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Reflection Article/Essay

# Can the body be more than an automaton to be fixed? Encounters between Spinoza's philosophy and the Bobath concept[1]

## *Pode o corpo ser mais que um autômato a ser consertado? Encontros entre a filosofia de Espinosa e o conceito Bobath*

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**Abstract**

This essay reflects on the teaching of the Bobath concept to occupational therapy undergraduate students at the College of Medicine of the University of São Paulo (FMUSP) considering the premises of Spinoza's philosophy, which understands the body as relational, and its interrelationships with occupational-therapeutic interventions. Spinoza's philosophy is used as a tool to critically analyze the experiences of teaching the Bobath concept discussed in the essay. Aspects related to the body—understood as a machine, mechanic, organic, among other adjectives, as advocated by the Cartesian assumptions, which underlie modern biomedical practices in the field of health and other areas—are analyzed. Next, the concept of relational body in Spinoza's philosophy is presented in its interrelations with occupational therapy practice as an alternative to the biomedical model. To this end, it is necessary to consider the concept of desire, which does not refer to absence, but to presence, as proposed by Spinoza, who recalls that desire is the origin of action in relation to other bodies. Finally, the experience of teaching the Bobath concept under Spinoza's perspective is analyzed. Classes that address such content are practical, without notes, dialogued, with body experiments and simulations, and procedures are taught. Body memory is prioritized in the teaching-learning process. The limits of all body techniques, which are just resources, not the totality of occupational-therapeutic interventions, are pointed

[1] This text is composed of a portion of the first author's thesis presented to the College of Medicine of the University of São Paulo (FMUSP) to obtain the title of Associate Professor at the Department of Physiotherapy, Speech Therapy, and Occupational Therapy (Field of Occupational Therapy) in February 2020. It also includes reflections on the teaching experiences of the analyzed subject, which is co-taught by both authors in the undergraduate Occupational Therapy course at FMUSP.

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out. The Bobath concept should be taught and democratized so that it can be widely used in different public health services.

**Keywords:** Occupational Therapy, Higher Education, Human Body, Rehabilitation, Neurological Rehabilitation.

***Resumo***

Este ensaio reflete sobre o ensino do conceito Bobath junto aos estudantes de graduação de terapia ocupacional da Universidade de São Paulo considerando as premissas da filosofia de Espinosa, que compreende o corpo como relacional, e suas interrelações com as intervenções terapêuticas ocupacionais. Essa filosofia é utilizada como ferramenta para analisar as experiências de ensino do conceito Bobath discutidas no ensaio. São analisados aspectos relacionados ao corpo compreendido como máquina, mecânico, orgânico, entre outras adjetivações, como preconizado nas premissas cartesianas, que fundamentam as práticas biomédicas modernas no campo da saúde e em outras áreas. Em seguida, o conceito de corpo relacional na filosofia de Espinosa é apresentado em suas interrelações com a terapia ocupacional como uma alternativa ao modelo biomédico. Para tanto, há que considerar o conceito de desejo – que não é falta, mas presença – como proposto por Espinosa, que lembra que ele é a origem da ação na relação com outros corpos. Por fim, a experiência do ensino do conceito Bobath é analisada sob a perspectiva de Espinosa. As aulas que abordam tais conteúdos são práticas, sem anotações, dialogadas, com experimentações corporais e simulações e ensinam os procedimentos. A memória corporal é priorizada no processo de ensino-aprendizagem. São apontados os limites de todas as técnicas corporais, que são recursos, não a totalidade das intervenções terapêuticas ocupacionais. Faz-se necessário ensinar o conceito Bobath e democratizá-lo para que seja amplamente utilizado em diferentes serviços da rede pública de saúde.

**Palavras-chave:** Terapia Ocupacional, Ensino Superior, Corpo Humano, Reabilitação, Reabilitação Neurológica.

## Introduction

> The fact is that no one has yet determined what the body can do, that is, experience has not yet taught anyone what the body—exclusively by the laws of nature when considered merely corporally, without being determined by the mind—can and cannot do. (Spinoza, 2013, p. 167).

Teaching bodywork techniques to occupational therapists has been a challenge, as it raises, among other dialogues, questions about how to teach them, their interrelationships with other therapeutic resources, and their alignment with the epistemic principles of different models of professional practice. Thus, when an undergraduate course develops its curriculum, it faces the challenge of defining the place of the content of body practices and how it understands what "body" is and "what it can do". This purpose of this essay is to reflect on the teaching of a type of body practice widely used by various health professionals, and thus many occupational

therapists: the Bobath concept. The reflection constructed here pertains to the experience of a specific course in the occupational therapy undergraduate program at the College of Medicine of the University of São Paulo (FMUSP). The aim is not to discuss the course's curriculum or teaching methodologies, but the contributions of the philosophy of Bento de Spinoza (2013)[2], which understands the body as relational, in teaching this technique.

Spinoza's reading of the body has been expanding since the 1990s with the significant contributions of Damásio (1996, 2004); however, it remains a minority considering the modalities of care that use a Cartesian reading of bodywork (Rocha, 2019; Saito & Castro, 2011), which envisions corrective and biomedical actions. In the context of occupational therapy, interpretations based on Spinoza about the body are rare, especially those aimed at individuals[3] with permanent or transient bodily alterations.

## Do I have a body or am I a body?

In the field of knowledge (Novaes, 2003), the body, in contemporary society, is mechanical, organic, cybernetic, and so forth, with various adjectives attributed to it. However, all are consistent with the premise that it is a *machine* (Le Breton, 2003). This machine must function perfectly, and its attributes are bestowed upon it; they do not belong to it. In other words, the body is not "*is*", it "*ought to be*" or "*must be for*" (Rouanet, 2003). It is subject to adjustments and corrections because its operation obeys a desirable mechanical logic—it must be agile, perfect, beautiful, productive, sensual, efficient—and thus must be something that is acquired, not something that one is (Ortega, 2008). In this logic, body cahnges that deviate from what is considered normal make it incapable, unfit, tormented, inhuman, stigmatized, unaesthetic, undesirable, subject to violence and exclusions – imperfect machines (Corbin, 2012; Courtine, 2012), thus becoming subject to corrections. If I can conquer it, I am not *it*; it can be rebuilt and perfected mechanically, it is *in becoming* (Novaes, 2003; Faure, 2012).

Therefore, this is the contemporary translation of the body formulated by Descartes (1987)[4], who deepened and geometrically grounded the psychophysical dualism, the concept that the body is separated from the soul. The Cartesian "I" is pure thought; the body is an external thing, material extension. This creates a view of the body as an object, expressed in the hegemonic model of intervention of the biomedical sciences (Novaes, 2003). In this logic, the corrective perspective on the body predominates, from esthetic approaches to complex health care, and many of the body practices used in the field of rehabilitation are in this context, including the Bobath concept (Rocha, 2019).

The imagination of the *body as a machine* has its genesis in 16th-century medicine, when anatomy emerged as one of the ways to understand the human body through

[2] The philosopher's first publication of "Ethics Demonstrated in Geometrical Order" occurred in 1675, in Holland.

[3] We use Spinoza's concept of 'individual' and not that of 'person', a word derived from the Latin – persona, which denotes a mask used in theater. For a deeper understanding of the concept, see Campos (2008), who states that it is a '... problematic concept that predates by far its adoption by the philosophies of Modernity...' (Campos, 2008, p. 10) and that 'With Modernity, in juridical politics, Descartes and Hobbes intersect the two problematics, blending the individual and the person: an individual person. Spinoza goes much further. His 'individual' is a foundational principle of the metaphysics and ontology of the system, permeating all its areas: when it reaches juridical politics, it incorporates what had been said of the person, and becomes a fundamental theme of law and politics (Campos, 2008, p. 6).

[4] First publication in Holanda (1637): "Discourse on the Method of Rightly Conducting One's Reason and of Seeking Truth in the Sciences".

dissection. Its parts are named in the language of engineering: pumps, valves, channels, and bellows, in which, for example, the heart functions as a vital pump (Luz, 2019, p. 84). These ideas align historically with the Cartesian perspective.

The comparison to a mechanical clock becomes prevalent, the body as a superior automaton, an animated automaton (Figures 1 and 2)[5], yet sensitive and living, and to function, it needs to maintain a specific anatomical order and receive command from the soul (Descartes, 1987).

In the 19th century, under the influence of empiricist-naturalist philosophy based on Aristotle, the image of the body as a *machine/automaton* expanded to the idea of the organism, the *body as a natural machine*. The driving force of its operation emerges from itself, and the "natural causes" that trigger diseases, until then seen as "morbid species" (Luz, 2019, p. 114). Thus, diseases are understood as capable of damaging the human automaton, disrupting its natural functioning. In this way, the medicine of the classical era of the 17th and 18th centuries represented disease as an "evil" that takes over the human body (Luz, 2019, p. 116). This evil must be confronted by medicine and, subsequently, by other health professionals, correcting the "pathologies" and "abnormalities".

Thus, the body with disabilities went through the 20th century and still is, at the beginning of the 21st century, an expression of the abnormal, an unfolding of pathology (Rocha, 2019), and many body techniques consider these ideas.

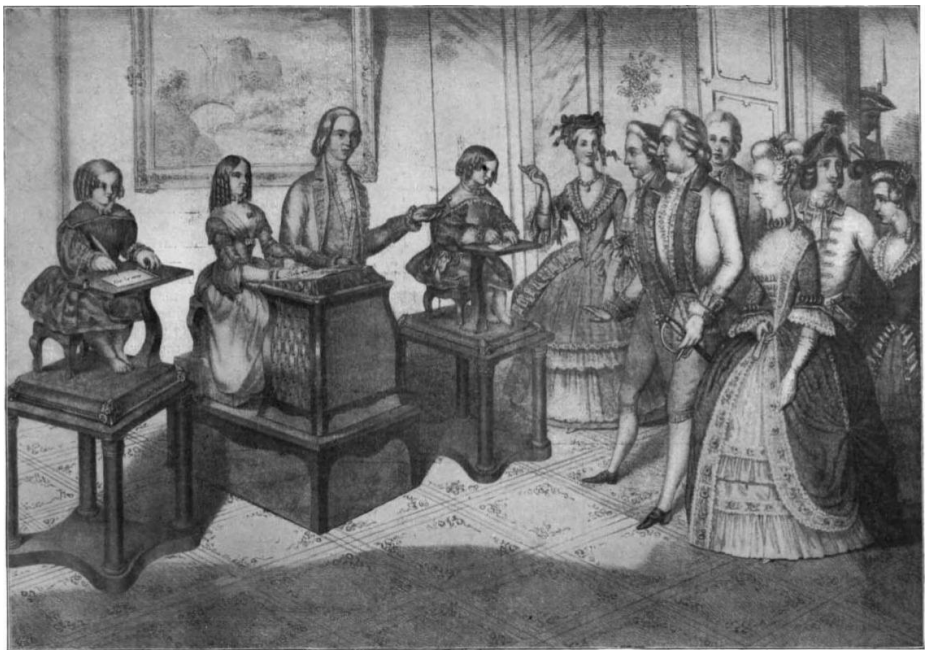

**Figure 1.** Print published in Scientific American (1903a) displaying the watchmaker Jaquet Droz himself and his three automatons: the writer, the musician, and the draftsman.

[5] Figures 1 and 2 depict three automatons, humanity's first robots capable of writing, drawing, and playing created by the Swiss watchmaker Pierre Jaquet-Droz (1774 and 1768).

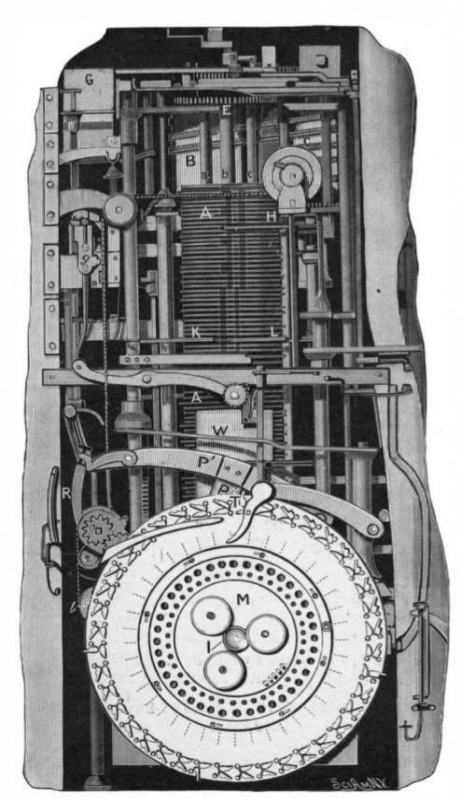


**Figure 2.** Print published in *Scientific American* (1903b) showing the mechanism embedded in the automaton "the writer".

## The relational body

Spinoza conceives of the body not as a *machine/automaton* driven by something external to it, but by the immanence of the desire for preservation in existence, a relational, living, dynamic body where there is no dissociation with the mind/soul (Spinoza, 2013, p. 177).

According to Spinoza, mind and body simply translate the same thing in different ways. The idea is immanent in the body, that is, they are finite expressions of the process of the self-production of eternal and infinite nature. With this, the philosopher rejects the possibility that the soul/mind and the body are substances/beings in and of themselves, but rather singular expressions of the immanent activity of a unique substance, nature.

The relational body is not constituted by parts or a unification of them; it is a whole (*unio corporum*) that relates to itself as mind (soul)/body (organs, fluids, systems, etc.) and with other bodies (foods, environments, objects, other humans, etc.), being affected by them and affecting them, realizing itself in coexistence and composition with these encounters. Thus, the body, in its uniqueness, is composed in relation to infinite bodies, which can either increase its strength to preserve its existence or decompose it.

Herein lies the critique of the Cartesian idea of substantial union, as well as the Platonic idea of the mind/soul as the pilot of the body and the corresponding

Aristotelian position of the body as the organ of the soul, *organon*, that is, an instrument (Chauí, 2005). Therefore, for Spinoza, a causal relationship between mind and body is inconceivable, since interaction is inherent in that singular mode.

Damásio (2004) reminds us of the sophistication of this definition made in the 17th century, which foresees that the nature of the encounters of bodies can determine their strengthening and/or decomposition. Research in the field of neuroplasticity shows the nervous system's ability to change, adapt, and mold at a structural and functional level throughout neuronal development and when subjected to new experiences. Sacks (1995, 1997) also describes how, in alteration situations, the body can also create, through experiences, new forms of expression, often of an adaptive or limit-overcoming nature.

In Spinoza's thought, the body composes and decomposes with other bodies, regenerates and regenerates other bodies, that is, acts as a complex system, both in its internal and external movements, and in constant *intercorporeality*.

The notion of *intercorporeality* establishes a critique of the Cartesian mechanism, as the individual's body is considered a structure, an organization composed of parts related to each other in an intelligible and cohesive manner, in its internal and external relations.

Every external action has consequences on the body, that is, what occurs around it, affects it, just as it affects its surroundings. Thus, the strengthening or weakening of the body depends on the relationships that are established with other bodies. The more isolated and solitary an individual is, the more impoverished and weaker their body, their desire, and their thought will be. The more solidary and complex the good encounters with other bodies are, the more powerful and capable it will become for its self-preservation, regeneration, and transformation. This logic—capable of being lived in all the complexity of relationships with other bodies—is fundamental in the field of health. Bodywork is a possibility of these encounters and can have different expressions.

## The Bobath concept: mechanical or relational body?

The Bobath concept (Bobath, 1984) is an approach designed to enhance body control in individuals with some form of injury to the central nervous system, acquired from prenatal stages to old age. Its procedures work on the body as a whole, addressing the specificities of each person.

In the 1940s, the Bobath couple broke away from the orthopedic approaches used in neurological cases. They initiated research that spanned 47 years and developed the neuro-evolutionary concept, widely used in many countries for rehabilitation.

The concept involves observing the sequence of typical motor development. It uses rotary and diagonal movements and considers that motor acquisitions occur in a cephalocaudal direction, from proximal to distal. Initially, the acquisitions follow simple patterns/actions moving to complex ones, and in this experience, neuroplasticity is promoted. It acknowledges that voluntary human movements occur automatically and independent of thought or consciousness, especially concerning postural adjustments, such as maintaining posture against gravity and balance. Hence the importance of sensorimotor experience. It presupposes exploring different postural changes, such as rolling, sitting, dragging, crawling, and walking, as well as daily activities like dressing, cleaning, feeding, moving, handling, etc.

In body action, facilitation, inhibition, and stimulation techniques are used through support points on the individual's body joints, referred to as key points (head, shoulders, elbows, thumbs, hip, knees, ankles, and toes). The contact is made with the palm of the hand, and the intention is to direct the movement without force or pressure. This bodily experience aims to achieve a postural tone as close to typical as possible and the emergence of the Normal Postural Reflex Mechanism[6] (Bobath, 1984, p. 5-11), with active movement against gravity, with the least possible interference from pathological reflex activity. Above all, comfort, pleasure, and in our view, the gracefulness of human movements are respected, without starting from the proposition of violent body correction (Rocha, 2019).

In this context, how do we teach this body technique to occupational therapy undergraduates based on the concept of the relational body?

## Pedro's Lessons

In the specialization courses of the Bobath concept in the 1980s, among other topics, it was taught that individuals with cerebral palsy of the spastic diparesis type have increased muscle tone, with greater impairment in the lower limbs, but also changes in the upper limbs. These individuals struggle with trunk and head control, walking, balance, and can experience falls and difficulties in trunk dissociations. The functions of the upper limbs may also be compromised as a result of spasticity and the flexor pattern in the arms, internal rotation, and limb adduction to the trunk. Manual actions are challenged when requiring forearm pronation-supination, grabbing, pinching, handling, holding, and carrying small or heavy objects. For better performance in these activities, the individuals should sit with their legs abducted, their trunk and feet supported, and the table at chest height so that their arms could be in front. This position would inhibit pathological reflex activity and reduce spasticity (Bobath, 1984, p. 87-99). With the experience of treating Pedro, narrated below in the first person by one of the authors, these assumptions were challenged:

> Pedro[7], a thin, nine-year-old blonde boy with slightly blemished skin, bearing marks from the malnutrition he faced when he first arrived at the institution where he resided in the 1980s, was generally quiet with little initiative. His clinical diagnosis was spastic diparesis cerebral palsy with associated intellectual disability.

[6] A concept that explains how humans are able to maintain their posture against gravity and, at the same time, have a highly specialized range of movement. It consists of Automatic Reactions: the Righting or Rectifying Reactions and Protective Reactions, as well as the Equilibrium Reactions. When the central nervous system is injured, it changes, leading to the so-called Abnormal Postural Reflex Mechanism. This is manifested through the presence of altered postural tone (hypertonia, hypotonia, or dystonia), loss of balance and rectifying movements, difficulties in body protective reactions, and changes in movements, such as athetosis and ataxia, among other possibilities.

[7] Pedro is a fictional name for a boy who lived in a residential institution that provided rehabilitation services, where one of the authors worked as an occupational therapist (1979-1989). The account presented here is described in a research report (Rocha, 1990, 2019) approved by FMUSP titled "A new Occupational Therapy approach in the treatment of people with physical disabilities" and in the associate professorship thesis "Occupational Therapy and Rehabilitation of people with disabilities: how I learned to polish lenses with Spinoza", by the same author (2020). At the time of the first research, the National Commission for Research Ethics (CONEP) had not yet been established, which occurred in 1997; thus, study approvals were limited to committees/reviewers of experts from the said institution.

Walking into the occupational therapy room with his unsteady gait, swinging his trunk side to side with arms open for better balance, he sat at the table and, unusually for him, stated what he wanted to do, "*Today, I want to make a battery-powered radio*[8]!

Surprised, I asked, "*How so? How will we make a battery-powered radio*??

He explained that it was easy and described what he had seen with the construction workers at the institution: "*It's tiny, like this*", (showing me the size with his hands) "*and has a little antenna, a side button that turns to tune in to the music I want to hear. And you can carry it like this*", (he puts one hand to his ear, walks around, and sings).

Returning to the table, he added, "*Oh, it has to have those tiny holes for the music to come out*". I persisted, "*And how will we make this radio? What materials do you need? How will we assemble it? How will the music play*?

While I was asking these questions, he was looking at me calmly. When I finished, somewhat overwhelmed by the proposal, he got up, went to the materials cabinet, and explained his plan using a wooden strip, a pencil, a saw, glue, a cork, and a nail:

*This way... we saw this wood to this size* (he showed me on the strip), *with the pencil, we draw the holes for the music, then we hammer the nail into the drawn holes for the sound to come out. Then we put the nail here* (he showed me where the antenna would be*)*, *and the radio is ready.*

Then I asked him, *And what are you going to do with the radio?* (What a question!)

And he replied: *Ah, I'll sit with my construction worker friends during lunch break and relax, listening to music and chatting...*

Well, having decided on the activity and how to execute it, the only task left was to execute it. But how?

Intending to follow the protocols from the specialization course, I had the idea to have him sit in an abductor chair and ask him to hold the wood with both hands in front of him, while I would saw it.

Pedro completely rejected this idea. He stood up, stood in front of a counter where there was a fixed vise, his legs in "X" shape with some abduction and semi-flexed. His torso gently bent forward, arms adducted and slightly flexed, forearms internally rotated, that is, the typical body posture expected for someone with cerebral palsy.

[8] Transistor radio powered by batteries invented in the 1950s.

He grabbed the wood strip and the saw, clamped the strip in the vise, and forcefully sawed the wood. After releasing the cut piece of wood, he sat down at the table and made small dots with the pencil, drawing the radio loudspeaker. He then took the hammer and nail, asked me to hold the piece of wood, and made holes over the drawn dots, holding the nail with one hand and the hammer with the other.

After that, he repeated his request for me to hold the piece of wood upright and placed the nail as an antenna. Finally, he glued a cork on the side to serve as the radio button. The cork did not stick, so he removed it and drew the button with the pencil. *Done!* he exclaimed.

He stood up, looked at me with a broad smile, grabbed his radio, put it to his ear, and said, *I'm going to have lunch because afterward, I'm going to meet my construction worker friends to listen to music and chat*!

He left, happy and singing, and I was taken aback. His muscle tone did not increase, he did not exhibit any pathological reflex activities, and he used the hammer, held the nail, and applied force – all contrary to what was recommended in the course. He came up with the idea for an activity, planned how to do it, and executed it. What is more, he only asked for my assistance with minor steps of the activity. In the end, he left the room light-hearted and joyful.

I received an unexpected lesson on cerebral palsy and bodily intervention. I learned that no one knows what the body is capable of when it acts under the imperative of *desire*.

And what did I do with the specialization of the Bobath concept? I have been teaching it in undergraduate courses for 38 years. Why?

I learned with Pedro and Spinoza to reinterpret this therapeutic approach. It is not reductionist in and of itself; it is our interpretation of it that can make it organicist and biomedical. It is not a therapeutic intervention in itself, but merely a means used in the process. Therefore, it is neither inherently good nor bad; it depends on how it is used in therapeutic action, which should consider desire and imagination, because desire is what appears to us as a good (Spinoza, 2013, p. 237).

## The Relational Body and Teaching the Bobath Concept

> […] y and sadness are passions by which the power of each one of us—that is, our effort to persevere in our being—is increased or diminished, stimulated or restrained. Well, by the effort to persevere in one's being, while this effort refers at the same time to the mind and the body, we understand appetite and desire. Therefore, joy and sadness are the very desire or appetite, while it is increased or diminished, stimulated or restrained, by external causes, that is, it is the very nature of each individual... (Spinoza, 2013, p. 233).

Over the years of teaching, imparting the Bobath concept has proven to be a challenge. To this end, we have delved into the studies of Spinoza's philosophy and authors like Sacks (1995, 1997) and Damásio (2004), who remind us that desire is the origin of action and the body is relational.

We have transformed the lessons into moments of experimentation with one's own body. We organized the course in a hands-on manner: students come to class in comfortable clothes, and they cannot take notes on paper, photograph, or film; the learning experience must be physically embodied and in relation to both the teacher and peers. The physical practice laboratory is set up with mats and balls, and has no chairs and tables.

The initial experiments relate to the possibilities of the body – what my body can do and how it does it. Students experience rolling, sitting, moving to a cat-like position, kneeling, standing, walking, and manipulating objects. What are the prerequisites for these actions? What do we feel? Challenges, surprises... They need to refresh what they have previously learned and discover new explanations. This is the beginning of understanding what the Normal Postural Reflex Mechanism is. Concurrently, understanding begins about how the body changes and what is modified in the presence of a neurological disorder, that is, what the Abnormal Postural Reflex Mechanism is. This is foundational for understanding the technique, applicable to all other body techniques.

We also resort to dialogue-based lessons and discussion circles. At the beginning of every class, we propose a bodily warm-up and stretching session, and after this activity, we sit on the floor to recall what we learned in the previous class and consider the day ahead. Before the end of the class, we recreate the circle. Sitting back down on the floor, we remember what we have learned and how we physically experienced the content – all without note-taking. We emphasize body memory: when a student cannot explain with words, I ask them to demonstrate and then translate the experience into words and technical terms. After this conceptual wrap-up, we conduct relaxation with additional stretching for self-care. The class lasts two hours and is held once a week.

Simulating bodily changes composes the teaching-learning process, and this occurs concurrently with teaching the potency of the technique. One student simulates a neurological change, and another tries out the intervention. Small groups are formed. They are partners, and each must offer feedback to their peers: Was the hand positioned correctly? Was the pressure on the body appropriate? Did the movement flow? That is, feedback regarding the quality of the experienced manipulation. We, the instructors, rotate among the students, making corrections, answering questions, and facilitating the refinement of body touch.

In the discussion circles, we delve into how the technique was organized, how it evolved, its procedures, and most importantly, we address the question: Do we have a body, or are we a body? The question may seem straightforward, but it is not. With this query, we teach procedures from the Bobath concept from the perspective of the relational body, reinforcing the distinction from a Cartesian view.

Manipulate and be manipulated should be acts of pleasure and should be embedded within the context of joyous passions. The quality of touch must express gentleness, respect, and a welcoming attitude. It should resemble a dance, not an exercise, because in dancing with another, one can lead and be led in a delightful bodily encounter. This

is the possibility of an approach that surpasses the dominant organicist and biomedical model: bodywork is not just a mechanical exercise; it is a meeting of bodies where the individual's unique characteristics and desires are paramount.

However, overcoming the psychophysical dualism requires a bit more than this; it demands that this technique be contextualized within a therapeutic process. The technique in itself is neither good nor bad and does not cater to all needs. It holds a certain potential depending on how it is practiced, but its application does not guarantee success. Herein lies another lesson from the class: the technique should not always be used just because an individual has a neurological injury. It needs to be contextualized within a therapeutic process that assumes the involvement of everyone in the pursuit of living well (Spinoza, 2013, p. 291).

We challenge students to think about when and how they will use this resource. We observe in class that when we are with an individual with a disability using a body technique, it should be experienced as a positive encounter, with playfulness. Throughout the course, it is emphasized that body techniques, like other resources, are part of occupational therapeutic intervention since, on their own, they do not address all the needs of people with disabilities undergoing rehabilitation.

## The Relational Body and the Therapeutic Process

> No one can wish to be happy, act, and live well without, at the same time, wishing to be, act, and live, that is, to actively exist. (Spinoza, 2013, p. 291).

From the perspective of the relational body, bodywork considers desire, and this *desire is not an absence but a presence*, as it strengthens the *Conatus*[9] (Chauí, 2005, p. 99), which is the emergence of the body's immanence. It does not have an end in itself but forms part of the therapeutic process, contributing to the creation of events, based on encounters, endowed with meanings in life stories. Encounters can either compose or decompose an individual's *Conatus* (Spinoza, 2013), depending on their nature, being either "good" or "bad", filled with joyful or sad passions[10]. Joyful passions complement the *Conatus*, while sad passions wither it.

A body practice focused on physical correction evokes inadequate ideas[11] (Spinoza, 2013, p. 165), which are confused and obscure about oneself, feelings of incapacity, powerlessness, among others. On the other hand, a bodily action filled with meaning

[9] A Latin term that means 'effort from' or 'toward'; in 17th-century philosophy, it is used in light of the new physics that introduced the principle of inertia – the idea that a body remains in motion or at rest unless acted upon by another force that changes its state. This made it possible to conceive that all beings in the universe possess a natural and spontaneous tendency towards self-preservation and strive to remain in existence.

[10] All emotions stem from the primary emotions of joy and sadness, such as: admiration, contempt, love, hatred, attraction, aversion, scorn, hope, fear, confidence, despair, elation, disappointment, compassion, recognition, indignation, regard, disregard, envy, mercy, satisfaction, humility, regret, pride, belittlement, glory, shame, longing, emulation, gratitude, benevolence, anger, vengeance, cruelty, apprehension, boldness, cowardice, dread, courtesy, ambition, gluttony, drunkenness, greed, and lust (Spinoza, 2013, p. 237-257).

[11] The concept of idea, according to Espinosa, could be imaginative or inadequate ideas and intellective or adequate ideas. Inadequate ideas are composed of mutilated and truncated images, produced in consciousness from sensory experiences, which, in turn, generate an imprecise process of interpreting the reality that exists in encounters between bodies although only empirical knowledge is prioritized. On the other hand, adequate ideas, by nature, are capable of joining other ideas in good reasoning, because they know the cause that produces them and the cause that produces the idea itself in ourselves.

stimulates imagination – not reason, guiding one to project and maintain the present and generate the future.

From this perspective, the Bobath concept can develop motor skills, reduce the influence of reflex activities, normalize muscle tone, foster walking and speech, decrease or prevent deformities, encourage better respiratory, muscle, sensory, circulatory, digestive, and excretory comfort, among other possibilities, without its actions becoming an end in itself, but a composition of new possibilities.

From the standpoint of the relational body, this resource can benefit the emergence of an individual's uniqueness and help break away from imaginative ideas that a body with a disability is inferior to others and needs to be trained to be better. It manifests as an action that produces new bodily compositions, appreciating the materiality of the mind/body as one, that is, a physical contact that touches many bodies and builds new possibilities of being, doing, and living in everyday life.

With the contributions presented here, we aim to assist in expanding occupational therapy studies in the field of body practices, considering epistemic foundations that diverge from the Cartesian and biomedical production about the body.

Furthermore, it is essential to assert that knowing and using this powerful technical resource is also a political act. Its science must be democratized. It should be provided in the public system, at all healthcare levels, for various populations (Stroke, Cerebral Palsy, Zika Virus, COVID-19, among others). It should not be limited to a few who can afford specialized courses, as its use aids in care, considers caregivers, and provides access to health, education, leisure, and culture, as well as social participation and citizenship.

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