaluation, it's important to know how to understand the psychological factors, of course, without offending the person, the professional must have a certain type of logical professionalism, but all of this is important for you to understand not only the pathology, but the human being and the body in which it is inserted. (Karina)

The previous statements bring excerpts of thoughts that relate to the person-centered practice and demonstrate the body in a context with its emotions, avoiding the body/mind dichotomy by bringing to practice the knowledge that only the patients have, their needs, preferences, and life situation (Mudge; Stretton; Kayes, 2013). The technical skill only focused on physical rehabilitation becomes insufficient, considering that other skills are needed on the part of the professional, such as effective communication practices and strategies of motivation and social support for the patients that assist in the total understanding of the individuals, together with their biological knowledge about the body (Mudge; Stretton; Kayes, 2013; Driver et al., 2016). Nevertheless, these relational attitudes require formal training to be well understood and put into practice to avoid misuse (Driver et al., 2016).

The undergraduate program in physical therapy has little emphasis on disciplines that address person-centered practices, or that focus on a critical field. This hinders the understanding of these skills and compromises the development of critical thinking about physical therapy praxis during the period of professional training (Silva, 2015). According to Bonatti (2011), even when there are subjects focused on human relations in the undergraduate education, they have two apparent difficulties that are either of a theoretical nature only – not establishing relationships with professional practice – or are taught by professors who do not master the topic in this specific area, which makes the content unattractive and unpractical for students.

This gap in academic education on praxis that encompasses factors other than the biological aspect is not exclusively in the field of physical therapy, but is perceived in other areas of healthcare education. Historically, the hegemony of models that only value biological aspects, fragment and compartmentalize the human body affects not only the actions of healthcare professionals, but also the training available to them. Several of these training programs were influenced by the information obtained from the Flexner Report¹, which modified the perception of teaching in the medical area by valuing fragmented and specialized technicality in the health area, which prioritizes the disease and not the patient (Simon et al., 2015).

We can observe that there are still reminiscences of this paradigm considering that there is no problematization of these aspects in the education process of health professionals, which contributes to the perception of a unicausal model of pathologies, making little room for psychological, social, and political considerations of illness. The criticism of this model is based on the fact that the compartmentalization of illness does not encompass the complexity of what is health, mainly related to the need to consider the different realities or the facticity of the health/disease process (Simon et al., 2015).

This context generates immediate and late consequences for both the theoretical and the practical fields of physical therapy (Macdonald; Nicholls, 2017). A first characteristic to be listed is the difficulty in understanding the subjective aspects that emerge from the human body. There is a tendency for professionals to deal with this topic objectively, supporting the belief that emotional distancing from the demands made by the patient favors the application of praxis (Canto; Simão, 2009; Silva, 2015). This characteristic prevents the autonomy of subjects and the understanding of the individual possibilities, and preserves the technical role of professionals, which ends up contrasting with the concepts of humanization and care, principles that compose the Brazilian National Health System (SUS) and the curricula of undergraduate programs in health (Sá, 2016).

Accordingly, another consequence that the lack of critical aspects and focus on human relationships in the training of the physical therapist can entail is the difficulty in thinking about the body from different perspectives, hindering the multi-, inter-, or transdisciplinary work in relation to other healthcare professionals (Silva, 2015). The compartmentalized view of knowledge brings to light the division of mind and body of the very biological paradigm, hindering the understanding of the praxis of other knowledge within the field of health and limiting the function of physical therapy only to its rehabilitation role. This contrasts with the possibilities of the physical therapist's action in the face of new ways of understanding the health/disease paradigm (Bonatti, 2011; Silva, 2015).

Continuing health education can be deemed as one of the possible proposals for a solution (or at least mitigation) for these consequences by recognizing the characteristics of the dualist logic provided by the biologizing and technical paradigm, which hardens perspectives of truths and functions. Implemented by Ordinances of the Brazilian Ministry of Health No. 198 of February 13, 2004 and No. 1,996

¹ This report was created by Abraham Flexner, and was adopted by medical education in North America. According to Faria and Santos (2021, p. 8, free translation), "From the pedagogical point of view, massifying, passive, hospital-centered, individualistic and aimed at superspecialization, with harmful and even perverse effects".

of August 20, 2007 (Brasil, 2004; 2007) as a health policy in Brazil, continuing health education is an ethical-political-pedagogical proposal whose purpose is transforming, qualifying, and organizing practices aimed at health care continuously, rethinking and modifying mechanistic and exclusively biomedical care perspectives (Ferreira et al., 2019). In this proposal there is the integration between teaching and practices directed to the exchange between knowledge, which manipulate binary reasoning and critically appropriate it, in order to develop new forms of knowledge, advocating a proposal for prolonged teaching-learning and which does not consider only the knowledge obtained in the initial education. In this perspective, we can understand the indissociability of theory and practice and the need for changes concerning knowledge to understand the vast perceptions about health (Biato; Ceccim; Monteiro, 2017).

Another strategy that can provide significant changes to this context is the offer of disciplines in undergraduate courses in physical therapy about the development of critical thinking, with regard to both the theory of the field and the practice that underpins the activities of physical therapists. Within this context, the presentation of theories, such as Merleau-Ponty's phenomenology – as a perspective – can corroborate the abandonment of dichotomies and provide a praxis other than the biologizing norm based on an ambiguous view of the body. It is noteworthy that it is not a matter of completely abandoning previous knowledge of the body and the ways from which it can function, as, according to the author himself, no phenomenological reduction can be complete (Merleau-Ponty, 2005).

Final considerations

This article raised a critical discussion on the perceptions that physical therapists have about the work object most present in their praxis – the human body –, reflecting on the implications of these conceptions for the theoretical and practical field of the area. In the presented discourses, the plurality of thoughts about the notion of body emerged, demonstrating the different perspectives that professionals have and their consequences

for clinical management with their patients. The practice of these professionals is based on their notions about the body, which appears sometimes as a machine – which must be worked and standardized –, sometimes as a whole – influenced by different factors that go beyond the biological aspect.

The results showed the need to bring a critical and reflective discussion in the field of physical therapy about its basic concepts and the consequences of its practice for health. This discussion must take place during the clinical practice of these professionals as well as in undergraduate programs aimed at the training of future physical therapists. In this context, the considerations of the author Maurice Merleau-Ponty about the body, woven from the statements of the professionals, demonstrate that this view can contribute to the cessation of dichotomies and reductionism present in the praxis of physical therapists. In other words, the future of physical therapy lies in the possibility of critically thinking about itself.

Studies similar to ours are necessary to disseminate and bring light to the discussion about the need to rethink the way undergraduate courses approach the role of the physical therapist in health, thinking about aspects that surpass the limits of technique and biology. It is necessary to conduct more studies focused on this critical aspect, as the discussion does not end in only one research.

Finally, it is essential to conduct studies focused on aspects that were not addressed in this article such as the perception of patients in view of the multiple forms of interpretation about the body and its consequences for the clinical aspects of these individuals.

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Authors' contribution

Cardozo was responsible for the basic writing, conduction and transcription of the interviews. Lima and Leite adapted the text to the journal's standards, surveyed the topics, and debated on such topics. Cardozo, Lima and Leite conducted a later analysis of the interviews. Melo was responsible for the general orientation and final review of the article.

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