Chapter 14
Looking Like an Occupational Therapist: (Re)presentations of Her Comportment within Autoethnographic Tales

Sally Denshire

Uneasy Representations of Lived and Practised Bodies

Hers is a lived and practised body in everyday clothes, not in uniform as are the nurses, nor polo shirt and green culottes as the paediatric therapists are. This occupational therapist's body is variously and partially represented; her face and hands, and her sensory preference for using smell and taste in group work projects with young people (such as making mini pizzas on Lebanese bread). She is mobile within a hospital-wide network of young people, parents and staff, offering these young people relational opportunities for 'doing' in hospital; and facilitating social gatherings in a children's hospital that had no adolescent ward in the 1980s. Feeling hesitant and confident (Young 2005b*), empathic, obliging, authoritative, grief-stricken in the course of a working week; these emotions cross her face and are written on her body . . .*

A practitioner may recall, and perhaps talk about, ordinary everyday moments from practice and the feelings they experienced at the time, but rarely get to write about discomforting micro-interactions publicly. Indeed such moments of discomfort can become virtually 'un-narratable' (Frank 2004, p. 7) in an era of regulated evidences. For a health professional seeking scholarly and professional legitimacy, opportunities for firsthand (re)tellings of practice (such as the passage above) are outside the dominant discourses and so usually off limits: the '[t]ension between the values of a *profession* and the practitioner's *lifeworld* is a largely ignored and unarticulated dimension of professional life' (Kinsella 2006, p. 39).

S. Denshire (✉)
School of Community Health/Research Institute for Professional Practice, Learning and Education (RIPPLE), Charles Sturt University (CSU), Albury, Australia
e-mail: sdenshire@csu.edu.au

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Table 14.1 Selected articles in dialogue with corresponding tales

Selected articles representing practice	Tales of sexuality, food and death	The tellings of each tale
Denshire S. (1985). Normal spaces in abnormal places: The significance of environment in occupational therapy with hospitalised teenagers, *Australian Occupational Therapy Journal*, 32 (4) 142–149	Denshire, S., (2011). 'Le moment de la lune'. An auto-ethnographic tale of practice about menarche in a children's hospital, *Australian Occupational Therapy Journal*, 58: 270–275	1st telling: 'Sally recalls her first contact with Meli'
		2nd telling: 'Through Meli's eyes'
Denshire S. (1996). A decade of creative occupation: The production of a youth arts archive in a hospital site. *Journal of Occupational Science Australia*, 3, 93–98	Denshire, S., (2012). Orchestrating a surprise party – A twice-told tale of derided interventions in the 'heartland of medicine'. Paper presented at the ProPEL International Conference – Professional Practice in Troubling Times: Emergent Practices and Transgressive Knowledges, Stirling, Scotland. 9–11 May 2012	1st telling: 'Working behind the scenes'
		2nd telling: 'Made some deadly friends this time'
Denshire, S. (2005). 'This is a hospital, not a circus!' Reflecting on generative metaphors for a deeper understanding of professional practice. *International Journal of Critical Psychology*, 13, 158–178	Denshire, S. (under review). Assembling Sofya's keepsake. A twice-told tale of a therapist's first experience of a death in hospital. In *Auto-ethnography in health and social care*. Eds. J. Hall & S. De Luca, Sense: The Netherlands	1st telling: Working with ritual and memorial
		2nd telling: My anne and baba feel me slipping away . . .

Vick's (2000, p. 247) deceptively simple question, 'What does a teacher look like?', interrogates constructions of 'verbal and visual images of teachers and teaching' since 1850. Her historical interest in pedagogy as fully corporeal and performative makes me wonder about practitioners and practice as objects of representation. In writing practice differently in an era of regulated evidence (see Table 14.1), my interests extend to what might be called (for want of an incorporating term) the 'external' and 'internal' representations of lived bodies in practice (Merleau-Ponty 1945/2006). Representations may be understood as:

> . . . textual *constructions* [italics added] that arise from habitual ways of thinking about or acting in the world. Although they seem to refer to the 'real world', they actually refer to the cultural world which members of a society [or, in this chapter, of a profession] inhabit. (Moon 2004, p. 138)

Relations between discourse and power/knowledge will infiltrate representations of practitioner comportment (Foucault 1980). Disciplinary regulations govern a practitioner's comportment every hour of the working day, whenever docile bodies (of occupational therapists and of occupational therapy participants) are 'subjected, used, transformed and improved' (Foucault 1979, p. 136). Feminist political

philosopher Iris Marion Young (2005a, p. 17) describes a woman's lived body as enculturated:

> . . . by the clothes the person wears that mark her nation, her age, her occupational status and in what is culturally expected or required of women . . . by habits of [feminine body] comportment distinctive to interactional settings of business or pleasure; often they are specific to locale or [professional] group.

Arguably, the corporeality of women's lived bodies does not seem to be part of the formal conception of women in the professions (Witz 1992). In non-medical health professions, only the hands and faces of women seem acceptable.[1] Attention to the reflexive and ethical care of the self, however, can produce resistance to centralised governmental control of bodies (Foucault 1992) with practitioners becoming 'more than docile [and partial] bodies' (Mackey 2007, p. 4).

This chapter takes up the methodological challenge of 'reformulating representation within, and as part of, an adequate theory of practice' (Green 2009, p. 51). I have used a layered autoethnographic approach to represent a practitioner's sociomaterial comportment (Fenwick et al. 2011). My autoethnographic response to the role that representation(s) might play in 'better understanding practice and the body' (Green and Hopwood, Chap. 2, this volume), draws on selected moments of embodied occupational therapy work from the 1980s. Presented in a portfolio of fictional, autoethnographic tales that shows the comportment of a thirty-something occupational therapist ('Sally') going about her youth-specific practice in a paediatric hospital. My work explores two questions; 'What does an occupational therapist look like?' and 'How does it feel to be an occupational therapist?'

Material intercorporality (Park Lala and Kinsella 2011) is routinely erased from accounts of occupational therapy practice. In what follows, moments from practice are presented as excerpts from my autoethnographic 'tales' of sexuality, food and death from the 1980s that show something of a woman's lived and practised body. Such embodied representations of an experienced practitioner, previously 'unnarratable' (Frank 2004), show particular instances where the body matters in and for professional practice. But first, who are occupational therapists, and what is it that we actually do?

On Occupational Therapy

In Australia, the practice of occupational therapy originated during World War II to assist returned soldiers (Anderson and Bell 1988). The occupational therapy workforce has been estimated as 10 % of the allied health workforce (OT Australia 2005). Occupational therapists are predominantly young Anglo-Australian middle-class women (93 %), who work part-time (59 %) mostly in urban areas (OT Australia 2005). There are fewer occupational therapists between the ages of 30

[1] For example, later in the chapter, the hands are represented in a tale of sexuality and the therapist character's limit-setting eyebrows feature in a tale of food.

and 40 years compared to other professions. There are very few male occupational therapists, which is in contrast with an increasing number of men in fields such as physiotherapy and nursing (Schofield and Fletcher 2007). Around 20 % of occupational therapists leave the profession each year (OT Australia 2005).

The practice of occupational therapy has continued in the light of Mary Reilly's (1962) premise about the use of the *hands* in performing everyday occupations such as dressing, meal preparation, and undertaking leisure interests: 'man [sic] through the use of his hands, as they are energised by mind and will, can influence the state of his own health' (Reilly 1962, p. 2). Occupational therapists endeavour to work collaboratively with people across the life span whose lives have been disrupted. Often, occupational therapists are regarded as 'transporters' (Fleming 1994, p. 110), members of a translational profession bridging the everyday lived world and the medical world in both directions (Polatjako et al. 2007).[2] The clinic reorganises what is seen and said (Foucault 1975) and, typically, occupational therapists find themselves using 'common sense' to adapt equipment and to do ordinary things in new ways in 'the uncommon world of the clinic' (Fleming 1994, p. 108).

The relative diversity of therapists' approaches in a wide range of clinical, rehabilitative and community contexts (with a spectrum of dress codes) has become a 'hallmark of occupational therapy' (Whiteford and Wright-St Clair 2002, p. 129). Frequently, practitioners have adapted to their surrounding habitat by 'filling gaps' (Fortune 2000, p. 225), according to the situation and human environment they are presented with. Typically, these *chameleon* qualities often mean that while the varied contributions of occupational therapy may be highly regarded in the immediate environment, they are still little understood by the general public. Inevitably, much occupational therapy practice remains subjective, culturally bound, and hard to represent, given the power relations in play during what may be regarded as 'derided interventions' (Selby 2005, p. 9).

Every profession has rich oral and practice traditions that are located in the everyday. Occupational therapists have a 'double dose' because the work they do explicitly concerns the everyday activities of others. Participation in all the ordinary things that people need and want to do every day is part of the 'immense remainder' (de Certeau 1984, p. 61) of human experience that 'does not speak' (Hasselkus 2006). The hybrid field of occupational therapy remains ambivalently represented; previously conceptualised as 'para-medical' in relation to medicine, and compared to physiotherapy, a profession closely allied to medicine for reasons of status that, following the invention of an 'occupational science' in the late 1980s, occupational therapy is not. Recent calls in the professionalising project for 'occupational language' to distinguish occupational from medical discourse have tended to focus on particular populations, even though the occupation-centred paradigm defines all humans as 'occupational beings' (Clark et al. 1996).

Occupational therapists have been typically trained to attend to 'functional problems ... within biomedicine' (Mattingly 1994a, p. 37), to see the body as a

[2]Notions of occupational therapist as 'transporter' and her folkloric potential as a 'gypsy nomad' are taken up later in the chapter.

machine, while also displaying ‘anthropological concern with illness experience’ (Mattingly 1994b. p. 64) – in other words, the broader meanings of the disruption to a person’s life. Typically, this ‘two-body practice’ (Mattingly 1994a, p. 37) applies to both the biomechanical body and the phenomenological, lived body and the lived body experiences that go undocumented are something that therapists often value most:

> … running through even the most scientistic syllabi for the training of professional practitioners, are two clashing traditions of thinking about practice … [t]he dominant ethos links … to self-serving … interests … for evidence–based accountability and governmental regulation… Against this runs the ancient (if suppressed) ethos of *phronesis* [practical wisdom] by which practitioners increasingly set store as their careers progress. (Bradley 2009, p. 79)

These current notions of ‘regulated evidence’ and ‘wise practice’ present ‘clashing traditions’ for occupational therapists. Eventually occupational therapists may come to value the cumulative store of experience they accrued (Bradley 2009).

Further, some occupational therapists may be aware of the Cartesian legacy, but still split body and mind without realising, privileging cognitive function and rarely naming their own bodies and the particular emotions experienced during a therapeutic encounter. There is a shift toward body-mind integration, however, to do with whole body reasoning in practice, with occupational therapists described as ‘sensing beings’, typically possessing ‘perceptual acuity and skilled know how’, ‘embodied communication’ and ‘sensory preferences’, and tend to return to these preferences in therapy sessions[3] (Boyt Schell and Harris 2008, p. 69). Perhaps autoethnographic and phenomenological accounts that name a therapist’s sensory preferences during processes of professional reasoning may more fully represent the body/practice nexus in occupational therapy.

Where Is a Therapist’s Body in Scholarly Written Accounts?

Occupational therapists may describe optimising ‘person-environment fit’ (Law et al. 1996) and people’s engagement in all manner of ‘occupations’. Accounts of professional practice (and practitioners) tend however to be rendered as disembodied. When the selves of a therapist are represented, it is mostly in singular, disembodied and self-effacing terms, with nuances of practice interaction unsaid:

> When health care researchers’ bodies remain unmarked – and hence naturalized as normative – they reinscribe the power of scholars to speak without reflexive consideration of their positionality, whereas others’ voices remain silent or marginalized by their marked status. (Ellingson 2006, p. 301)

As occupational therapists, we have, arguably, actively collaborated in our own subjugation (Townsend 1998), rarely naming our experiences of everyday practice

[3] Examples from the food-related practice of the therapist character ‘Sally’s’ sensory preferences for smell and taste occur later in the chapter.

as scholarly and disguising ordinary episodes of practice in an ongoing bid to legitimise both the profession and the practice of occupational therapy. In this way, a traditional gender order is maintained. When a woman's practised body is not counted as a part of practice, she is effectively 'written out' of the mainstream record, and so becomes unrecorded and forgotten.

At times I use the term 'actors' to refer collectively to everyone involved in practice situations: clients, staff and significant others, thus re-working the usual clinical binaries such as patient-therapist and client-practitioner. The discourses circulating in occupational therapy are nearly always focused on the experiences, problems and abilities of clients. It is still uncommon for practitioners to be reflexive and turn the spotlight back on our lived bodies. However, some of us reach a career turning point, often around mid-life, where we are ready to tell expanded narratives of care-giving, writing our experiences of caring for others in our personal lives and of giving and receiving care ourselves. Occupational therapy scholars in North America publish embodied accounts, for example, of a father's dementia as a daughter and occupational therapist (Thibeault 1997), of caring for a mother in her last years (Hasselkus 1993), and on an experience of 'lingering discomfort' as an occupational therapist, reflecting on how the objectivity expected of her silenced her emotions (Kinsella 2006, p. 40). In similar fashion, I want now to turn to my own work in this regard (Denshire 2009).

(Re)presenting Practice: Autoethnographic Approaches

Autoethnographic accounts transgress dominant academic discourses, allowing intimate, visceral, particular (re)presentations of practised bodies from more than one point of view (Reed-Danahay 1997). The viscerality and pain expressed in nurses' accounts of mental illness and addiction (Bruni 2002), an insider account of back pain (White 2003), and forbidden social work narratives about having a breakdown (Church 1995), persuaded me to start writing the lived body as part of an auto-ethnographic doctorate. Publications (listed in Table 14.1) selected from my body of work[4] according to criteria relating to points of *becoming*[5] (Somerville 2007) showed my unfolding representations of practice in the 1980s, the 1990s, and the early twenty-first century.

Even though lived bodies have been strangely absent from healthcare research, as Ellingson (2006) has noted, instances of vulnerable, embodied writing then began to

[4]Integral to the approach to embodied writing taken during my autoethnographic doctorate was that my tales of practice were in dialogue with selected published articles from a *body* of work. I refer to *body* in the sense of a *body* of writing, an assemblage of 25 years of published writings that coheres as a whole, a 'body of writing'. Both the institutional body of the hospital and my body of published work 'figure as metaphor, literally as trope' (Green and Hopwood, Chap. 2, this volume) in this chapter.

[5]First, as an experienced therapist anticipating motherhood; second, becoming an academic at an inland university; and, third, becoming a doctoral student.

enter the corresponding tales of practice I was crafting to dialogue with my earlier articles. These tales of sexuality, food and death dramatised 'paradigmatic scenes' from a remembered world of occupational therapy, recalling moments from practice with young people living and dying at Camperdown Children's Hospital, in the early 1980s (Table 14.1).

Each tale was told twice; a first telling in the third-person by the therapist character; a second telling in the first-person by the girl character. When told from the perspective of these two different participants in the moment, specific socio-material enactments (Fenwick et al. 2011) then became visible and significant. Details of the activities and events in the earlier articles were recast in both everyday-ordinary terms and with regard to primal elements of sexuality, food, and death, respectively – all of which, it should be noted, are largely erased from more traditional scholarly accounts of occupational therapy practice.

Lived bodies of both patients and professionals become actors in selected moments of practice in these tales set in the wards, bathrooms, corridors and grounds of Camperdown Children's Hospital. Of course the bodies of others are integral to the excerpts from the tales, given that 'experience unfolds in an *inter-subjective* space' (Bradley 2009, p. 73). The presence of every *body* is required to usefully represent professional practice interactions. However it is the lived body of the *therapist* character ('Sally') as represented in both first and second tellings from the tales that is foregrounded in this chapter. Having a woman's practising body positioned in the foreground provides a series of unexpected (re)presentations of professional practice.

The following sections trace representations of the 'Sally' character's comportment in embodied tales of sexuality, food and death. Excerpts from each tale are preceded by a précis of the published article that the corresponding tale is in dialogue with, followed by some critically reflective commentary. First I trace aspects of the therapist character's comportment in a tale of sexuality ('Le moment de la lune'); then draw on a tale of food ('Orchestrating a surprise party'); and finally I take up excerpts from a tale of death ('Assembling Sofya's keepsake').

Her Comportment in a Tale of Sexuality

My first published article 'Normal spaces in abnormal places' (Denshire 1985), offering a critique of hospital spaces, was organised around disembodied principles and generalities of what was, back in 1985, a new youth-specific professional practice. There was little 'locating the personal' (Kamler 2001) in that article and nothing about a practitioner's body. There was heavy reliance on the literature, with issues of gender and culture largely absent, or, perhaps, 'written out'. On critically re-reading the article, some criticism of staff is implied when I state, 'non-verbal expressions may be incongruent with staff's stated goals' (Denshire 1985, pp. 143–144). In fact, this interpretation of the disapproving bodies of others may foreshadow the theme of 'derided interventions' in the tales.

A corresponding tale of embodied sexuality, 'Le moment de la lune'[6] (Denshire 2011), articulates local complex practice and the particularity of individual work to do with menstruation in self-care. The therapist character is bearing witness to how Meli, a French-speaking girl from Noumea living with a disability, learns to manage her first period in an Australian hospital. At first meeting, Meli notices that the therapist and interpreter are not wearing uniforms while the nurse is. Then Meli notices the whiteness of the women who have come to help her, and inspects her own hand in comparison:

> Soon these two women arrive at my bedside chatting and laughing. They do not wear uniforms like the nurse. I notice the tall one, her bright patterned cotton skirt and sandals, her pale skin and freckled arms. The blonde one who speaks French has manicured hands with beaten silver rings on long, white fingers. I look at the back of my strong brown hand and turn it slowly to inspect the paler skin on the palm underneath. *(2nd telling: 'Through Meli's eyes'*: 108[7]*)*

The following interaction between Meli, Sally and Jeanne conveys the fallibility of a practitioner as she tries to respond to Meli's self-care needs:

> [Sally] tunes into the musical breath of Meli and Jeanne speaking French. She wishes she could join in their conversation ... [and] finds herself gesturing ineffectually to compensate. So um how it is for you to have started your periods? she asks. What do I do about the blood? How long will the bleeding go on for? Meli asks, her voice quivering ... After what felt like a long time to the three of them but was probably only a matter of seconds, Sally replies haltingly, Well, you're doing a lot of growing up. I remember when I first got my period – I was a bit younger than you Meli – it took me a while to figure out what was going on. Getting your period is a part of becoming a woman ... Sally's words seem to hang there in the air and Jeanne has to catch them for Meli. Slowly ... girl and occupational therapist have a not entirely flowing conversation about Meli's periods and how she can look after her body while she is bleeding. *(1st telling: 'Sally recalls her first contact with Meli'*: 103*)*

Representing the fallible comportment of a practitioner (Clough 2002), as I have done in portraying vulnerable aspects (Behar 1996) of interactions between Meli, Sally and Jeanne, could feel both poignant and unsettling. 'Le moment de la lune' thematises intercorporality (Park Lala and Kinsella 2011) and starts to explore ideas of the 'contact zone' and in particular 'first contact' (Pratt 1991) between the actors involved.

On reflection, I realise that 'Normal spaces' was the last article I wrote prior to giving birth. The disembodied style of writing I used means that themes of birth and transition, although undeniably there somewhere in the writing, remain largely unexpressed. It is almost as if it was too hard, too intense, too painful for my lived body, at that time, to move in the present, as well as being not acceptable to write personally as a professional. I had articulated a youth-specific occupational therapy approach in the article, but at that time I did not know how to write my body into that institutional landscape (Somerville 1999).

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[6]French is the colonial language spoken in Noumea. In French, menstruation can be translated literally as 'the moment of the moon', so in the tale the moon is emblematic of menstrual time. The moon is also considered as a celestial body.

[7]Page numbers for this and subsequent excerpts are from Denshire (2009).

Getting a period in a childrens' hospital seemed slightly taboo, even though most staff were women of menstruating age. 'Le moment de la lune' juxtaposes notions of sanitising with blood and uniforms. Blood is depicted as both out of control, as a fluid to be staunched and contained, and as a hospital 'currency'. Whether the fluid is classified as abject, personal or corporate seems to be a factor in determining whether work around menstruation falls, at the policy level, to a nurse or to an occupational therapist.

Acknowledging menstruation is a key theme in the tale. Menstruation as an aspect of women's experience is positioned in society as marginal, and has been largely 'written out' of the occupational therapy literature. Instrumental Activities of Daily Living – shower assessments, dressing re-training, bathroom modification, etc. – remain the central focus of mainstream occupational therapy practice. Menstruation, although a common activity of daily living for women with (and without) disabilities, is still largely erased from the occupational therapy literature (Carlson 2002). Because of this relative 'writing out', 'Le moment de la lune' is intended to restore and re-inscribe the intimacy, viscerality and particularity of the practice, as witnessed by 'Sally'. This auto-ethnographic writing has allowed me to acknowledge three embodied rituals of the first time, which were previously unexpressed. These are what menarche was like for Meli, the protracted strain of the delayed opening of the Adolescent Ward, and something of the lead-up to my first pregnancy.

Her Comportment in a Tale of Food

The second published article 'A decade of creative occupation' (Denshire 1996) can be read as a 'victory narrative' promoting a hospital-based Youth Arts Program, with a focus on the need to archive ephemeral objects. The corresponding tale, 'Orchestrating a surprise party' (Denshire 2012), is a backroom tale full of 'hands on' sensory detail about making pizza with Lebanese bread for a surprise party for Julie, on the day of her discharge from hospital.

Contrasting with the demonstration project narrative in 'A decade of creative occupation' is the idea that occupational therapy practices were derided by some clinical staff, too busy to cooperate with the work of party preparation unpacked in 'Orchestrating a surprise party'. In the tale, young people's voices are louder than in the article, speaking from Indigenous, immigrant, and Anglo-Australian viewpoints about organising a party on the day of discharge. The following excerpt from 'Working behind the scenes' shows the quietly authoritative body language of the therapist as she reacts to adolescent testing behaviour:

> Suddenly, they were all yelling at once. Where are all the things ... Sally? Well ... she replied ... here's the fruit, tinned pineapple, tea and ginger ale to put in the punch ... oh and smell the mint from my garden ... You forgot the vodka! They said. Yeah right! She replied, raising her eyebrows and smiling at them. Always they were testing her. Yesterday they said, please, please Sally take us to see [the movie] Puberty Blues at Hoyts! She knew she had better check with their parents first. *(1st telling: 'Working behind the scenes'*: 127*)*

The unflappable demeanour attributed to the therapist in response to her young charges in hospital joking about drinking and puberty in ‘Orchestrating a surprise party’ recalls traits of fictional Edwardian children’s governess Mary Poppins in the therapist character – as innovative and animated, composed under pressure, with an ability to set limits. Comparable virtues (Barnitt 1998) were still expected of the young, middle-class, white women who became occupational therapists in Australia in the late twentieth century, (OT Australia 2005). Yet both Mary Poppins and the youth-specific occupational therapist character were also likely to subvert the expected order on occasion (Grilli 2007).

Her Comportment in a Tale of Death

The third published article, ‘This is a hospital, not a circus!’ (Denshire 2005), is a hybrid narrative foreshadowing the use of fictional devices and the beginnings of dialogue, namely, the nurse’s exasperated utterances: ‘this is a hospital, not a circus!’ and ‘that occupational therapist’s a Pied Piper’! My authorial voice tends to be rational and critical, more often ‘telling’ than ‘showing’, with expression of emotions and bodies largely absent. By writing the particular and the ordinary, ‘This is a hospital, not a circus!’ is a text that hovers at the edges of autobiographical fiction. Of the three selected articles, it is the one that bridges the new writing and the old, offering open space for auto-ethnographic work. I was not quite ready to risk articulating my lived-body experiences during the process of writing the article in 2004. Instead, I retreated into the ‘theory’ of others. The article tells without showing.

The figure of an occupational therapist referred to as a ‘Pied Piper’ by the uniformed charge sister in ‘This is a hospital, not a circus!’ is re-fashioned into a gypsy nomad who hand-binds the keepsake book for the dying girl in the corresponding tale, ‘Assembling Sofya’s keepsake’ (Denshire, in review). This tale brings in Sofya as the young narrator who, noticing the therapist’s body coverings of pants, vest and boots, named her the ‘gypsy nomad’.[8]

[8]Recently, I asked a second-year class of occupational therapy students what the term ‘gypsy nomad’ meant to them. A forthcoming student replied: ‘Oh that’s an old person who travels around’ (i.e., what the media refer to as a ‘grey nomad’). Perhaps as a 60-year-old academic (feeling young, looking older) I seemed a soon-to-be ‘grey nomad’ in her eyes? I suggested that a ‘nomad’ could actually be someone of any age who moved around, and that a ‘gypsy’ is a person kept outside the dominant culture. This inter-generational dialogue between occupational therapy student and her teacher felt both awkward and productive. Other students also objected to the ‘gypsy nomad’ image of an occupational therapist because, they said, ‘gypsy nomad’ suggested that you ‘didn’t belong’, ‘that you weren’t stable’ or ‘part of the team’. Nevertheless, mobile, unsettled practitioners in colourful garb have often been the case for practising occupational therapists, as a kind of stereotype. It was like this for me in the 1980s, and may still be the case for practitioners now, on the margins in new or controversial practice areas, in an increasingly regulated profession.

> Every day I've been in hospital this time, the one I call the gypsy nomad has visited me on her magic carpet. We used to fly across to the yellow building on it with Julie, Kat and Meli. My gypsy nomad is part of a travelling circus. As well as spending time with me she spends time with my mum and dad, listening and suggesting things. She wears pantaloons and her vest is embroidered with fishes. She has boots like a pirate but a kind pirate. *(2nd telling: My anne and baba*[9] *feel me slipping away . . .* : 150*)*

The tale shows a therapist's anticipatory grief at Sofya's impending death:

> In their own language [Turkish] the girl's parents speak about arranging their daughter's funeral. Sally suddenly feels overwhelmed with an immense sadness and shrinks back into the curtains around Sofya's bed. *(1st telling: Working with ritual and memorial*: 148*)*

It is a tale of the materiality of death, a tale in which emotions are embodied and expressed through fiction. At first, the occupational therapist, trained in the neurosciences, tries to make sense of Sofya's death rationally:

> Sally tries to revive her sketchy knowledge of neuro-anatomy in an attempt to make sense of what had happened at the moment of Sofya's actual death. Did the tumour tighten around Sofya's brainstem? Is that was what killed Sofya? What would an autopsy show? *(1st telling: Working with ritual and memorial*: 148*)*

Then she starts to reflect on her experience of Sofya's death phantasmagorically:

> Now Sofya's lifeless body lies refrigerated with the small bodies of other children in the unmarked hospital morgue. The bed is now stripped and empty. But the cover of Sofya's book of memories still shines on the table beside the bed in what had been her hospital room. Light streams through the window catching the lustrous cover and conjuring an after image of the marbling onto the mural, onto the occupational therapist's bare arm and over her breasts and neck. *(1st telling: Working with ritual and memorial*: 149*)*

Ellingson (Chap. 11, this volume) discusses the acceptability or otherwise of a practitioner ('Kate') expressing her grief in an organisational setting. Similarly, the grieving body of Sofya's therapist was out of step with the institutional order:

> Logic tells her that Sofya's death has made space in her case-load. But Sally still feels exhausted, overloaded. The death is disrupting the rhythm of her work and she goes about her tasks, numb. At night, bone weary, she falls asleep without dreaming. Whenever she walks down the corridor her eyes fix on the mural. Whenever she finds herself walking past that room on the ward she cannot peel her eyes from the bare, striped hospital mattress lying there. Tomorrow, there will be another young person on the hospital treadmill. Someone else who is terminal will be admitted to Wade House and they will occupy that room, the room that was once Sofya's. *(1st telling: Working with ritual and memorial*: 149*)*

The word 'disorientation' speaks to the shock we feel when someone is suddenly not there in the bed, not around, because they are dead. Didion (2005) writes of the profound disruption to our sense of normal. Death does violence to our psyche. It *is* shocking. It is hard and painful to write about working with a young person as they die. The tale acknowledges the force of the first experience of the empty bed in the body of a young occupational therapist. This auto-ethnographic work is intended to speak to other therapists, to raise awareness of the significance of a first death for a young therapist through two re-tellings of one person's experience.

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[9]The Turkish words for 'mother' and 'father'.

The tale shows the drained demeanour of the occupational therapist character around the time of losing Sofya and coping with hospital regulations. This tale features the notions of the carnivalesque begun in the corresponding article – subverting protocol and turning things upside-down. The gypsy nomad in 'Assembling Sofya's keepsake' has magic at her fingertips in the form of an imagined magic carpet, standing for alternative practice in the translational profession of occupational therapy. An occupational therapist is often necessarily mobile, moving between the wards or from hospital to the home of a client, a nomadic 'transporter' who is often an outsider, bridging the everyday lived world and the medical world in both directions (Polatjako et al. 2007).

What an Occupational Looked Like and How She Felt[10]

The occupational therapist character is variously represented in the tales as being white-skinned and hesitant, animated and unflappable, fallible and grief-stricken, as a magical 'transporter' dressed in colourful clothes. Indeed, the clothing of a fictional character, those '... imaginary identities constructed through reports of appearance, action, speech, thought ... representing a set of beliefs and values ... as an element of narrative code' (Moon 2004, p. 7), may represent a 'living complexity, [with] imagination and story embedded' (Vella and Somerville, Chap. 3, this volume).

These tales of sensory worlds within a clinical setting privileged a therapist character's preferences for senses of smell and taste in her work with young people in the 'pale green environment' of hospital. Within cultural and representational modalities dominated by sight and hearing (Borthwick 2006), smells such as 'mint from my garden' permeated the food-related practice of the therapist in 'Orchestrating a surprise party'. The pale hands of the therapist character represented in the tales also produced her comportment. A prevailing motif of occupational therapy practice (which some now are beginning to question[11]) is that of hands. The tales are about making small choices, about experiences of doing using the hands, accomplishing the details of daily life within/against the organisational protocols that produce comportment (de Certeau 1984).

Her professional comportment was disciplined and shaped through a series of experiences of comfort and discomfort, occurring around, on and within a practitioner's lived and practised body (Foucault 1979). Site-specific performances of professional comportment are also shaped by what inter-professional others may notice about each other's demeanour and conduct on a hospital ward (Park Lala

[10]This section is written in the past tense ('looked', 'felt') to convey the time that has elapsed between the 'Then' of practice in the early 1980s and my successive representations of that practice, accounts that have gradually, over years, become embodied.

[11]For someone without hands or someone unable to use them, hands may be little more than the symbol that an able body is the norm (Hammell 2009).

and Kinsella 2011). Whether her experiences received social, organisational and professional endorsement would have influenced what an occupational therapist looked like and how she felt.

In Conclusion

Autoethnography that enables socio-material representations (Fenwick et al. 2011) of lived and practised bodies can function as something of a corrective to de-personalized and disembodied accounts of professional work. Representations that were previously 'un-narratable' (Frank 2004) can be constructed to enrich understandings that the body matters in and for professional practice. These tellings have the fictive potential to show moments of difficulty as well as the mundane-ordinary of practice. The everyday practices of health professionals are saturated with such moments, yet these are largely absent in most of the health literature (Denshire and Lee 2013).

Green (2009, p. 43) succinctly characterises professional practice as comprising:

> *speech* (what people say) plus the activity of the *body*, or bodies, in interaction (what people do, more often than not together) – a play of voices and bodies. In this view, practice is inherently dialogical, an orchestrated interplay, and indeed a matter of co-production. Among other things, this allows a better, sharper sense of practice as always-already social.

I would argue that crafting twice-told tales in dialogue with selected publications offers further possibilities for representing the multiplicity of practice (Schatzki 2002); and, in particular, as Lee and Dunston (2011) highlight, representing the *social* complexities of the everyday practice of a health professional than any singular account told from one point of view.[12]

Green (2009, p. 51) points out that dialogical representations can be a part of practice, not in opposition to it. Each fictive re-telling of a selected article was placed in dialogue with a corresponding tale. The tales go beneath a 'larger spectator theory of knowledge' (Hacking 1983, p. 130) into what being an occupational therapist looked and felt like. In this way, the tales 'colored in' absences in the articles – in particular, the body: the bodies of patients and the bodies of professionals through accounts written fictively from both points of view, and the institutional 'body', the Hospital.

It seems to me that the representations of a practitioner's comportment within tales of practice like those presented here have implications for reconfiguring 'the primacy of practice thesis [that] is haunted by the spectre of representation' (Green 2009, p. 49) in so far as this 'elaborated account' also brings representation into dialogic relationship with practice. The reciprocating and dynamic relationship between my practice and its successive representations goes some way to showing, firsthand, ways in which representations of the body matter in and for 'the ongoingness of practice' (Green 2009, p. 52).

[12]For further details on this autoethnographic methodology, see Denshire and Lee (2013).

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