The current occupational therapy literature contains multiple perspectives on what constitutes occupation-based practice. One perspective is that occupation-based practice emphasizes the use of the individual's or family's occupation as the form of intervention to promote positive change in the direction of the occupational outcome goal (Gray, 1998; Pierce, 2003). This perspective also emphasizes providing intervention in the individual's or family's natural contexts (Chisholm, Dolhi, & Schreiber, 2000; Fidler, 2000; Gray, 1998; Hocking, 2001; Pierce, 2003). Other researchers have empirically demonstrated that therapists use a variety of intervention forms, including preparatory, purposeful, and occupational activities; groups; and didactic instruction in a variety of contexts to facilitate occupational outcome goals (Gray, 1998; Jackson, 1998; Jackson, Carlson, Mandel, Zemke, & Clark, 1998; Price, 2003).

These differing perspectives, because of their emphasis on intervention form and context, fall short of describing the complexity of occupation-based practice. Occupation-based practice, although concerned with enabling occupational performance, also includes the meaning-making aspects of therapy: the process of helping a person live successfully and confidently in the social world. This aspect of the therapeutic process addresses the person's adaptiveness. In this article, we demonstrate how occupation, as an idea, emerged in the therapeutic process as it interacted with the forms of intervention and how occupation has aspects of both doing and becoming (Fidler & Fidler, 1978; Wilcock, 1999).

Therapeutic Process

Throughout the therapeutic process, therapists use numerous therapeutic strategies to understand a client's life world; collaborate on intervention priorities, goals, and
activities; and move the therapeutic process forward toward mutually desired occupational outcomes. These strategies seem to be expressions of the therapeutic use of self, a term that has been broadly used and is loosely defined as “a practitioner’s planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process” (American Occupational Therapy Association [AOTA], 2002, p. 628). The therapeutic use of self creates and develops the therapeutic relationship (Price, in press).

Also critical to the therapeutic relationship is the practice of using a blend of professional and empathic competence (Gahnström-Strandqvist, Tham, Josefsson, & Borell, 2000; Peloquin, 1990). Gahnström-Strandqvist et al. described empathic competence as the therapist’s emotional discernment in perceiving and responding to a client’s experiences to subtly adjust the therapeutic process. The therapeutic process is propelled by the therapeutic relationship as client and therapist co-create a path toward mutually desired occupational outcomes.

Our interpretations in this article were generated through an ongoing study (Price, 2003) that has examined the therapeutic processes of experienced occupational therapists who were peer nominated as particularly concerned about occupation in their practices and who claimed to practice from an occupation-based perspective. We grounded our interpretations using examples and empirical data that illustrate the therapeutic process engaged in by one therapist, Nancy, and one child, Hannah (both pseudonyms). Nancy used multiple strategies with Hannah as they worked together in the occupational therapy process to help Hannah transition to preschool and develop friendship skills, her occupational outcome goals. Several of the strategies, known as “strategies to encourage collaboration” (Mattingly & Fleming, 1994, p. 184), “therapeutic strategies” (Kielhofner, 2002), and “illustrations of empathy” (Peloquin, 1995), have been previously identified in the literature. We introduce others, which therapists may recognize from their own practices, to the literature for the first time, adding to the understanding and articulation of the complexity of the therapeutic process and its relation to occupation.

Scholars have argued that researchers can best support a discipline’s practice by studying professionals as they practice (Clark et al., 1991; Hoshmand & Polkinghorne, 1992; Kielhofner, Hammel, Finlayson, Helfrich, & Taylor, 2004; Mattingly & Fleming, 1994). This analysis will not only add to current theory about occupation-based practice but also demonstrate how occupation emerges in the therapeutic process as meaning is created about how the process is moving toward or away from the occupational outcome goals.

Methods

Provisional Definitions of Occupation, Occupation-Based Practice, and Occupational Outcomes

For the purposes of this study, occupations are the constellation of activities and their related roles that an individual wants and needs to do in daily life and across time. Occupations have a particular form as individuals engage in them within the natural contexts of home, school, extended family, community, and therapy (Clark, Wood, & Larsen, 1998; Pierce, 2001). The forms and meanings of occupations change over time and across physical and social contexts (Law et al., 1996; Royeen, 2003). Occupations have personal and cultural meanings and influence identity, health, life satisfaction, and social relationships. They elicit learning, problem solving, and skill acquisition, all of which are called on in circumstances that require adaptation (Price, 2003).

Occupational therapists practicing from an occupation-based perspective discover clients’ meaningful occupations through narrative reasoning (Mattingly, 1994, 1998). Occupational therapists use their narrative understanding along with their understanding of and experience with the condition, likely functional consequences, and research evidence (Tickle-Degnen, 2002) to design potentially therapeutic conditions. Therapeutic conditions include activities, social and physical contexts, and experiences that are meaningful, relevant, and useful to the person’s occupational goals, life roles, and adaptation. Occupation-based therapists use activities that are among the service recipient’s typical occupations as therapy interventions (Clark, 1993; Gray, 1998; Jackson et al., 1998; Pierce, 2003; Price, 2003; Zemke & Clark, 1996), as well as preparatory and purposeful activities that are not among the client’s typical occupations but are linked narratively, symbolically, and experientially, in words or actions, to the person’s desired occupational outcomes (AOTA, 2002; Clark, 1993; Gitlin, Corcoran, & Leinmiller-Eckhardt, 1995; Goldstein-Lohman, Kratz, & Pierce, 2003; Gray, 1998; Jackson, 1998; Jackson et al., 1998; Lawlor, 2003; Mattingly, 1994; Price, 2003).

Occupational outcomes relate to an individual’s competence in performing in his or her occupations in his or her usual social and physical contexts as a result of therapy (Christiansen, 1999; Fidler & Fidler, 1978; Mattingly & Fleming, 1994; Price, 2003; Rebeiro, Day, Semeniuk, O’Brien, & Wilson, 2001; Strong, 1998). Therapists also address confidence when they teach clients to identify and solve their own problems, offer suggestions of strategies that have worked for other clients, and enable them to generalize the skills and strategies in various situations (Christiansen,
1999; Clark, 1993; Frank, 1996; Guidetti & Tham, 2002; Mitchell, Ward, & Price, in press; Unsworth, 2001). The ability to navigate confidently and successfully and to engage in occupations in a variety of physical and social contexts is called adaptiveness and is a highly valued outcome of occupational therapy (Guidetti & Tham, 2002; Jackson, 1998; Mattingly & Fleming, 1994; Price, 2003; Spencer, Davidson, & White, 1996). Therapists address adaptiveness throughout the therapy process by focusing on the client’s competence and confidence.

Participants

The first author recruited experienced occupational therapists practicing from an occupation-based perspective through multiple sources, including state association practice awards and peer nominations from occupational therapy faculty members and practitioners. During initial interviews, the first author asked the nominated therapists, “How would you conceptualize your practice? What would you consider a successful outcome?” The first author selected therapists for the sample on the basis of their responses, drawing on the provisional definitions of occupation, occupation-based practice, and occupational outcomes. To date, four therapists have been enrolled in the study, and the first author has collected data from those therapists and six of their clients and clients’ families. This article focuses on our interpretations of data gathered from one of the therapists, Nancy, and one of her clients, Hannah, to deeply illustrate the therapeutic process and the numerous strategies Nancy used to move the therapeutic process toward Hannah’s goals of going to school and becoming a friend.

Nancy had practiced with children in a mental health hospital for 15 years before starting a private practice, which she conceptualized as an “after-school club.” She saw children in small, weekly, 1-hr groups (4–6 children with 1–2 therapists) to work on the “skills of friendship.” In an initial interview, Nancy stated that she worked on adaptive processes and social–emotional outcomes. Her favorite story was of a young girl who, as a result of Nancy’s intervention and the family’s efforts, had a “normal life” and was able to “participate in parties, scouts, and . . . the school choir” (Price, 2003, p. 19). Through subsequent interviews and observations, the first author was able to interpret what Nancy meant by social–emotional outcomes and adaptive processes: Nancy thought about her clients in terms of who they might become in the short and long term. Drawing on systems theory and professional knowledge from a variety of practice models, Nancy’s interventions focused on enabling the children to participate in family and social life, a perspective consistent with an occupation-based approach (AOTA, 2002; Burke, 2001; DeGrace, 2003; Price, 2003).

An analysis of Nancy’s interaction with Hannah in the process of therapy illustrates how the therapeutic strategies emerged within and across the therapy sessions and how they related to Hannah’s occupational doing and becoming. Nancy’s strategies supported Hannah’s engagement in the process and conveyed meaning about whether Hannah was moving toward or away from her goals of going to school and becoming a friend. At the time of the study, Hannah was 3 years old and had been seeing Nancy for a year and a half. According to Hannah’s mother, Susan, Hannah had been frightened by other people since she was a baby and had difficulty engaging in and establishing relationships with peers. Although Susan thought Hannah might have Asperger syndrome, she was evaluated and labeled as “just different.” During approximately 2 months of observation, Hannah progressed from a small therapy group of two children to a larger group of five children, and then she started preschool, something she had expressed a desire to do. Her mother, Susan, a first-time mother and art professional, initially participated in therapy sessions but eventually returned to work and was unable to attend sessions. Nancy and Susan kept in contact through telephone calls, and Susan provided opportunities for Hannah to practice and generalize what she was learning in therapy in social settings such as at the local park and at parties with family friends.

Data Analysis

Following approval by the University of Southern California institutional review board, the first author obtained written consent from Nancy and Susan to undertake the study. The first author observed seven sessions with Nancy and Hannah and accompanied Nancy on a school visit as she observed Hannah’s participation in her preschool classroom. Before each observation, the first author asked Nancy, “What do you have planned for therapy today? How do you see the therapy evolving?” After observation, the first author asked Nancy to reflect on the session. The first author also interviewed Hannah and Susan twice in their second-floor urban apartment about their experiences with Nancy and their hopes and dreams for the future. The first author then transcribed verbatim detailed written field notes and audiotaped observations and interviews into written text for analysis.

Data Analysis

Consistent with narrative analysis methods, the first author analyzed the data between each observation (Mattingly, 1998; Polkinghorne, 1995; Reissman, 1993), generating questions and analytic insights that informed subsequent analysis.
data collection and analysis. The first author initially began with open thematic coding (Flick, 2002; Strauss & Corbin, 1990), looking for instances of occupation, occupation-based approaches, and occupational outcomes. On the basis of the first author's immersion in occupational science concepts and literature, she had assumed that Nancy would use Hannah's and her family's occupations as forms of intervention more frequently than she did. However, she was surprised to find that Nancy was not centrally concerned with choosing or using occupations as interventions. She used a variety of generic preschool-age activities, such as a modeling clay factory, and occasionally incorporated Hannah's preferred occupations.

Because of the first author's assumption that occupation-based practice had at its core the individual's personal meaning and relevance, she revised the research questions to ask, “What makes this practice occupation based? How does Nancy know what is meaningful to Hannah and Susan?” She condensed the data to narrative data (Reissman, 1993) and used narrative microanalysis strategies (Mattingly, 1998) to deeply examine the narrative data. She examined the data line by line for how meaning was being discovered or created in the therapy process within and across sessions and what the process had to do with occupation. She began to see that underlying the therapeutic process was a theme that something was being created: a sense of “becoming” and “coming to belong.”

With an understanding of Nancy's vision for Hannah to become a friend and belong to a social group, the first author began to see how the minute and subtle actions (Mattingly, 1994) of the therapy process were all directed toward producing those occupational outcomes. Nancy was concerned with creating social opportunities for Hannah to increase her play repertoire and ability to play successfully with other children. The therapeutic process became occupation based as Hannah engaged in or failed to engage in activities with other children, co-creating meaning about her movement toward or away from her occupational outcome goals.

Continuing to examine how Nancy helped Hannah move toward her outcome goal in therapy sessions, the first author began to see therapeutic strategies that Nancy used to keep Hannah engaged in the therapy process. Analysis shifted again to theoretical coding (Flick, 2002; Strauss & Corbin, 1990). She used open coding to categorize the therapeutic strategies by their common features; she then used axial coding to refine the categories and identify sub-variation, or subcategories, of the therapeutic strategies. She next compared and contrasted the therapeutic strategies to those named in the occupational therapy literature. Finally, she used selective coding to identify the overarching theme that unified the therapeutic strategies across the therapeutic process. The theme of “providing opportunities for becoming and belonging” united the various strategies and positioned them within the therapeutic relationship and process (Price, 2003).

Nancy maneuvered the therapy process through subtle actions and negotiations to keep it moving forward toward the desired outcome. As Hannah became more competent and confident in engaging in and sustaining interactions with the other children in the group, her and Nancy's relationship and roles changed; Hannah became more self-directed, and Nancy became more of a coach (Clark, 1993). The types, frequency, and meaning of the therapeutic strategies also changed. The authors identified five categories of therapeutic strategies and examples of each that emerged in various forms within and across sessions between Nancy and Hannah. These categories included expressions of the therapeutic use of self and important aspects of occupation-based practice, and the examples highlight the narrative meanings that were co-created through mutual engagement in the therapy process toward Hannah's occupational outcome goals of going to school and becoming a friend.

Therapeutic Strategies

Five categories of therapeutic strategies emerged through analysis: (a) changing therapeutic conditions, (b) using cognitive strategies, (c) bridging the person–task–social context (doing with), (d) pushing participation, and (e) engaging in narrative micronegotiations (Price, 2003). Within these strategies, several subcategories of strategies emerged within and across sessions, as we describe in the following sections.

Changing Therapeutic Conditions

Grading therapy activities and environments to create the “just-right challenge” (Csikszentmihalyi, 1975) for individual clients is a central therapeutic strategy in occupational therapy. Kielhofner (2002) identified a similar strategy as “structuring,” in which the therapist creates “reasonable demands for clients to make choices, perform, maintain habits, and fulfill roles” (p. 314). Mattingly and Fleming (1994) identified this strategy as “structuring success” and found that therapists designed therapy activities that would challenge the client while ensuring that he or she would not fail.

A more expansive way of understanding the just-right challenge (Dunkerley, Tickle-Degnen, & Cotter, 1997) is evident when therapists have clients engage in tasks that are beyond their ability. Therapists assign such a challenge when they are trying to promote clients’ accurate sense of their own abilities and limitations or when facilitating clients’ problem solving and generalization of skills in unfamiliar
situations (Guidetti & Tham, 2002). At other times, therapists decrease the challenge to allow the client to rest and recover (Dunkerley et al., 1997). In other words, therapists “read” the client’s needs to elicit or sustain his or her intention and motivation to participate in therapy. One way they do this is by creating meaningful therapeutic conditions that include the right amount of challenge. The many ways in which Nancy changed the therapeutic conditions to move Hannah toward her goals can be grouped into three subcategories: (1) keeping the challenge predictable, (2) decreasing the challenge, and (3) increasing the challenge.

At the onset of therapy, to establish trust and rapport and develop a relationship, Nancy kept the therapy challenge predictable. Nancy and Hannah would start each session with the routine activity of blowing bubbles. As therapy progressed, Nancy also frequently incorporated Hannah’s favorite activities into therapy sessions, such as playing with puppets in the pop-up tent. As their relationship developed, Nancy gradually increased the complexity of social and activity demands (Price, in press). Nancy reported that she could tell when Hannah needed a break from the demands by reading her body language. Sometimes Hannah cried; at other times, her face and body would become stiff, and she would turn away from Nancy slightly. Nancy knew that sometimes Hannah needed to move away before she could move forward; at these times, Nancy would decrease the challenge.

One strategy Nancy used was helping Hannah remove herself from the demands of the situation. This strategy involved taking Hannah to the safe room next to the therapy room, where Nancy would have her breathe and calm down. Other strategies included moving Hannah from the playground to the duck pond to decrease the social demands and acquiescing when Hannah wanted to switch to a less demanding or more pleasurable activity.

Moving from routine to novel activities is a strategy therapists use to increase the challenge (Mattingly & Fleming, 1994). Nancy increased the social demands when she moved Hannah from parallel play with unfamiliar children at the park to a small group and then to a large group of kids. Nancy described this group as a “mix . . . a tiny little cross-section of what you’d probably find in a school, out on the playground.” Gahnström-Strandqvist et al. (2000) identified the strategy of adding a social dimension to therapy in the literature, and Nancy used this strategy to help Hannah expand her play repertoire and adaptiveness.

Using Cognitive Strategies

Occupational therapists have commonly used teaching–learning approaches to enable clients to learn and generalize their skills and strategies to a variety of situations (Jackson et al., 1998; Kielhofner, 2002; Seidel, 2003). Several examples of using cognitive strategies emerged in our analysis of the sessions between Nancy and Hannah: identifying personal procedures, sharing control, and teaching what other children would learn tacitly.

Kielhofner (2002) discussed the therapist’s role in helping clients identify personal procedures to support occupational performance. Nancy used this approach when she taught Hannah to “blow the candle out,” a breathing technique that Hannah could apply at any time and in any situation in which she became anxious. Sharing control of situations was another strategy Nancy used with Hannah. Two variations of this approach emerged from analysis: giving choices and encouraging self-expression. In giving choices, which has been identified as a therapeutic strategy in the literature (Kielhofner, 2002; Mattingly & Fleming, 1994), Nancy frequently allowed Hannah to choose the timing of her engagement, asking her if she was ready to go into the room with the other children. She also frequently gave Hannah activity choices: “Do you want to have a snack or play with modeling clay?” Nancy also encouraged self-expression by asking Hannah to express what she was thinking or feeling when she disengaged from therapy. She would say, “Tell me; you can say,” an approach similar to Kielhofner’s strategy of validating an individual’s experience or perspective.

In addition to presenting choices, Nancy needed to teach Hannah what other children would learn tacitly, a strategy similar to verbal coaching (Kielhofner, 2002). Nancy would explain, “Some of the kids might want you to [pretend] to eat [modeling clay food], even if you don’t like it.” Hannah learned to engage in pretend play even though she did not enjoy it, because she understood that other children would want to pretend play with her.

Bridging the Person–Task–Social Context (“Doing With”)

“Doing with” clients has been identified as an important quality in the occupational therapy process to help an individual connect with the social world (Jackson, 1998; Lawlor, 2003; Mattingly & Fleming, 1994; Peloquin, 1990, 1995, 2003). Our analysis demonstrated how doing with was enacted between Hannah and Nancy. Nancy used two types of bridging to facilitate Hannah’s proximity to and engagement with peers: physical bridging and social bridging. Nancy demonstrated physical bridging when she said, “Come on, let’s go together,” taking Hannah’s hand and walking with her to join the others or when she said, “You can do it; I’ll watch you with my eyes.” Sometimes, Nancy would physically guide Hannah to join the others, a strategy Kielhofner (2002) identified as physical support.

Nancy used several social bridging strategies to support Hannah’s engagement with her peers: acting as a proxy,
increasing proximity, asking others what they thought of Hannah’s efforts, and modeling verbal interactions. Nancy would act as Hannah’s proxy by doing or answering for Hannah when she could not act on her own. For example, Nancy supported Hannah’s participation in a game the group was playing on the floor across the room while Hannah sat at a table watching. Nancy took Hannah’s completed puzzle pieces across the room and put them on the floor with the other children’s puzzles. Putting Hannah’s puzzle pieces with those of the others also enabled Nancy to increase Hannah’s engagement, “even at a distance.” The therapist who had been playing the game with the other children said, “Hannah added some for us!” One of the children looked back at Hannah and made eye contact with her.

Another social bridging strategy Nancy used was asking others to comment on Hannah’s efforts. One day, Hannah was having a particularly difficult time staying in the room and engaging in a painting activity. Once engaged, though, Hannah was able to complete her painting, and Nancy asked one of the children what he thought of her bee. “It’s good. Cool,” he replied. During another activity involving dressing Mrs. and Mr. Potato Head, one of the children asked Hannah if she wanted to try on the little potato head glasses, which all the kids had been doing, and she shook her head no. Nancy modeled a verbal interaction, a strategy similar to the verbal coaching Kielhofner (2002) identified, by saying, “Say, no thanks, Stefan.” Hannah repeated, “No thanks, Stefan.”

Pushing Participation

As Hannah became more comfortable around her peers in the group, Nancy discouraged Hannah’s retreat and used three types of therapeutic strategies to push her participation. These strategies conveyed her increased expectations of Hannah and also her trust that Hannah was ready and able to engage and sustain engagement. Pushing participation is similar to conveying trust in the client’s ability, as Gahnström-Strandqvist et al. (2000) recently observed. Nancy used three strategies: reminding Hannah of the positives, looking with expectation, and giving physical assistance.

There were times when Hannah wanted to retreat from the group into the safe room next door. On one such occasion, Nancy reminded Hannah of the positives—that it was Dev’s birthday and that there were cupcakes—and asked her if she was ready to go back in. At other times, Nancy would look with expectation at Hannah as she was waiting for her to engage or respond. For example, at the end of one session, the group was holding hands in a circle and singing a goodbye song. Nancy looked at Hannah with expectation, and Hannah began to sing. Nancy also used physical strategies, such as gently blocking Hannah’s escape and moving her back into the group. On one occasion, when Hannah was having trouble staying engaged in a painting activity, Nancy used a hand-over-hand technique to help Hannah paint until she got “over the hump” and was able to sustain the activity on her own.

Engaging in Narrative Micronegotiations

Although the therapeutic strategies presented so far have an underlying narrative structure and involve a degree of negotiation, the group of strategies involved in narrative micronegotiations seems to more dramatically convey meaning about the direction of the therapy process toward or away from the mutually desired goal. Mattingly (1994, 1998) noted that therapists attempt to draw on a client’s desire and sometimes have to negotiate meanings of the therapy experiences as they relate to movement toward or away from the occupational outcome goal. Nancy used many strategies through which Hannah could interpret her progress toward her goal of going to school and becoming a friend, including storytelling and storymaking (Clark, 1993; Mattingly, 1994), praising, backing off (Guidetti & Tham, 2002; Langthaler, cited in Mattingly & Fleming, 1994), ignoring (Bradburn, cited in Mattingly & Fleming, 1994), doing favors (Mattingly & Fleming, 1994), and reframing potentially negative situations as potentially positive (Lawlor, 2003).

An example of storytelling and storymaking (Clark, 1993; Mattingly, 1994) occurred in one session when Hannah stood up, showed Nancy her legs, and said, “My legs got bigger.” Nancy agreed and asked, “Do you think you’ll be ready for school pretty soon? . . . A lot of other kids are waiting, too, to go to school. . . . And those might be good friends, huh?” The storytelling and storymaking (Clark, 1993; Mattingly, 1994) between Hannah and Nancy co-created an understanding between them that Hannah’s longer legs meant that she was ready to go to school and to become a friend.

Nancy praised Hannah’s participation in several ways, including providing verbal praise, giving high fives, and softly touching and patting her shoulder and the top of her head. Through praise, Nancy conveyed to Hannah that she was moving toward her goals. In turn, Hannah could interpret this praise as indicative of her progress toward her goals. When Hannah was able to engage and sustain her engagement without Nancy’s help, Nancy would physically and socially back off from her. This action also conveyed to Hannah that she was making progress toward her goal and provided an opportunity for Hannah to feel independent and like she was a member of the group. This therapeutic strategy, used intuitively by occupational therapists, was named “proxemics” by Langthaler (cited in Mattingly &
Fleming, 1994, p. 194); more recently, Guidetti and Tham (2002) empirically demonstrated this strategy. The role of the therapist in this clinical action changes from leader and director to follower and validator, a role change that has been identified in numerous studies (Gahnström-Strandqvist et al., 2000; Guidetti & Tham, 2002; Has-selkus, 2002; Peloquin, 2003; Price, 2003).

Ignoring, which Langthaler (cited in Mattingly & Fleming, 1994) identified, was another strategy Nancy used when Hannah would disengage from a group activity. When Hannah re-engaged, Nancy would turn her attention again to Hannah, interacting with her and sometimes praising her. Ignoring behavior that moved Hannah away from her goals and praising behavior that showed Hannah’s progression toward going to school and becoming a friend allowed both Nancy and Hannah to focus the therapy process on moving toward the occupational outcome goals.

Sometimes Nancy would keep Hannah engaged by asking her to do a favor for her. For example, during a pretend picnic scenario in which children were playing with imaginary dishes and food, Nancy sent Hannah through their midst to retrieve a “drink and a snack” for her from the other therapist. This strategy is similar to gift exchange, which Mattingly and Fleming (1994, p. 191) identified, and conveyed the depth of trust between Hannah and Nancy. To move Hannah toward her goals, Nancy would reframe potentially negative experiences as potentially positive ones, a strategy that Lawlor (2003) observed. When Hannah was scared of the octopus puppet, Nancy said, “He’s really nice. He’s not mean. Hey, do you wanna come play with me? I’m lonesome.” By reframing this situation, Hannah was able to engage with a stranger who might become a friend and thus continue to progress.

These examples of therapeutic use of self are not simply a list of strategies to learn and apply in practice; rather, such strategies are best understood as they emerge in real care (D. Polkinghorne, personal communication, September 2003). To illustrate the constant innovation, negotiation, and subtle complexity of the therapeutic process, the next section provides a narrative analysis of Hannah’s third session with a group of five peers as Nancy and Hannah worked together toward her occupational goal of going to school and becoming a friend.

**Narrative Analysis**

The third session was Hannah’s first opportunity to participate with a larger, more diverse group of peers, an example of changing the therapeutic conditions by increasing the social demands. Nancy took Hannah, initially rigid and fearful, into her office, and they watched the fish on Nancy’s computer screen and talked. In an effort to give Hannah control of the timing of engagement, Nancy asked Hannah if she was ready to join the others; Hannah nodded yes. When they entered the room, Trish, the occupational therapist who led the group, and the children were sitting on the carpet playing a face-matching game. Hannah sat at the table across the room from the children, and Nancy knelt on the floor beside her, saying, “You want to sit there? OK.” This cognitive strategy of giving Hannah control of timing allowed her to engage when she felt ready.

Nancy used several of her bridging strategies with Hannah “to get her engaged, though at a distance” and then to move her into closer proximity to the other children. In this segment, Nancy and Trish used both social bridging and physical bridging. Trish attempted to socially bridge Hannah and the other children when she asked, “Hannah, do you want to play a game with us, sweetie, or do you want to watch?” Hannah replied, “I want to watch.” Trish replied, “Any time you want, you can come over and join in the game, OK? There’s a place right here for you.” As the children began to chant to the puzzles and each other—“Na na na na na, you can’t talk!”—Nancy began to playfully interact with them, which further decreased the social distance between them and Hannah.

The next strategy Nancy used was acting as a proxy for Hannah. Nancy asked Hannah if she wanted to work a face puzzle, and Hannah nodded yes. Nancy brought two puzzles to the table, which Hannah completed quickly. Nancy took them and laid them next to the other completed puzzles. Nancy then brought a second set of puzzles for Hannah to complete and asked Hannah if she wanted to take them to the others. Hannah shook her head no, so Nancy again took Hannah’s puzzles over to join the others. In another example of social bridging, Trish said, “Oh, let’s add Hannah’s!”

As the children were picking out their favorite faces, Nancy next used a physical bridging strategy with Hannah. Standing on the other side of the children from Hannah, Nancy said, “Hannah, come here just a second and choose your favorite one, and then we’ll come back, OK?” Nancy walked over, took Hannah by the hand, said, “Come on, let’s go,” and they walked together to look at the completed puzzles. This was a literal example of “reach[ing] for the heart as well as the hands” (Carlova & Ruggles, 1946, p. 69), a blend of empathic and professional competence (Gahnström-Strandqvist et al., 2000; Peloquin, 1990). Nancy knew when Hannah was ready to take the risk and conveyed her confidence in her. Hannah knew that Nancy would not let her fail, a trust based in the therapeutic relationship they had developed that enabled Hannah to move, literally and symbolically, toward her goal.
When Hannah picked out her favorite face puzzle, Nancy verbally praised Hannah by saying, “Oh, that’s a nice one, Hannah.” Nancy then gave each of the children a high five. Trish gave Hannah a high five, and then Nancy had each one of the children give Hannah a high five, another example of praising that conveyed to Hannah that she had made it into the group. Hannah flashed a huge smile that conveyed her success in negotiating the social scene. Her smile quickly flitted into a look of fright.

Nancy took her aside and asked her if she was sad and needed a break, giving Hannah the chance to separate from the demands. Hannah nodded yes, and they sat down at the table. Nancy understood that Hannah wanted to interact with the children and that she could not; Nancy seemed to feel her sadness, a quality of empathy that Peloquin (1995) identified. The strategy of separating was one that Nancy had been teaching Hannah since the beginning of therapy, first removing Hannah to the safe room, then moving from the children on the park playground to the grassy area to look at the ducks and now just a short distance away to the table. Perhaps it was Hannah who taught Nancy that this was a strategy that worked, or maybe it was negotiated, emerging between them as part of the “dance of desires” (Mattingly, 1998, p. 136). Hannah recovered quickly, and Nancy said, “OK, let’s go wash up.” Apparently “over the hump,” after washing her hands, Hannah walked over to the table and sat next to another child.

Snack time was generally a time for creating tall tales, shaped and encouraged by Trish and Nancy. On this day, Dillon started a story about goldfish and sharks (they were eating goldfish-shaped crackers for snack). Each child, in turn, added a line to the story. When it was Hannah’s turn, she leaned and whispered in Nancy’s ear. Nancy once again acted as Hannah’s proxy, which enabled Hannah to participate in co-creating the story with the children and to demonstrate her brightness by adding to the sense of drama and danger: “Oh, Hannah’s fish saw the sharks.”

In this one therapy session, numerous therapeutic strategies emerged in various forms between Nancy and Hannah as they engaged together in the puzzle game and snack time with the children. These therapeutic strategies created an underlying narrative context in which Hannah was “becoming and coming to belong.” Through their mutual engagement in the puzzle game, Nancy and Hannah co-created narrative meaning about Hannah’s actions toward or away from her occupational goal of going to school and becoming a friend. This analysis demonstrates the meaning that was created through the complex and subtle interaction of the therapeutic process, therapeutic relationship, and the intervention forms and how they were related to Hannah’s doing occupations and becoming a particular occupational being (Christiansen, 1999; Wilcock, 1999). These interactions moved Hannah toward her occupational end goals and are important aspects of occupation-based practice.

**Implications for Occupational Therapy**

This research has contributed to a more complex and inclusive understanding of occupation-based practice. The analysis excavated important aspects of occupation-based practice that are crucial to helping therapists understand, articulate, and enhance their own occupation-based practices. The assertion that occupation-based practice uses only occupation as an intervention in clients’ natural contexts has alienated many occupational therapists who do not practice this way. This analysis adds to a more complex understanding of occupation-based practice by emphasizing the meaning-making aspects that arise from the therapist–client interaction as they “do with” each other in the therapeutic process. It is the interaction of the therapeutic relationship, therapeutic process, and forms of intervention that makes a practice occupation based.

It would be overly simplistic—and, perhaps, dangerous—to assert that using the person’s occupation and natural context as intervention forms is always optimal. The therapeutic strategies, as they interact with thoughtfully identified intervention forms, create meaning about who the person might become as an occupational being in his or her social world and how the therapeutic process is moving the person toward that occupational outcome goal. In Hannah’s case, Nancy provided a safe and supportive environment, the after-school club, in which Hannah could gradually increase her skill and confidence in interacting with other children. Although Hannah told her mother that she wanted to go to school, if Nancy had seen Hannah in a preschool setting, the social demands would have been too great. Also, Nancy used a variety of therapeutic forms, including activities such as modeling clay “food,” that Hannah did not like. If Nancy had used only Hannah’s preferred occupations, she would not have been able to engage in pretend play with other children in her preschool.

In the past few years, scholars and leaders in occupational therapy and occupational science have advocated for occupational therapists to practice with a heightened understanding of their clients as occupational beings, arguing that the uniqueness of occupational therapy is in its focus on enabling individuals to participate in their valued occupations in their social worlds (AOTA, 2002; Wood et al., 2000; Yerxa, 1998). This analysis demonstrates how Nancy, through her therapeutic use of self, use of numerous therapeutic strategies, and cultivation of her relationship.
with Hannah, maneuvered the therapeutic process toward Hannah’s occupational outcome of going to school and becoming a particular kind of friend in her social world. The context and the forms of intervention were only two aspects of Nancy’s clinical reasoning about Hannah’s therapy process. Other important aspects were that she thought of who Hannah was at the beginning and who she might become and engaged her “heart and hands” (Carlova & Ruggles, 1946, p. 69) in a difficult and often negotiated process toward Hannah’s goal. Although these findings cannot be generalized to all occupational therapy situations, this analysis can help occupational therapists understand and articulate important aspects of occupation-based practice and provides a potent example to consider as they reflect on and enhance their own occupation-based practices. Future research could examine therapeutic processes between therapists and adult clients, as well as those occurring in biomedical settings such as acute rehabilitation.

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