Meaning and Misunderstanding in Occupational Forms: A Study of Therapeutic Goal Setting

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Key Words: volition • planning process, occupational therapy • motivation

Objective. *This study examined occupational therapists' use of the occupational form of goal setting as therapy and its impact on clients.*

Method. *The study method was qualitative, using participant observation and interviewing as the main source of data.*

Results. *The findings illustrated that therapists work both to give substance to the occupational form and to create the context of an implied narrative that imbues it with particular meanings. Simultaneously, clients' experience of meaning is influenced by a personal volitional narrative. When the two narratives do not coincide, therapists' efforts to maintain the occupational form intensify as they encourage clients toward attitudes and performances that do not resonate with the clients' experience of reality.*

Conclusion. *The findings underscore the importance of recognizing that occupational forms are embedded in social processes and perspectives that inevitably come into play when occupational forms are used as therapy.*

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This article was accepted for publication July 20, 1997.

This article presents findings from a qualitative study of how occupational therapists selected, presented, and used goal setting in the program and on how clients experienced this occupational form. The present investigation was part of a larger study that assessed the process and outcomes of an occupational therapy work-oriented program. During the investigation, it became apparent that one of the defining characteristics of the program was how occupational forms were used by therapists and received by clients.

Occupational Form, Performance, and Adaptation

Nelson (1988) introduced the concept of occupational form to refer to circumstances external to the performer that elicit, guide, and structure occupational performance. Accordingly, when persons perform, they are both giving expression to and constrained by the features of the occupational form toward which their actions are being shaped. Nelson further argued that persons change their own natures as they engage in occupational forms—a process referred to as occupational adaptation. Factors as diverse as motor performance, attitude, cognitive strategies, and motivation are considered to be shaped by the occupational form during performance and changed as a result of occupational adaptation (Kielhofner, 1995; Nelson, 1988, 1997; Wu, Trombly, & Lin, 1994).

Occupational Form, Meaning, and Volition

An essential element in both occupational performance and adaptation is the meaning the performer experiences

when doing a given occupational form (Nelson, 1988, 1997). Occupational forms are conceptualized as carrying common, culturally based meanings that influence the meaning the performer experiences (Nelson, 1994). Moreover, studies have demonstrated that variation in the occupational form can elicit different meanings in clients (Froehlich & Nelson, 1986; Kremer, Nelson, & Duncombe, 1984; Lang, Nelson, & Bush, 1992; Nelson, Thompson, & Moore, 1982; Yoder, Nelson, & Smith, 1989).

According to Nelson (1994), the meaning that any person experiences from participating in an occupational form also "depends on the interaction of the person's developmental structure and the occupational form" (p. 21). The concept of developmental structure includes the psychosocial characteristics of the performer and acknowledges that each person comes predisposed to experience certain meanings in an occupational form.

Within the Model of Human Occupation (Kielhofner, 1995), occupational form is conceptualized as one of four dimensions of the environment (the others being spaces, objects, and social groups) that afford opportunities and place constraints on choice, performance, and experience. Occupational forms are said to carry preformed cultural meanings that provide both opportunities and constraints for experiencing meaning. From the perspective of the Model of Human Occupation, the meaning of an occupational form to the performer is highly dependent on the performer's volitional narrative (i.e., a personal life story that is being experienced and lived). For example, Helfrich and Kielhofner (1994) documented how clients construed the occupational forms they encountered in therapy as events within their life stories.

Both the original conceptualization of occupational form and its adaptation within the Model of Human Occupation argue that the meaning experienced in performing an occupational form is the result of a dialectic between the form's attendant cultural importance and the performers' predispositions toward certain meanings. The occupational therapist must work at the juncture of these two factors. According to Nelson (1988, 1994, 1997), therapists help to assure that the therapeutic occupation will be meaningful through a process of "occupational synthesis." Implicit in Nelson's discussion is that occupational synthesis involves consideration of both the ordinary cultural meanings associated with an occupational form and the client's characteristics. It follows logically that the occupational therapist must also be involved in a complex process of presenting, monitoring, and modifying the occupational form to achieve the desired therapeutic result, including the client's experience of meaning.

There are reasons to suspect that synthesizing occupational forms in therapy is, at times, problematic. One potential source of difficulty is that clients may not share the same background assumptions and perspectives with which the occupational therapist assigns meaning to occupational forms (Helfrich & Kielhofner, 1994; Krefting & Krefting, 1991; Trombly, 1995). This study examined what happens when therapists interpret the meaning of an occupational form differently than their clients. The focus was on goal setting.

Goal setting meets the criteria of both Nelson's and Kielhofner's definitions of occupational form. Nelson (1988) defined an occupational form as the external structure that guides performance, and he noted that occupational forms have associated with them specific objects and procedures. Kielhofner (1995) argued that occupational forms are coherent, rule-bound sequences of action directed to a purpose and sustained and named within a culture. Goal setting can involve various objects (e.g., written work sheets, charts) and procedures (e.g., selecting goals from alternatives, recording goals, tracking goal attainment). Goal setting is a named procedure whose practice and purpose is readily understood in Western institutions. Be it a corporate management team setting productivity and profit targets, a faculty group identifying learning goals for its curriculum and courses, or an individual establishing personal objectives for career development, goal setting is taken as a sign that an organization or individual has purpose and direction. Goal setting takes its meaning and ambience from cultures that emphasize a strong future orientation and the attendant idea of progress toward some definable good (Cottle, 1976; Hall, 1959; Young, 1988).

Method

Study Setting

This investigation was part of a 2-year qualitative study that examined how clients experienced and were affected by occupational therapy services they received in a community-focused program designed to assist clients in achieving a vocational role. Within the program, which was based on the Model of Human Occupation (Kielhofner, 1995), clients engaged in work activities and group sessions aimed at developing their skills, habits, roles, and motivation. The majority of clients were African-American or Hispanic and lived in inner city, economically impoverished communities. A strong focus of the program was developing and following through on individual client goals. To this end, clients participated in a weekly group in which they engaged in goal setting.

Participant

The study focused on one client, Barbara, and the therapists who worked with her. She is a 37-year-old African-

American woman and the single mother of three teenage daughters. Barbara began outpatient treatment for depression and substance abuse 6 months before being referred to the program. She first attended the program for 1 month and then returned 3 months later, remaining for an additional 4 months. We followed Barbara over the course of 15 months, gathering data that spanned the time before, during, and after her involvement in the work program.

Data Collection and Analysis

Data for the larger study were collected by reviewing medical and social records, recording field notes from participant observation, videotaping purposively sampled parts of the program, and conducting in-depth, open-ended interviews. We gathered narrative accounts of life histories and events from clients and interviewed therapists about their experiences and thoughts with regard to the program and specific clients and events in the program. All interviews and selected portions of the videotapes were transcribed.

Throughout data collection and analysis we sought to (a) take into account participants' unique ways of construing and evaluating experience and (b) be mindful of the "the political, economic, stratificatory realities" (Geertz, 1986, p. 30) within which the participants had to live. Hence, our analytic assumptions were that individuals' perspectives and their environmental realities were both critically important in shaping their behavior. Such understanding of participants' circumstances, actions, and perspectives unfolds over time and depends on the investigator's growing personal knowledge of the participants, a self-reflective stance on the data, and intensive dialogue among investigators (Krefting, 1989; Polkinghorne, 1986).

Data were collected and analyzed with a constant comparative method (Glaser & Strauss, 1967; Polkinghorne, 1986; Strauss, 1987); that is, data were analyzed as they were collected, and our working ideas influenced the kind of data we sought next. Throughout the study, we repeated a cycle of observing, recording, coding, interpreting, and comparing interpretations of data to new data. As insights or interpretations emerged, we focused data collection on gaining further information to reinforce, challenge, or elaborate them. The data provided what Krefting (1989) referred to as a "catalyst for conceptualization" (p. 62), leading us to identify conceptual links both among the data and between the data and interpretively useful concepts. Consequently, although we did not set out to study occupational forms and their use in therapy, we eventually chose this analytic focus because it proved to be the most useful one for making sense of much of the data.

Credibility Strategies

Several strategies were used to achieve confidence in the findings. Data were triangulated by comparing information within and across data collection methods, between sources, and across time. For example, we examined the consistency of themes within a single interview and compared such data to behavior within treatment sessions as recorded in field notes and videotapes.

We discussed and formulated different approaches to the analysis between ourselves and with others involved in the investigation. On several occasions, peer reviewers informally critiqued our working analysis. We used member checking with the therapists in the study and with Barbara, the client on whom the analysis focused. The therapists believed that our analysis reflected their perspectives and dilemmas, and Barbara strongly affirmed that it accurately characterized her life and captured her experiences. In the end, the analysis was shaped by consideration and reconsideration of the data, intimate knowledge of and dialogue with the participants, input and critique by peers, and intense verbal and written exchanges between the two authors.

Results

Much of what we came to understand about the use and experience of occupational forms, specifically goal setting, in therapy came from detailed examination of what happened in therapy. The following episode[1] from a weekly group session details the unfolding of the occupational form of goal setting. In this sequence, the therapist (who has a positive rapport with Barbara) is reviewing with clients their success in accomplishing the leisure goals that each had chosen the previous week.

Barbara is sitting at a table with three other clients. As the first client takes his turn reporting on his goal attainment, Barbara alternates between tapping her fingers on the table and resting her head on her forearm. The therapist, obviously aware that Barbara's attention is fading, invites her to go next: "Barbara, we're talking about last week's goal. We're checking in to see how you did. Do you remember what your leisure goal was?"

Barbara shakes her head to which the therapist queries, "Ohhh?" Barbara only smiles in response. The therapist glances down at last week's goal sheet on which Barbara's goal is recorded. Before she can comment, Barbara's laughter interrupts. At this point, the therapist, starts to hand the sheet to Barbara to refresh her memory. Barbara intercepts the gesture with a sudden recollection, "We're talking about writing a letter or something, right?"

[1]The description was created from multiple observations and transcription of a videotape of the episode.

Relieved, the therapist affirms that this is so. But Barbara responds, "Nope, I didn't do it."

"You didn't do it?" the therapist queries.

"I mean I did, but I didn't send it off," explains Barbara, laughing and fidgeting in her seat.

The therapist responds, "You did write it, but you didn't send it. Well that's a *step in the right direction.* Did you run into any other problems than you thought you might?" When Barbara does not respond, the therapist tries another question, "What was the hardest thing about sitting down to write the letter?"

Barbara answers, "Nothing. I was already just sitting there. I wasn't doing nothing. [The letter is] just sitting on the kitchen table with the envelope next to it. I just ain't put it in the mailbox."

Immediately, the therapist suggests, "So, you just have to address the envelope and put a stamp on it?"

But, Barbara corrects her, "It's already addressed, I just ain't put it [in the mail]."

Continuing on, the therapist asks, "Ohhh? You have a stamp?"

"Ahum," affirms Barbara, "and I passed five or six mailboxes."

The therapist terminates a brief but uncomfortable pause with, "How does that feel to know you actually did what you said you were going to do?"

"I don't feel no different," interjects Barbara.

"You don't feel any different, okay," the therapist responds.

"I just feel I waste the envelope and the piece of paper 'cause I ain't sending it off," Barbara adds, punctuating her comment with a nervous laugh.

A few moments later, in response to further encouragement that she could still send it, Barbara replies, "I'm surprised I didn't throw it in the garbage."

"I'm sure whoever you wrote it to would enjoy receiving it," encourages the therapist.

At this point Barbara admits that all she wrote was two sentences. The first sentence explained that she had to write the letter as part of her work therapy. The second one requested that the person to whom she wrote it write back so that she would have proof she wrote the initial letter. "That," she explains, "is why I didn't send it off."

Persevering, the therapist queries, "What else would you want to write to a friend?"

Barbara quietly mumbles, "I ain't got none."

Substantiating the Occupational Form

A participant observer of this event noted, "What is striking throughout is how much effort the therapist puts into structuring the activity and keeping the momentum going." Indeed, it is hard to watch the videotape of this goal-setting session without sympathy to the evident work the therapist must do just to keep the goal setting alive. Like Barbara, most other clients are reluctant participants in this occupational form so that without the therapists' efforts, goal setting would not happen, or once under way, would disintegrate.

Therapists' work is not limited to getting clients to perform the elements of the occupational form (i.e., engage in a dialogue about goals, select and record goals, report on goal progress). Therapists also work to frame goal setting as part of a larger process in which the clients are participating, as when one therapist commented to all participants in the group:

> Well, I'm really impressed with our progress on goal setting. It's difficult to get into the frame of mind where you do it religiously. So we're going to try it one more time for work goals. And it sounds like maybe the leisure goal is something that people need to continue working on at home. But today, I want to shift back to work goals, to look at something else that needs some improvement.

After this exhortation, the therapist prompted clients to choose a goal and write down some of the specifics about their goals, urging, "When are you going to start this? Tonight? Today? Tomorrow? Make a commitment to this goal!" The session drew to a close with the therapist energetically persuading each of the reluctant clients to find a goal and commit it to paper, generating both a public display and a permanent record of their commitment to the self-improvement the therapist had earlier explicated. As the session closed, Barbara decided, with assistance, that her goal will be to work on improving her often negative attitude.

A week later in the next goal-setting group, the therapist continued this work of enjoining clients to ascribe to the meanings implied in the larger context of goal setting. She did this by exhorting Barbara to assume greater ownership of her goal:

> For any goal, it's good to have something inside driving you instead of outside people. You know your good attitude is for you and your own peace of mind 'cause you're going to be leaving here, and you know it will be new people, and you need that driving force from inside.

Later in the group, the therapist restated her point that the "desire to achieve a goal needs to come from inside you." Throughout the goal-setting session, she kept up such efforts to persuade the clients not only to set goals, but also to accept a point of view about the meaning of goal setting.

Such work is common to therapy and is often couched in terms such as *getting the clients hooked in* or *motivating patients.* But the work is not solely directed to clients. Importantly, it is work directed to substantiating a particular occupational form and its meaning as defined by a larger context to which the occupational form belongs.

Ordinarily, when participants in an occupational

form share this larger context, the performance and meaning of the form can unfold through tacit cooperation. However, when clients are unable or unwilling to perform the occupational form and accept its implicit meaning and context, therapists must engage in extraordinary work to substantiate the form. Detailed examination of what happens in therapy reveals that therapists must orchestrate the context, actions, and ethos of goal setting. This means not only that they must urge clients to engage in those behaviors that belong to goal setting, but also that they persuade them to a viewpoint about setting goals. Hence, therapists attempt to induce clients both to replicate the behaviors and to exhibit the outlooks and attitudes reflected in the mainstream cultural meaning of goal setting. Therapists must do a great deal of work aimed at eliciting from clients the actions and language that give substance to goal setting and all its background meanings.

Once the therapist identifies what the group will do, the occupational form *demands its own instantiation* in the group participants' manifest actions and outlooks. Moreover, it falls to therapists to shepherd clients into the behavioral and attitudinal expressions of goal setting so as to give existence to this occupational form. Therapists feel the responsibility to make the occupational form happen, and their anxiety is heightened when clients do not participate in or disrupt the occupational form.

This observation supports Nelson's (1988, 1997) notion that the occupational form is a structure eliciting and guiding performance. It is not only that persons do occupational forms, but also that occupational forms demand a certain kind of doing, thinking, and feeling that is ordinarily felt by members of a social scene to which that form belongs. What we observed also points out that the power of the occupational form to structure and guide performance depends on the performer's *understanding* and *faith* in the form. When this understanding and faith is not shared by all participants, social processes are recruited that usher participants toward the desired attitudes and behaviors.

Observations of the therapists' work to create instances of the occupational form of goal setting in their therapeutic group underscores the social embeddedness of occupational forms. That is, occupational forms are created and sustained by sociocultural processes (Kielhofner, 1995). An occupational form, like other products of social processes, originates in interactionally directed "thoughts and actions, and is maintained as real by these" (Berger & Luckman, 1967, p. 20).

There is a reciprocal relationship between the occupational form and the processes that sustain that form. On the one hand, the form invites and directs performance, and on the other, the form's existence depends on those actions and attitudes that make up the performance. The therapists' work is deeply anchored in this relationship. That is, therapists believe that the pull of goal setting as shaping their efforts and their work effectively keeps this occupational form alive in the groups.

Meaning and Misunderstanding

Barbara and many other clients in the program only marginally participated in goal setting. Questions naturally arose in the therapists' minds as to why it was so difficult to involve such clients in goal setting. One therapist characteristically puzzled about Barbara's relationship to goal setting: "How do you get someone like that motivated to set a goal? It seemed to me that she really wanted to have a different life, a different quality of life—that she wanted something better." As these comments reveal, the therapist believed that Barbara had the essential ingredient for seeing the meaning of goal setting: She wanted a better life. Implied and unquestioned in this therapist's viewpoint (and in the viewpoint of much of Western culture) is that goal setting is a rational means to making an improvement in one's circumstances.

Another therapist, who also worked with Barbara in the program, offered a similar reflection on the fact that Barbara had not bought into goal setting and its importance for the program as a whole: "I was really concerned that she really wasn't using [the program] therapeutically in the absence of talking together about goals. It wasn't clear what we were doing. We weren't [sufficiently] goal directed with her." Implied in her statement is that the very idea of therapy is closely linked with goal setting.

The viewpoint that both therapists implicitly and explicitly expressed is the progressive narrative (Gergen & Gergen, 1983). In a progressive narrative, people put forth effort to move on through stages or episodes aimed at making life better. Moreover, this narrative indexes an individualistic, self-reliant sense of the person who betters life by investing in personal assets. In such progressive stories, people make projects of themselves; form intentions for self-development or self-improvement; and create a store of skills, attitudes, and habits that will yield future dividends. Hence, the occupational form of goal setting takes its meaning from a taken-for-granted narrative in which people are rewarded for investing effort in self-development by progressing toward desired ends.

Near the end of one goal-setting group, as the therapist urgently attempted to get each member to render and record a goal, Barbara spoke on behalf of herself and other participants: "I don't think nobody's into this." The depth of Barbara's message about the clients' difficulty in locating themselves within the occupational form of goal setting requires consideration of her volitional narrative.

Speaking about a goal to which the therapist had persuaded her, Barbara commented, "With mine, it's hard because I ain't used to trying to change. Mine's hard, *hard*, hard." Behind Barbara's protest that she is unaccustomed to the idea of changing herself in order to attain something in the future is a far different story from the progressive narrative implied in the therapists' view of goal setting.

Barbara's volitional narrative begins in childhood when she existed between two versions of "hell." School was hell because she was "never good in school." Home was hell because she felt oppressed and caged. During this period, Barbara learned to escape by finishing off half-emptied alcoholic drinks and cigarette butts left behind by her parents. This strategy continued into adulthood: "I go get like two six-packs, and if that pain or hurt still there, I go right on back to the store. If that wouldn't work, I'd switch to drugs."

Barbara's first opportunity of escape came when a military recruiter came to school. She signed up and took a test, planning to elope to the military and call home to announce that she was gone. Thwarted by an unplanned pregnancy, Barbara found, instead, another source of escape: "I got married, so I could move out." When the marriage failed, Barbara returned home but immediately applied for and received an apartment in a public housing project. There she has lived for nearly two decades, and there she plans to "keep on staying till the brick fall down."

Barbara's stable habitation represents not only an escape from early intolerable circumstances, but a refuge from the turmoil of inner-city life. She lives in one of the four areas of Chicago with the highest level of gang-motivated crimes (Block & Block, 1993). Hers is a world of poverty, substance abuse, and danger.

Barbara's life story reflects these circumstances. Two other unplanned children followed. By her own admission, she was unable to manage the responsibilities of single parenthood. Custody of her three daughters was threatened, and one moved into a group home. Her most recent dilemma was whether to testify against a boyfriend who seriously stabbed her during a quarrel, "'Cause I stuck a lot of people like that and I could have had a charge and [be] sitting behind bars. But they dropped the charges." On the other hand, she mused, "If I let him out, then he go and come back here and might get into another fight. And then he might finish what he had left off from."

In the midst of an ongoing chaotic life that threatens to careen out of control, stability is Barbara's best hope and main desire. Efforts that succeed, such as getting a government-subsidized apartment, loom important in her story by virtue of their rarity. Barbara's volitional story is not a progressive narrative wherein working toward goals or progressing toward desired outcomes has a place. It is, instead, a story of scrambling for escape and refuge along with occasional exploitation of fortuitous opportunity to galvanize her life against unsettling influences. Barbara's life is made better not by working toward some imagined future, but by bracing herself against ongoing turmoil, obliterating painful realities, and seizing rare opportunities.

Not surprisingly, Barbara is baffled by goal setting and the kind of meaning her therapists attribute to it. As she noted, "It just blowed my mind when I first went in there." Barbara appeared to therapists as unmotivated and difficult. Beneath appearances, she was, instead, struggling with an incomprehensible narrative into which therapy had cast her. And not surprisingly, she observed of the work program, "You know you don't like it at first when you first get up in there. I sure didn't."

Unaware of the chasm between Barbara's volitional narrative and the progressive narrative implied in the occupational form of goal setting, her occupational therapists struggled to understand what they saw as contradictions in her motives (i.e., wanting a better life but unwilling to commit to the "necessary steps," such as setting goals). Hidden from therapists' taken-for-granted view was that goal setting did not resonate with Barbara's ordinary strategies for making life better.

Moreover, Barbara's insistence on following her volitional narrative is not simply a matter of recalcitrance or resistance to the therapeutic process. Barbara could not make within her world the kind of narrative envisioned in therapy. This is dramatically illustrated in the manner in which Barbara left the program. In a matter of weeks, her 15-year-old daughter was murdered after running away from a group home, and her 18-year-old daughter was partially paralyzed when a car careened out of control, hitting her at a sidewalk vendor. At the time of these events, therapists encouraged Barbara to stay in the work program, reasoning that she needed support to progress to the next phase of the program: a volunteer job. Barbara chose instead to drop the program and take a temporary summer job. Her rationale reflected her cascading story in which one seized opportunity to make life better:

> If I start back at work I ain't think about no volunteer job or work readiness or nothing else. Yeah, who you think going to sit there and keep volunteering when you can get paid for it? Do I look that stupid to you?

From her initial defiance in refusing to send a letter to her final exit from the program, Barbara persisted in living life in terms of her volitional narrative. Her story was at odds with the progressive narrative implied in the occupational form of goal setting. Ironically, by earnestly living the

story in which she saw herself located, Barbara was rebellious and uncommitted to the program.

Discussion

This study began with a general aim to understand the processes by which therapists undertook the work of therapy and the impact of the therapeutic program on clients. Over the course of the study, we came to focus on how therapists used occupational forms and how the forms affected clients. Two important conceptual issues emerged from the findings: (a) the social process underlying the therapeutic use of occupations and (b) the experience of meaning in occupational forms.

Social Processes in the Use of Occupational Forms as Therapy

The findings underscore that occupational forms are not simply "out there." Rather, they require active work on the part of cultural members to generate and perpetuate their existence and shape their meaning. Consequently, occupational synthesis (i.e., the process of selecting, presenting, and managing a therapeutic occupation) is a social process in which the therapist must communicate and negotiate meanings with the client. When clients are not predisposed to perform and accept the meaning of the occupational form, this work can become intensive, constituting a major portion of what the therapist does. Therapists can readily become caught up in the work of maintaining the publicly available actions belonging to an occupational form and explicating its meaning.

Naturally, therapists ground their therapeutic work in a cultural reality that makes sense to them. This is a ubiquitous feature of therapeutic work. Therapeutic perspectives do not routinely consider that therapy assumes and sustains what amounts to an arbitrary set of cultural meanings. Therapy is precisely founded on taken-for-granted cultural perspectives. As a consequence, therapists naturally select as therapeutic tools those occupational forms that belong to and reinforce their own conceptions of the world.

Because these occupational forms and their meanings are part of therapists' common sense apprehensions of the world, their efforts to instantiate the occupation forms are experienced by therapists as natural. The privileged position of the researcher and the reader who can stand outside of the process and see the arbitrariness of goal setting and its meanings is quite apart from where the therapist must operate in the daily work of therapy. As therapists make sense of their therapeutic aims and seek to understand problematic therapeutic encounters, they naturally draw on their common sense apprehensions of the world.

For these reasons, the work of maintaining and giving meaning to occupational forms has remained largely transparent. Descriptions of this work in occupational therapy mislabels it as work directed at the client (e.g., motivating the client, dealing with resistive behavior). Although the therapists' work to maintain the form involves interaction with clients, this work is also directed at giving substance and meaning to the occupational form. Sometimes, the client is only incidentally involved in the process. So, for example, when therapists encourage clients to identify and commit to a goal, their efforts to influence clients are at least partly an instrumental means of breathing life into the occupational form of goal setting.

In our argument, we have sought to underscore the point that a therapy that uses occupational forms requires the therapist to deal with the client in terms of maintaining the occupational forms. This is not to say that therapists do not simultaneously have concerns about clients as individuals. Indeed, the work of maintaining occupational forms has not been so obvious because it is always intertwined with real concerns for the client.

Nevertheless, the social processes surrounding occupational forms—social processes that produce, shape, and give meaning and social context to occupational forms—must be emphasized and better understood because they are an integral part of what occupational therapists do when dealing with clients. Nelson (1988) conceptualizes social processes as a dimension of occupational forms, whereas Kielhofner (1995) conceptualizes social groups and their processes as a separate dimension of the environment. The latter approach emphasizes that occupational forms are a product of social processes. Such an approach is consistent with the findings of this study, which underscore both the complexity and importance of social processes in selecting, sustaining, and giving meaning to occupational forms used as therapy.

Client Experiences of Meaning in Occupational Forms

The occupational form of setting and following up on goals belongs to a narrative in which people progress forward in time, calculate steps of actions, mark passages, and set objectives to get to somewhere in the future. In such a narrative, personal efforts have enough force to make some difference, and personal design is sufficiently influential to be viewed as a good strategy for achieving a desired future.

Clients like Barbara encounter the occupational form of goal setting as "outsiders," finding it odd or incomprehensible. Before clients can experience the meaning that the therapist hopes for, they must do a kind of work to "get inside" the worldview within which the form has

meaning. This work is substantial and does not always succeed. Many clients, like Barbara, whose volition does not predispose them to recognize and accept the intended meaning of the occupational form, only marginally enter the worldview that gives meaning to the occupational form. Moreover, being persuaded to an alternative worldview is not tantamount to having a new set of circumstances in which to act. The question must be raised about whether demanding such work makes sense for clients who, like Barbara, leave therapy and return to the only world that is permanently available to them, a world in which the occupational form of goal setting has little or no relevance.

For example, work-oriented programs, such as the one we studied, imply progression toward stable employment. However, as Estroff (1995) pointed out, persons with psychosocial problems living in the margins rather than the mainstream of our society exist on "makeshift economies," work how and when they can, reap insubstantial economic rewards, and make do in their lives with extremely limited resources. To the extent that therapy and the occupational forms used in it imply narratives at odds with out clients' worlds, it is questionable whether any occupational adaptation of value to the client takes place.

The interface of therapist and client over an occupational form and its meaning does come to a "collision of worlds" in which the client and the therapist may hold very different views of the good to be pursued (Hendrickson-Gracie, Staley, & Neufeld-Morton, 1996). As Rosa and Hasselkus (1996) pointed out, therapists see part of their work as getting clients to see their own advancement through a progressive narrative.

Moreover, to the extent that therapists see the progressive narrative as natural or common sense, they are not predisposed to recognize other narratives. As a dominant cultural perspective, the progressive narrative compels a kind of faith and commitment. Even those of us trained to recognize the arbitrariness of our own worldviews suspend awareness of this arbitrariness and commit ourselves to our own narratives. To step outside them, even for purposes of recognizing the vastly different narrative of another, is a demanding task. It is not surprising, then, that therapists unwittingly attempt to persuade clients toward a narrative that is not readily adapted to the client's world.

Implications for Occupational Synthesis

The findings of this study point out that, with reference to the client's experience of meaning, occupational synthesis must involve more than simply considering the cultural meanings associated with a form and the psychosocial predispositions of the client. Because occupational forms can be implicitly tethered to a narrative version of life, therapists need to ask, at a minimum, two important questions. The first question is: Is there a kind of narrative that is likely implied by this occupational form? This occupational analysis[2] requires consideration of the "deep" sociocultural background meanings implied by occupational forms as well as the therapists's own deeply ingrained predisposition to assign and reinforce such meanings in the midst of using the form as therapy. This question is not answered readily or immediately. Rather, it requires ongoing, reflective self-examination.

The second question is: Does the client's volition predispose him or her to apprehend the intended meaning and implied worldview of the form? The answer requires careful attention to volitional narratives and the ways they may lead clients to apprehend occupational forms. Moreover, by understanding the client's narrative and the kind of world to which it refers, therapists may discover occupational forms indigenous and beneficial to the client.

Understanding another's volitional narrative can be a daunting task. To apprehend another's narrative not only is to know its content, but also requires one to experience its reasonableness and to feel how it compels one to view the world. Grasping another's narrative is not difficult because of its intellectual demands, but because of the emotional challenge of being confronted with the arbitrariness of one's own taken-for-granted narrative. ▲

Acknowledgments

We thank David Nelson, PhD, OTR, FAOTA, for input, critical comments, and thoughtful discussion of the arguments we have forwarded in this article. We have learned not only from his original writing on the concept of occupational form, but also from his generous sharing of further reflections on both his and our understanding of occupational form. We also thank Trudy Mallinson, MS, OTR/L, NZROT; Sarah Skinner, MS, OTR/L; and Linda Olsen, OTR/L, for their participation in the study as well as Barbara (the fictive name the client participant chose for herself). Finally, we thank the American Occupational Therapy Foundation for its funding of the research reported in this article.

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[2]We are in agreement with Nelson (1997) that occupational analysis is a preferred term to activity analysis.

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