

Dimensions of meaning in the occupations of daily life

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Key words

■ Human activity and occupations ■ Life change events ■ Quality of life

Abstract

Background. According to the existential philosophers, meaning, purpose and choice are necessary for quality of life. Qualitative researchers exploring the perspectives of people who have experienced health crises have also identified the need for meaning, purpose and choice following life disruptions. Although espousing the importance of meaning in occupation, occupational therapy theory has been primarily preoccupied with purposeful occupations and thus appears inadequate to address issues of meaning within people's lives. **Purpose.** This paper proposes that the fundamental orientation of occupational therapy should be the contributions that occupation makes to meaning in people's lives, furthering the suggestion that occupation might be viewed as comprising dimensions of meaning: doing, being, belonging and becoming. Drawing upon perspectives and research from philosophers, social scientists and occupational therapists, this paper will argue for a renewed understanding of occupation in terms of dimensions of meaning rather than as divisible activities of self-care, productivity and leisure. **Practice implications.** Focusing on meaningful, rather than purposeful occupations more closely aligns the profession with its espoused aspiration to enable the enhancement of quality of life.

Résumé

Description. Selon les philosophes existentialistes, le sens, le but et le choix sont des éléments essentiels à la qualité de vie. Des chercheurs menant des études qualitatives sur les perspectives de personnes ayant eu des problèmes de santé ont également découvert qu'après avoir traversé une période de crise, les personnes avaient besoin de trouver un sens et un but à leur vie, tout en ayant la possibilité d'exercer des choix. Bien que la théorie en ergothérapie reconnaisse l'importance des occupations significatives, elle est principalement axée sur les occupations utiles, ce qui semble inadéquat pour aborder des questions associées au sens dans la vie des gens. **But.** Selon les auteurs de cet article, l'ergothérapie devrait être fondamentalement orientée sur le sens que les occupations peuvent apporter dans la vie d'une personne, ce qui suppose que l'on pourrait considérer que l'occupation comporte des dimensions relatives au sens, soient : faire, être, appartenir et devenir. S'inspirant des perspectives et des recherches de philosophes, de chercheurs en science sociale et d'ergothérapeutes, cet article propose de considérer l'occupation selon une nouvelle perspective, c'est-à-dire en fonction des dimensions du sens plutôt que sous l'angle d'activités associées aux soins personnels, à la productivité et aux loisirs. **Conséquences pour la pratique.** En mettant l'accent sur les occupations significatives plutôt que sur les occupations utiles, la profession se rapprocherait davantage de son objectif, qui est de contribuer à l'amélioration de la qualité de vie.

Canadian occupational therapists have placed spirituality at the centre of their Canadian Model of Occupational Performance (Canadian Association of Occupational Therapists [CAOT], 2002) and have declared that: "Spirituality is a universal concern, growing where people feel alienated, isolated, lonely, oppressed, marginalized, demoralized, or trapped in bureaucracy, abuse or meaningless occupation" (Townsend, DeLaat, Egan, Thibault & Wright, 1999, p.3). It has been suggested that Canadian occupational therapists are wrestling with issues pertaining to spirituality because clients who are facing life disruptions consistently raise issues of meaning, values and purpose (Hammell, 2003a). Yet current theory, with its focus on the

doing of self-care, productive and leisure activities, is inadequate to address issues of meaning in people's lives (Hammell, 2003a). However, the belief that occupation is a primary source of life's meaning (CAOT, 2002), and recognition that enablement of meaningful occupation (not spirituality) falls squarely within our mandate requires that occupational therapists explore the concept of occupation as this relates to the experience and expression of meaning in people's lives.

This paper examines the contribution that occupation makes to the experience of meaning and quality of life following profound biographical disruption. In so doing, it draws upon theories and research from philosophers, social

scientists and occupational therapists to support an alternate vision for theorizing occupation in terms of "the sources of meaning found in occupation and the contributions that occupation makes to meaning in our lives" (Hasselkus, 2002, p.xi).

The concept of occupation in occupational therapy theory

Current occupational therapy theory states that occupation "is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity)" (CAOT, 2002, p.34). This definition does not delimit occupation to three categories but subsequent statements in the same publication list the "purposes" of occupation as being self-care, productivity and leisure (CAOT, 2002, p.37). This is neither a random nor an alphabetical ordering (Suto, 2004), but a hierarchy that reflects the specific values and priorities of physically independent, employed theorists (Hammell, 2004a). Some disability theorists would argue that by prioritizing self-care and productive (economic) activities, occupational therapists act as agents of the state, actively perpetuating ideologies that denigrate those deemed dependent or unproductive (Hammell, 2004b). Indeed, categorizing the occupations of others is not a neutral enterprise but value-laden and inherently political: "The labels attached to activities establish and justify their social worth" (Devault, 1990, p.110).

The categorisation of occupations into three divisions is problematic for other reasons. Some of the most meaningful occupations cannot be made to fit any of the three categories. For example, caring for one's children, partner, parents or companion animals; simply being with special people or physically expressing love are not self-care activities, nor are they necessarily socially or economically productive or experienced as leisure (a word which has few equivalents in other languages) (Kelly & Kelly, 1994). Rather, they are an expression through occupation (time, energy, interest) of something much more important: of a connectedness and of a sharing of oneself.

Further, due to age, culture, socioeconomic status or lifestyle, an occupation may be labelled by some people as leisure and by others as productive. Indeed, the perception of a leisure/work dichotomy is not universal, but rather, culturally specific (Primeau, 1996). Moreover, the same individual may define an occupation differently at different times, dependent upon mood, goals, context and the presence of other people (CAOT, 2002; Kelly & Kelly, 1994; Primeau, 1996; Shaw, 1984). Thus, "it is impossible to give an individual's occupation any meaning other than the subjective meaning that they, themselves, choose to give it" (Weinblatt & Avrech-Bar, 2001, p.169). Because the three categories are

unstable, establishing an optimal balance among them is problematic, yet as Christiansen (1996) has stated: "One of the most widely cited philosophical beliefs in occupational therapy is that a balance of occupations is beneficial to health and well-being" (p.432).

The notion of balance is also problematic. While this assumption may be valid, it "fails to define work, leisure, or what constitutes a balance; does not specify the aspects of health that are promoted; and is not seriously subjected to the possibility of disconfirmation" (Clark et al., 1991, p.306). Neither is it clear who is privileged to determine balance or imbalance, nor whose values these judgements might reflect. In addition, the idea that one can engage in one occupation at a time (a clear requirement for classification) represents a particularly ableist stance. Ableism refers to social practices and relations that assume and privilege able-bodiedness. Engaging in one occupation at a time may be impossible for those people with severe physical impairments for whom self-care activities intrude into every other occupation (Hammell, 2004a).

Occupational therapy theory has demonstrated a clear difficulty with differentiating between the concepts purposeful and meaningful, sometimes using the terms interchangeably and tending to extol the notion of meaningful occupation while focusing instead on purposeful, goal-oriented, socially-sanctioned use of time and energy in doing (e.g. Christiansen & Baum, 1997; Wilcock, 1993, 1998a; Yerxa, 1998; Yerxa et al., 1989). It is stated that: "Occupations are meaningful to people when they fulfil a goal or purpose that is personally or culturally important" (CAOT, 2002, p.36). This implies that meaningful is a positive term, yet all occupations are meaningful; they all have some meaning for the individual engaged in them. When occupations are dictated by the agendas of occupational therapists for example, the meaning clients derive from them can be "humiliating" (Helfrich & Kielhofner, 1994, p.321).

The current triad of privileged occupations has only partial resonance with the experiences of people whose lives have been disrupted, for example by impairment or illness, war, unemployment, bereavement or geographic dislocation. However, recent incorporation of qualitative methods into occupational therapy research has enabled the exploration of different ways of understanding occupation and disruption, creating the possibility for the perspectives of various client groups to infiltrate professional theory. Consistent themes across diverse studies suggest that occupation might best be understood, not as divisible activities of self-care, productivity and leisure but as dimensions of meaning.

Law et al. (1996, p.16) state that occupations meet the person's "intrinsic needs for self-maintenance, expression and fulfilment"; suggesting that occupations might usefully be explored, not in terms of categories, but in terms of how they meet intrinsic needs. Congruent with the goal of

exploring how occupations meet people's intrinsic needs, the following section will examine meaning within life disruptions.

Biographical disruption: Consequences and significance

Musing upon the accident in which he damaged his spinal cord, Hockenberry (1995) wrote: "Until ... that day in 1976 I understood the world only as an evolving landscape of clockwork challenges and gradual change. I would grow up. I would graduate. I would have a career. I would be happy" (p.24). The sense of disruption to expectations, life-plans and "the seductive predictability" of every day life (Hockenberry, 1995, p.79) is a recurring theme in the life narratives of people who have experienced unexpected life events (Becker, 1997; Reynolds, 2003) and has been termed biographical disruption (Bury, 1982).

In the context of health crises, biographical disruption has been described as comprising three dimensions: body, conceptions of self, and time. This theory suggests that illness or injury that leads to an inability to perform valued activities of every day life may lead to a loss of certain aspects of the self, such as perceptions of competence, self-worth and identity (Corbin & Strauss, 1987). This suggestion has been supported by qualitative researchers, who have identified perceptions of diminished self-worth among those for whom bodily dysfunction has disrupted formerly taken for granted daily routines, roles and valued occupations (Carricaburu & Pierret, 1995; Duggan & Dijkers, 1999; Hammell, 1998a; Reynolds, 2003; Sanders, Donovan & Dieppe, 2002; Vrkljan & Miller Polgar, 2001).

Bury (1991) distinguished two forms of meaning of impairment and both have relevance for theories of occupation. First, he suggested that the meaning of an impairment will lie in its consequences; how it is biographically disruptive in terms of its impact on everyday life activities and relationships. The second meaning of impairment lies in its significance, that is, in terms of its social connotations. The significance of a given impairment will be dependent upon cultural ideas concerning causation (blame), stigma, competence and social worth. In turn, these factors influence the significance of an impairment for the individual's sense of self.

Any unexpected event in the seductively predictable flow of daily life, such as the death of a life partner, a life-threatening illness, a marital breakdown or the loss of a valued job, may constitute a biographical disruption. The consequences of disruption are experienced in terms of the loss of doing those activities that gave structure and logic, meaning and purpose to life (Becker, 1997). Occupational therapists have tended to focus only on those disruptions occasioned by illness, injury or impairment, and then only on the consequences of those disrupted biographies. However,

sociologists also draw our attention to the significance of disruption; a dimension that addresses values. Sartre (1956) claimed that one does not examine values or meanings when engaged in the predictable routine of daily activities but when crisis compels reflection.

Changing the meaning of consequences

One of the primary consequences of an illness or injury is the cessation of doing; the ability to engage in personally meaningful occupations (Hammell, 1998a; Kleiber, Brock, Lee, Datillo & Caldwell, 1995; Lyons, Orozovic, Davis & Newman, 2002; Vrkljan & Miller Polgar, 2001). Thus impairments are experienced both physiologically and occupationally (Hasselkus, 2002).

The biographical disruption occasioned by illness or injury requires several responses: attention to the body, fundamental re-thinking of biography, and mobilisation of social and material resources (Bury, 1982). With a supportive social network and appropriate material resources, forms of lifestyle can be adopted that enable a shift from an image of a disabled self to one of a capable self (Corbin & Strauss, 1991). There is growing evidence that many people who have physical impairments undergo a conceptual transformation, such that they change the way they think about disability. Through choosing to minimize losses and focus instead on abilities and accomplishments, they perceive themselves to be competent and capable (Carpenter, 1994; Duggan & Dijkers, 1999; Gill, 2001; Hammell, 1998a, 2004a; Keany & Glueckauf, 1993). Indeed, many no longer view themselves as disabled. As a young man with high tetraplegia observed: "I don't look at you as able-bodied and me as disabled ... We're [all] doing the best we can with what we have" (Hammell, 1998a).

New meanings of the concepts able and disabled arise as people discover ways of engaging in meaningful occupations, thereby challenging hegemonic social assumptions. Kagawa-Singer (1993) also observed that people living with cancer redefined the meaning of health, employing a definition "based upon their ability to maintain a sense of integrity as productive, able, and valued individuals within their social spheres, despite their physical condition" (p.295). When the consequences of impairment are altered through engagement in valued occupations, both the experience and the meaning of disability are altered. Changing the experience of a situation in terms of its consequences thus serves to change its meaning.

Changing the meaning of significance

Existential philosophy expressed the post-war need to rebuild one's life, the freedom to re-make oneself and the denial of the determinism of circumstances (Lavine, 1984). The existential philosophers described perspective transformation as a way of looking at things differently. Sartre argued that while one cannot change one's biological, psychological, social or

economic circumstances, we are free and responsible to choose the meanings we give to these realities and to choose how we will live within our limitations (Sartre, 1956). Thus, changing the meaning/significance of a situation also serves to change the experience.

Supporting the idea of perspective transformation, research suggests that people who make a good adjustment to the sudden onset of impairment are those who are able to redefine their values, broaden the range of things that are cherished and decrease the emphasis on physique as a measure of the self (Crewe, 1996; Keany & Glueckauf, 1993). Formerly valued goals may not only appear to be out of reach, but suddenly irrelevant (Kaufman, 1988). By initiating the process of rethinking what is meaningful in life "disruption can be a catalyst for change" (Becker, 1997, p.19), compelling people to question cultural ideas and providing the opportunity to discover meanings that contradict accepted values (Becker, 1997). Such cultural disjuncture may be experienced by people returning from prolonged periods in countries of the majority (third) world who find that culture shock is harder upon return to a culture whose materialistic and self-oriented values they no longer share.

A pervasive theme in disability research is that the biographical disruption occasioned by injury or illness prompts a reassessment of norms and values and a reappraisal of life priorities, time use and occupational choices (Becker, 1997; Gill, 2001; McMillen & Cook, 2003) and may therefore change the meanings attributed to occupations (Vrkljan & Miller Polgar, 2001). Research indicates that people may choose to give low priority to mundane concerns and high priority to relationships with special people, personally meaningful projects, "or just plain enjoyment of life" (Taylor, 1983, p.1163) (Boswell et al., 1998; Carricaburu & Pierret, 1995; Gloersen et al., 1993). Following high spinal cord injury, for example, people were found to have consciously reassessed their values, adjusted their priorities and sought to live lives that were more focused and less superficial; realigning their time use to match their chosen values (Hammell, 1998a).

This brief review suggests that the meaning of a biographical disruption is determined both by its consequences and its significance; and that occupation can change the meaning of a life disruption in terms of both its consequences and significance. The following section explores meaning and occupation in relation to quality of life.

Occupational engagement and the experience of meaning and quality of life

The reality that depression is considered to be an epidemic in the minority (developed) world (Murray & Lopez, 1996) despite comparative affluence, material comforts and what is termed a high standard of living, suggests that the experience

of quality of life is not dependent upon the quantifiable, material conditions of life but upon subjective, qualitative factors: the content of life. Research suggests that "depression can be averted when people are given an opportunity to gain personal meaning from everyday activities, when their sense of optimism is renewed, and where they believe that there is choice and control in their lives" (Christiansen, 1999, p.555).

Existential philosophers contend that meaning, purpose and choice are fundamentally important to the experience of a life worth living (Lavine, 1984; Plahuta et al., 2002); to which Somner and Baumeister (1998) added the need for self-worth. Research exploring perceptions of quality of life following profound life disruption has also identified the importance of choice and control, in addition to meaning and purpose through the use of time (e.g. Hammell, 2004a). Occupational therapists believe that occupation is a source of meaning and purpose, choice and control (CAOT, 2002). Research provides supportive evidence for this belief.

For example, in exploring the needs of disabled people in the majority (developing) world Coleridge (1993) concluded: Basic needs are lacks which need to be supplied, like food, shelter, and health...But there are other needs which are just as basic: the need to be creative, to make choices, to exercise judgement, to love others, to have friendships, to contribute something of oneself to the world, to have social function and purpose. These are active needs; if they are not met, the result is the impoverishment of the human spirit, because without them life itself has no meaning. The most basic need of all is the need for meaning (p. 213).

Coleridge claimed that the quest for meaning is not solely intrinsic or spiritual but profoundly political, observing that active needs can only be met if political, social and economic forces enable people to have some sort of meaningful control over their own lives. This supports occupational therapists' belief in the interaction of occupations, persons and environments (Law et al., 1996). These dimensions will be explored further in the following sections.

Basic needs

Purpose

The importance of creating meaning through purposeful occupations has not been lost on writers: "Working restored his equilibrium and gave him back that sense of purpose that even living with a fatal disease requires if one is to live at all" (White, 2000, p.219). Congruent with the values and egocentric ideology of Western culture, occupational therapy theory has traditionally privileged goal-oriented, purposeful occupations that have economic and social benefits. However, the evidence base to support this premise is inconclusive at best. For example, Clayton and Chubon (1994) found that perceptions of quality of life among people who were employed

following spinal cord injury were not significantly different from the perceptions of those who were unemployed. Research does support the importance of engagement in purposeful occupations when these are personally meaningful and valuable to the individual (Gloersen et al., 1993; Hammell, 2004a; Lyons et al., 2002; Vrkljan & Miller Polgar, 2001). However, despite an alleged commitment to meaningful occupations, occupational therapists have only rarely explored the meaning of occupational engagement (Unruh et al., 2000; Vrkljan & Miller Polgar, 2001) or whether engagement in purposeful occupations is sufficient to imbue life with meaning.

Research suggests that the re-discovery of a purpose in one's life is a powerful predictor of adjustment to life with a severe impairment, such as spinal cord injury (Thompson et al., 2003). Philosophers have had much to say about purpose in daily lives. Baier (1987), for example, argued that a life filled with activities devoid of purpose is pointless, futile and worthless: "Such lives may indeed be dismissed as meaningless" (p.22). Nietzsche held instead that "life has no meaning so long as it stands wholly under the domination of purposes" (Schlick, 1987, p.61). Occupational therapists lack a substantive evidence base to support their selective focus upon purposeful occupations.

Meaning

Qualitative research suggests that filling time with personally meaningful occupations restores a sense of value and purpose to life (Bloom, 2001; Hammell, 1998a; Laliberte-Rudman et al., 2000; Pentland et al., 2002; Ville et al., 2001; Vrkljan & Miller Polgar, 2001). Mee and Sumsion (2001) observed that doing something purposeful is directly associated with the meaning of one's day and that engagement in occupations that are personally meaningful contributes to a sense of purpose. Indeed, "having things to do that are meaningful fills life with purpose" (Cochran & Laub, 1994,p.91). Although it is clearly an error to interchange the terms meaningful and purposeful, the association between these concepts is evidently important and merits further research.

Choice and control

Many researchers have identified the importance of control (the exercise of choice) to the experience of a life worth living with a serious illness or impairment (Abresch, Seyden & Wineinger, 1998; Conneeley, 2003; Hammell, 2004a; Laliberte-Rudman et al., 2000; Lyons et al., 2002; Plahuta et al., 2002; Vrkljan & Miller Polgar, 2001). Supporting the proposal that "to engage in occupations is to *take control*" (Yerxa et al., 1989,p.5) researchers have noted that people whose lives have been disrupted by illness or injury make a conscious decision to take control of their lives (or "get back on track"), notably through re-engagement in occupations they find personally meaningful (Carpenter, 1994,p.621);

(Cochran & Laub, 1994; Gloersen et al., 1993; Hammell, 1998a; Reynolds, 2003; Vrkljan & Miller Polgar, 2001). It is suggested that people gain a sense of control and of biographical continuity by choosing, shaping and orchestrating their daily occupations (Clark & Jackson, 1989). Congruent with the metaphor of biographical disruption, it is claimed that once choices are enacted "life is being authored" (Cochran & Laub, 1994,p.93). Indeed, to study occupation is to study the authorship of activities (Clark & Jackson, 1989).

The strong emphasis placed on self-determination by people whose lives have been disrupted by illness or impairment, and their perceived need to be in control of their own lives supports a client-centred approach to occupational therapy (Hammell, 2003b). Central to the experience of quality of life is the ability and opportunity to enact choices and assert control over one's occupations and one's aspirations. Central also to theories of person-environment-occupation relationships (Law et al., 1996), "control is dependent on opportunities provided by the environment" (CAOT, 1997,p.37). This recognition demands a political, rights-based approach to occupational therapy because there is clearly a link between the right to equality of opportunities and human rights (Hammell, 2004a).

Self-worth

The onset of impairment or illness can lead to an underestimation of existing abilities and to a consequent devaluation of the whole person (Keany & Glueckauf 1993). Qualitative research has shown that when people lose their ability to do those occupations that are important to them this erases their perceptions of themselves as capable and competent, such that they describe feeling useless and valueless (Hammell, 1998a; Lyons et al., 2002; Reynolds, 2003). Conversely, researchers have observed a connection between engagement in personally valued occupations and perceptions of being competent, capable and valuable (Bloom, 2001; Hammell, 1998a; Rebeiro, 2004; Vrkljan & Miller Polgar, 2001).

Thompson et al. (2003,p.100) suggest that people who have sustained a life-disrupting injury, such as a spinal cord injury, need to find a new "I am" as well as a new "I can". McCuaig and Frank (1991) demonstrated that the importance of a competent, able self lies not solely in self-perception but in the perceptions of others (also Reynolds, 2003). Notable, are findings of the importance of being able to contribute to other people in reciprocal relationships that foster perceptions of value and competence, connecting and belonging (Bloom, 2001; Duggan & Dijkers, 1999; Laliberte-Rudman et al., 2000; Lyons et al., 2002; Pentland et al., 2002; Rebeiro, 2004; Reynolds, 2003; Waldie, 2002).

Occupation

Engagement in personally meaningful occupations has thus been found to address each of the needs for meaning identi-

fied by philosophers: meaning, purpose, choice, self-worth. Further, occupational engagement has been found to contribute to the experience of a life worth living. This provides evidence-based support for occupational therapists' belief that occupation is a source of meaning, purpose and choice and control (CAOT, 2002). It is also consistent with the findings of researchers from other academic traditions. For example, Creighton (1995), an anthropologist, noted that serious investigation of how occupations are used to construct meaning and self-identity can reveal ways in which people find fulfilment and invoke agency through their activities.

Carmel (2001, p.956) claimed that "it is the perceived meaningfulness of life that mainly affects people's will to live". The importance of occupation in reconstructing a life worth living following biographical disruption, of filling life with meaning, cannot be over-stated. Studies have suggested, for example, that mortality after spinal cord injury is correlated with lower levels of social and vocational activities and lower life satisfaction (Krause & Crewe, 1987; Krause, 1991; Krause & Kjorsvig, 1992). Thus, engagement in personally meaningful occupations may not solely influence the quality and meaning of living, but survival itself. The next section explores how theories of occupation might reflect dimensions of meaning.

Discovering meaning through occupational engagement

Hasselkus (2002) proposed that occupational therapy should value engagement in occupation for the sake of experience, for how someone feels when undertaking an occupation, rather than for its outcome or its purpose. This suggests a new direction for theory that fully encompasses the concept of meaning, with which occupational therapists have flirted but never fully embraced.

Wilcock (1998a) began the process of sketching a theory of occupation that would be dependent upon meaning rather than specifically upon purpose. She observed that while some theorists see occupation as comprised of goal-directed, purposeful activities, occupation is more than doing. It is a synthesis of "doing, being and becoming" (1998a, p.341). Several occupational therapy researchers have identified themes of doing, being and becoming through occupation (e.g. Hammell, 1998a; Lyons et al., 2002; Rebeiro et al., 2001; Wilcock, 1998a, 1998b), to which Rebeiro et al. (2001) have added belonging. Although these researchers have identified similar themes of meaning, the parameters of the themes have not been consistent. It is proposed that these dimensions of meaning might be described as follows (Hammell, 2003a).

Doing

The concept of doing includes purposeful, goal-oriented activities; doing has been the traditional preoccupation of

occupational therapy (Hammell, 1998a). Indeed, Wilcock (1998b) claimed that the word doing is synonymous with occupation. Qualitative research among people with physical impairments has identified five dimensions of experiencing and expressing meaning through doing. These include the need/opportunity to: keep busy, have something to wake up for, explore new opportunities, envision future time engaged in valued activities, and contribute to others (Hammell, 1998a; 2004a). These themes were characterised by the participants' implied need for a sense of purpose and fulfilment. The ability to do provided structure, an affirmation of competence and enhanced feelings of self-worth through a sense of being valuable and capable.

Being

Being has been defined as time taken to reflect, be introspective or meditative, (re)discover the self, savour the moment, appreciate nature, art or music in a contemplative manner and to enjoy being with special people (Hammell, 1998a); and has been identified as an important component of living well with a serious illness or impairment (Berterö & Ek, 1993; Bloom, 2001; Gloersen et al., 1993; Hammell, 1998a; Young & McNicholl, 1998). Rowles (1991) observed that a predominant focus on doing in occupational therapy theory "has tended to overshadow *being* as an essential ingredient of human experience" (p.265). Rowles proposed:

To live as a fully self-actualizing person involves the process of being, of simply experiencing life and the environment around us, frequently in an accepting, non-instrumental way. Being, in this sense, involves the realms of meaning, value, and intentionality that imbue our lives with a richness and diversity that transcends what we know and what we do (p.265).

Being is the subject matter of the branch of philosophy known as ontology and is centrally concerned with the nature of existence. In qualitative research, this notion of existing characterised an important dimension of time use and differentiated it from the construct of doing (Hammell, 1998a). Notably, these were occupations distinguished by pleasure, pure enjoyment and appreciation, demonstrating that occupations do not need to be purposeful in order to be personally meaningful. They were also occupations that were freely and actively chosen according to the revised values and priorities of life following profound biographical disruption. Frequently challenging societal norms, these were pleasures taken in small and taken-for-granted things, such as watching a sunset or children playing, feeling the wind or warm sunshine (Hammell, 1998a; Young & McNicholl, 1998).

Rebeiro et al. (2001) suggested that being needs are about a rediscovery of oneself, a premise supported by Hammell (1998a) and Young and McNicholl (1998) who cited people living with high spinal cord injury and amyotrophic lateral sclerosis who said that their injury or dis-

ease allowed them to find out who they were. Congruent with much Eastern philosophy, and with research findings demonstrating that work is not universally perceived to be central to life (Kelly & Kelly, 1994), acknowledgement of the need to experience and express meaning through being contests the culturally-specific priority accorded to doing.

Belonging

Rebeiro et al. (2001) used the term belonging to describe the necessary contribution of social interaction, mutual support and friendship, and the sense of being included, to occupational performance and life satisfaction. This incorporates the sense of affirmation that one's life has value for others as well as for oneself (Duggan & Dijkers, 1999). The importance of relationships and connectedness to the experience of meaning in everyday life is a central theme in many qualitative studies into living with illness or impairment (Emerson et al., 1998; Hammell, 1998a; Laliberte-Rudman et al., 2000; McMillen & Cook 2003). Lyons et al. (2002), for example, described the importance of relationships for pleasure and the affirmation of worth. The importance of reciprocity, of contributing to others (family members, friends, communities) has been outlined above and is congruent with the concept of belonging. Belonging, within a network of social support can underpin both the ability to do and contribute to the pleasure and meaningfulness of doing. For example, travelling, for some people, may require the assistance of another person; the presence of that person may contribute to the value of the travel experience (Hammell, 2004a).

Becoming

Gloersen et al. (1993, p.46) found that people living with AIDS had an "opportunity to reassess their life priorities and to refocus their purpose on what was really important ... This process reflected an explicit existential journey of 'becoming'". 'Becoming' describes the idea that people can envision future selves and possible lives, explore new opportunities and harbour ideas about who or what they wish to become over the course of their biographies and how their lives might be experienced as worthwhile (Hammell, 1998a; 2003a). This recalls efforts to achieve and perceive an able, capable self and includes the need to envision a future in which one might contribute something to others (Coleridge, 1993; Duggan & Dijkers, 1999).

Kleiber et al. (1995) proposed that "the new story one writes for oneself subsequent to traumatic life events ... is quite likely to be illustrated with a future self in action in a way that makes life enjoyable and meaningful once again" (p.297). Philosophers use the concept of becoming to indicate the idea of process, and change through time, suggesting that through reflecting on values, selecting priorities, making choices and engaging in activities we decide what we want to

become (Nagel, 1987). This is, perhaps, the process through which a biographical disruption becomes one chapter of a life story, rather than its central theme.

Conclusion

In exploring the contribution that occupation makes to the experience of quality and meaning in living, this paper examined current theories of occupation, suggesting that these focus primarily on purposeful activities and on a privileged triad of occupations that may have little relevance to individuals' intrinsic needs. As a useful tool for investigating life disjunctures, the idea of biographical disruption was outlined and research evidence was provided to support the premise that the meaning of both the consequences and significance of disruption might be changed through occupation. This process was identified as a stimulus for re-evaluating life values and priorities.

Theoretical and research evidence was reviewed to identify four dimensions that are found to contribute to the experience of a life worth living following a biographical disruption: meaning, purpose, choice/control and self-worth. A considerable body of research provides evidence-based support for occupation as a basic human need, and as a source of these four dimensions. These findings suggest that the current theoretical emphasis on occupation as the doing of self-care, productive and leisure activities may be inadequate to address dimensions of meaning in people's lives (Hammell, 2003a). If occupational therapists are to address those dimensions of human experience that prompted our profession to wrestle with issues of spirituality or intrinsic meaning, I suggest that a renewed understanding of occupation is required, one that encompasses dimensions of meaning (Hammell, 2003a).

Qualitative research has identified consistent dimensions of meaning in occupation among diverse client groups: doing, being, belonging and becoming. I propose that these concepts, grounded in research evidence derived from clients' perspectives, might provide a useful vision for occupational therapy theory, enabling us to address issues of fundamental importance (meaning, purpose, values, self-worth) while remaining within our mandate of enabling occupation. If client-centred practice is, indeed, "concerned with ensuring the meaningfulness of intervention" (Hammell, 1998b, p.123) then the fundamental orientation of occupational therapy ought, perhaps, to be "the sources of meaning found in occupation and the contributions that occupation makes to meaning in our lives" (Hasselkus, 2002, p.xi).

Research reviewed in this paper supports the premise that "the ability to find meaning through occupation is a central consideration in people's lives" (Jackson, Carlson, Mandel, Zemke & Clark, 1998, p.328) and suggests that occupational therapists have a far larger role to play in society than their traditional niche in the health system. Life disrupt-

tions and a lack of purpose and meaning in every day life are not problems unique to people with illnesses or impairments. However, if occupational therapy is to have any relevance for people who "feel alienated, isolated, lonely, oppressed, marginalized, demoralized, or trapped in ... meaningless occupation" (Townsend et al 1999,p.3) then future practice must match current rhetoric, with interventions targeted at social, legal, economic and political environments (Hammell, 2003b). The quest for meaning, it is argued, is profoundly political (Coleridge, 1993).

In 1989 Yerxa et al. proposed that one of the fundamental research questions arising from occupational science was "what are the contributions of work and leisure to self-identity, self-esteem and life satisfaction?" (p.13). Although the dualistic categories deemed worthy of investigation in 1989 now seem artificially restrictive and culturally specific; there is clearly much more work that needs to be undertaken to better understand this equation. Because the idea of biography acknowledges that meaning and context are inseparable (Bury 1991), employing the idea of biography in both research and practice may serve as a useful prompt to examine the social, cultural, physical and institutional environments that enable and constrain both occupational engagement and the experience and expression of meaning in every day life.

Hagedorn (1995) proposed that the concept of balance among occupations "does not relate to work, leisure and self-care, but to a harmony between utility and meaning in the life of the individual" (p.149). Thus Primeau (1996) stated: "A balance between what is culturally accepted to be work and leisure in one's life appears to be less important than a balance of affective experiences across all of one's occupations (p. 575)". Fundamentally non-judgemental and wholly compatible with the idea of deriving meaning through occupation, these conceptualizations of balance might provide a useful starting point for exploring how choice, purpose, meaning and self-worth are experienced and expressed in the occupations of daily life.

It is evident that forms of practice that are preoccupied with self-care, productive and leisure activities may be inadequate to address clients' needs for meaning. Instead, occupational therapy is most relevant and useful when it addresses issues of meaning, values and purpose as these are experienced and expressed by clients through their chosen occupations. Engagement in personally meaningful occupations contributes, not solely to perceptions of competence, capability and value, but to the quality of life itself.

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