

The Experience of Creating One's Life Vision:

A Heuristic and Organic Approach

Angela Louie

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A Heuristic and Organic Approach*

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Abstract

Creating a life vision for oneself is something that can have a significant and profound impact in one's life. It can influence and direct choices, environments and occupations. Very little has been written in occupational therapy literature about this important aspect of life. A heuristic and organic new paradigm research approach is used to uncover in-depth the implicit and explicit qualities, processes and themes. The study includes life vision narratives from the researcher and seven participants as well as a group process and a creative synthesis. Findings indicate that there are two journeys that participants go on – an outer journey that is more worldly and linear, and an inner journey that comes from an intuitive place within and speaks to existential, spiritual and transpersonal domains of concerns– but that both of these experiences of learning are needed to create an integrated and deep sense of purpose and life vision.

In particular, participants described the potency and significance of certain events that held particular meaning. Often these were intangible, non-rational, internal and mysterious or came from other ways of knowing such as dreams or near-death experience. These were the experiences that provided clarity and understanding in participants' lives and informed their own journey of visioning. Participants used these ways of knowing as affirmation and confirmation that they were being true to their own soul's journey.

The implications for occupational therapists and social health and occupational science are profound. We must not only be open and willing to stand beside the person on that journey of discovery but if we truly want to be a guide along that journey, we must be willing to experience our own journey of discovery, to create our own life visions and to live our own dreams. Like a spiritual guide, we cannot guide by theory and academic "evidence" alone. We ourselves must stand as a guide through our own being, our own darkness and ultimately, our own light. Occupational therapy is an art and a science, and the art of living starts with us and within us.

List Of Abbreviations Used

CAOT	Canadian Association of Occupational Therapists
CMOP	Canadian Model of Occupational Performance
OPPM	Occupational Performance Process Model

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Chapter 1 – Introduction

One day at dinner, my 7-year-old daughter asked me the question, “Mommy, what is life about? I mean what is the purpose of life?” And, although it was a question I did not expect from my 7 year old, it has been a question I have asked myself for many years, specifically, “what is the purpose of *my* life? What is the vision for my life?” There are many answers a person could give, coloured by religious beliefs, cultural background, intellectual tendencies, education and any number of environmental and historical contexts. It is the focus of a whole area of psychotherapy called logotherapy and a main concern of most spiritual teachings. In my own life, I have found that my answer to this question at any given time has guided and organized my occupational choices and given them meaning and direction. And the times when I have been searching for the answer have opened up my life to new and often surprising occupational possibilities.

As occupational therapists, we enable people to get back to work, to ski, to live at home, all things that clients themselves want to do. Clinicians often have a role in helping people to find another meaning to their lives after an injury or disability. Many clients are dealing with issues of life meaning and identity (Christiansen, 1999; Pettie & Triolo, 1999). Occupational therapists enable others to perform meaningful occupations. But “the occupational therapy we know now fails to realize the full potential of occupation.” (Polatajko, 1994).

Occupational therapy is heavily influenced by the medical model and focused on reducing impairment through the therapeutic use of purposeful activity rather than focusing on occupation. (Polatajko, 1994). And even though the Canadian Model of Occupational Performance (CMOP) speaks of meaningful occupation and speaks of the source of this meaning residing in the spiritual core of the person (CAOT, 1997), there is little said about how one discovers one's life vision, the process or the experience of searching for or creating one's life vision. If one thinks of a life vision as a guide to meaningful occupation, then it is a vital issue for all human beings, irrespective of age, disability or life abilities. It is important for occupational therapists to understand and to offer their contributions both scientifically and therapeutically. But even more to the point, how can we truly enable or stand beside people who are finding vision and meaning in their lives if we have not chosen to undertake that journey ourselves? How can we be a light to others from an authentic and transparent way when we have not been there? If we try, we can only speak from a theoretical and intellectual level.

I have chosen the topic for this thesis and the methodology for this research such that I can offer my own experience and journey not only prior to this thesis but through it as well. I hope that others can resonate with my process and synthesis and that this will be part of their as well as my own transformation.

This research explores the experience and process of learning as one creates one's life vision. This research is about the meanings and discoveries that individuals make and create in their lives. However, as meaning is both subjective and intersubjective (Gergen, 1999, 2000), this research incorporates both the individual subjective experience as well as

the co-created experience of all the participants in this study. The research was conducted in British Columbia with participants who have or who are in the process of searching for their life vision. To get at the depths and complexities of people's experiences, a qualitative approach was followed using the methods of in-depth interviewing to explicate individual meanings and experiences as well as a group process for participants to share experiences and to collectively identify common themes and create a group narrative. Findings from this research will provide understanding of the process of discovering and manifesting a life vision as it is experienced and expressed by people themselves. It provides a rich context from which to gather ideas for further research and theory development in occupational science and occupational therapy.

In this research project, I have defined the term "life vision" as "the broad purpose or overarching meaning that one sees one's life as having; the vision that one sees for one's life".

The objectives are:

1. To explore the experience and process of learning as one creates one's life vision using qualitative research methods, specifically heuristic and organic methodologies, which are new paradigm methodologies congruent with and enabling of the honouring and uncovering of both researcher's and participants' experiences. (These methods are specifically oriented to tap into the experiences, learning and process of the researcher and are meant

to provide the inspiration often needed to make a connection with others at a deep level).

2. To add to the knowledge base of social health determinants and in particular both occupational therapy and occupational science by exploring how life meanings and discoveries are made and created in individuals' lives.

If this process of creating a life vision is not a linear problem solving process and it is not just a goal setting process, then I was left with questions about what it was. My own experience revealed that at different stages of my life, I went about this search quite differently. And my own perspective on these experiences is that they were “lessons” I needed to learn. However, if we follow the image of the hero’s journey (Campbell, 1988), the learning may be unintentional, explicit or tacit. What a person learns about themselves and their life vision may not fall neatly within the process outlined in the Occupational Performance Process Model (OPPM) for instance. And I found that to be sensitive to my own experiences, I needed to appreciate that there was a difference between the experiences I had “in the world”, when I was taking action, noting the consequences, taking risks, using reason to analyse a situation, etc and the inner experiences I had, which were often more subtle; feelings of opening and closing, allowing and resisting, fearing and trusting. These were less amenable to reason and logic but was crucial to my own learning. In light of all this, I offer these questions as focal points in this research study.

The research questions are:

1. How do individuals create their personal vision of life?
2. What is the process of learning as one search for and creates a vision for one's life?
3. What are the inner and outer experiences during the search and development of one's life vision?

Chapter 2 – Review Of Literature

There is little written in occupational therapy literature that is directly related to the discovery of a life vision. However, there are a number of associated topics worth examining.

The Occupational Performance Process Model

Occupational therapy, with its focus on occupation, or all purposeful human activity, has broad potential to promote health for people in all states of health, both to remediate and to optimize health and wellness (Wilcock, 1998). However, its practice models do not always reflect this promise to optimize wellness. As occupational therapy practice evolved, the Occupational Performance Process Model (OPPM) was developed specifically to support “occupational therapy students and therapists in everyday practice” (Fearing & Clark, 2000, p.xii). It introduces a process of client-centered practice that follows occupational therapy principles. Although it does include the idea of finding out the client’s values, strengths and interests, it does not elaborate on how the client may have discovered the things that were meaningful to them or the process with which the therapist would assist them. As this is often a difficult process for someone facing a debilitating condition (Christiansen, 1999), this would be an important area of research.

The OPPM uses two ideas that underlie a hierarchical philosophy that may not be as useful in the discovery or visioning process: that there is some sort of “treatment” and that therapists have “expertise”. These

ideas may work well in a medical or rehabilitation environment where expertise can be acquired and treatment can be given but not so well when we think of personal growth and growth beyond just looking at the self in isolation.

Discovery and visioning is not a problem-oriented process. In fact, when we look at Maslow's hierarchy of needs, people are not problem-oriented or oriented to fixing things when they move upwards towards meeting emotional and self-actualizing needs. Maslow also has offered self-transcendence at the top of his pyramid to address growth beyond the confines of the self and to acknowledge the human capacity and need for spiritual development. (http://en.wikipedia.org/wiki/Maslow's_hierarchy_of_needs as seen on 15/02/07). How can we hope to enable others' growth and transformation if we have not begun the journey or not gone through it ourselves to a significant degree, to have the foundation ourselves to "stand beside" without necessarily "doing" something? (Spinelli, 2001).

Two approaches adopted by the OPPM that may not be as useful in the process of discovery or visioning are the problem solving approach and goal setting. The problem solving approach is widespread in both business and health organizations as a "treatment" approach. It is integral to a medical model (illness/cure) (Wilcock, 1998) as well as to most management approaches. In fact, some occupational therapy documentation formats are called the problem-oriented record.

In the OPPM, the first step is to identify the problem, issue, or concern (Fearing & Clark, 2000) even as it emphasizes hearing the client's story. It seems to be really the story of how this concern has come to be so much of a concern. Although it does also identify the strengths

and the values related to individuals, it uses a problem-oriented approach to resolve the issue. Does this mean that occupation only applies when there is a problem, issue, disability, deterioration, and occupational performance deficit?

When we look at occupation generally, we may not always need to find something “wrong” or unsatisfactory. Human growth, reaching one’s potential and discovery is not always or even primarily about deficits. Although visions and dreams may spring from “problems” or traumas, they do not always need “treatment”, the person may not want to be treated, and in fact, “treatment” may be counterproductive. Whereas problems call for solutions and issues call for resolutions, dreams, visions and discoveries may not necessarily need achievement in order to be useful or meaningful. Often people only need to be witnessed, to be deeply heard and honoured. Dreams may not necessarily bring positive feelings in the short run or come from positive experiences (take Martin Luther King, Jr.’s dream for equality for instance). Perhaps simply the honouring and pursuit of them brings use and meaning to them. This is where the creative process and the dreaming process fits in. The discovery of one’s life vision may not be something that another can help or assist with. Perhaps all that is needed or can be offered is to “stand beside” the other (Spinelli, 2001). This may be less of a position of expert or even therapist but perhaps could be seen as a mentor, a peer, a supporter, and a facilitator. And if the growth is spiritual, then even to be a spiritual guide in the sense of facilitating wholeness and connection to themselves and the world.

If the role of the occupational therapist is not only to help resolve problems or treat deficits, how does one proceed to stand beside one’s

client? Perhaps the role of the therapist could be to work with the client to explore how they live in the world. This requires a re-examination of some of the underlying premises of therapy and occupational therapy (Spinelli, 2001). Although many situations that occupational therapists face with their clients are amenable to solutions, many of the issues that clients face are more complex and require a contextual appreciation of the client's experience. Even so, many of life's experiences cannot be resolved but only lived (Spinelli, 2001). This would not be primarily about change but about examining one's life, how one has lived and making conscious choices about how one chooses to live. Because this does not lead to straightforward answers, recommendations and solutions, it does not follow the problem-oriented or solution-oriented approach that comprises most of occupational therapy practice. It requires the therapist to be open to uncertainty and to the therapist's own humanness, and that the therapist is not necessarily the expert of the client's experience or the agent of change (Spinelli, 2001). Perhaps it is this ability to accept the client's experience as he or she lives it and yet be involved during this exploration into the unknown that makes this role challenging.

Another approach that is used widely in the practice of occupational therapy is that of goal directedness and goal setting. This is most explicitly stated at step 5 of the OPPM, collaborating on targeted outcomes and making action plans (Clark & Bell, 2000). Occupational therapists espouse client-centredness (CAOT, 1997; Sumsion, 1999). However, using a goal-oriented approach may be a reflection of the therapist's professional perspective. It is so embedded in occupational therapy practice that it is often difficult to see it as an occupational form

and to see it as part of the progressive narrative that most occupational therapists adopt (Kielhofner & Barrett, 1998).

Although it may seem that discovering a vision or even following a dream is very goal oriented, the reflections from my own heuristic explorations would suggest otherwise. For myself, much of the discovery has been meandering and not connected until later (when the thread of the narrative can be imposed on it). It also seems that although there is a sense or inner knowledge of the inner voice or message, it is not always known as a discrete destination or occupation. So, instead of engaging in strictly a goal directed process looking at issues as the OPPM suggests, the person might engage in an exploration and creative learning process. This is implied as a possible precursor to step one in the OPPM but is not explicitly part of the OPPM, even though it may be a necessary part of the recovery process (Pettie & Triolo, 1999). Do Rozario (1997) points to these higher levels of development and facilitation in offering a transpersonal developmental view of life and of occupational science.

Perhaps in western civilization, much of this goal directedness and linear objective approach has sprung from a positivist scientific approach (Wilber, 1999) and perhaps an economic and business approach (Saul, 1995). When we look at aboriginal cultures and the process of aging, there is much more of a process of journeying (do Rozario, 1998; Merkur, 2002). Social construction (Gergen, 1999) and appreciative inquiry (Bushe, 1995; Cooperrider & Srivastva, 1987) question the whole notion of only problem-oriented thinking. Creating through discovery, dialogue, interrelationships and occupation would be ways to enrich and explore the full spectrum of human potential. In addition, looking at life journeys seem to have less need for “intervention” and perhaps more call for

engagement and involvement and relationship; in other words, more emphasis on being and becoming (Wilcock, 1998).

Spirituality And Occupation

In occupational therapy literature, spirituality seems to be the concept most closely associated with the visioning process. The Canadian occupational therapy literature has included more emphasis on spirituality in the last half decade. The Canadian Association of Occupational Therapists (CAOT) published *Enabling Occupation: An Occupational Therapy Perspective* (1997) where spirituality is visualized as having a central position in the model of occupational performance. It is “embedded as a core in all parts of person-environment-occupation interactions.” Spirituality is seen as something that “resides in persons, is shaped by the environment, and gives meaning to occupations.” (CAOT, 1997, p. 33). As well, spirituality is defined as “a pervasive life force, manifestation of a higher self, source of will and self-determination, and a sense of meaning, purpose and connectedness that people experience in the context of their environment” (p.182). Other ideas are that spirituality is about: “an innate sense of self, a quality of being uniquely and truly human, an expression of will, drive, motivation, a source of self-determination and personal control, and a guide for expressing choice” (CAOT, 1997, Table 7, p. 43). McColl brought out a text devoted entirely to spirituality in *Spirituality and Occupational Therapy* (2003). This seems promising in studying the process of discovering one’s life vision.

However, much of the literature on spirituality and occupational therapy is concerned with how spirituality is and should be defined

(McColl, 2000; Van Amberg, 1997; Urbanowski & Vargo, 1994; Egan & DeLaat, 1994, Collins, M, 2006, McColl, 2003). There is still debate about whether spirituality should be a part of occupational therapy practice (Engquist, Short-DeGraff, Gliner & Oltjenbruns, 1997; Taylor, Mitchell, Kenan & Tacker, 2000; Rose, 1999). Few occupational therapists/scientists offer a paradigm for looking at these concepts. Do Rozario, (1995, 1997) in her Paradigm and Model of Wholeness and Reconstitution, offers just such a paradigm and describes the processes that people move through in their lives in responding to disability, chronic illness or simply life challenges or transitions. She describes how people move toward wholeness by integrating with who they are within themselves and the world around them. This model has also been applied to change processes within organizations and communities. McColl (2003) has also offered a conceptual framework with which to see spirituality. Unruh, Versnel and Kerr (2003) have offered ways of assessing spirituality and there have been suggestions as to how to intervene when it comes to spirituality (Kirsh & Welch, 2003; Toomey, 2003).

However, since this time there is still to date limited research and dedicated interest for practice within the profession and occupational science in spite of recent publications by leaders within the profession such as Townsend, De Laat, Egan, Thibeault, and Wright (1999), in their seminal book on 'Spirituality in Enabling Occupation: A Learner-Centred Workbook and McColl's Spirituality and Occupational Therapy (2003). There is a lack of occupational therapy literature that explores how spirituality might be connected with the process of discovering a life vision. There has been a lack of research and pioneering as to the spiritual nature of occupation even though it is stated as a central

concept in our models. As this is primarily an individual and subjective experience first (although it can also be organizational, cultural and societal in orientation), it would be important to explore this topic with research methods and process that honour and respect the integrity, value and inner depth of human experience.

Understanding Meaning And Experience

Occupational therapists assert that there is an innate drive for meaningful occupation. Occupation is a basic human need, is an essential component of life, gives meaning to life, organizes behavior, has developmental and contextual dimensions, and is socioculturally determined” (Polatajko, 1994). However, how one develops this meaning is not well understood.

Victor Frankl (1984), from his own experience in a concentration camp during the Second World War, came to realize that regardless of the circumstance, the meaning that a person was able to derive or create from that circumstance is what helped him to survive (Frankl, 1984). Frankl claimed that “man’s search for meaning is the primary motivation in his life” (Frankl, 1984, p. 121), that the existential nature of man is in part “the striving to find a concrete meaning in personal existence, that is to say, the *will* to meaning” (p. 123). This was seen a major task in one’s growth. Eventually, he developed logotherapy as a way to help people to discover what meaning life held for them.

Dreaming and visioning can also be seen as an integral and continual process of growth in one’s life journey. Joseph Campbell’s

depiction of the “hero’s journey” may be a useful metaphor in the discovery process.

The usual hero adventure begins with someone from whom something has been taken, or who feels there’s something lacking in the normal experiences available or permitted to the members of his society. This person then takes off on a series of adventures beyond the ordinary, either to recover what has been lost or to discover some life-giving elixir. It’s usually a cycle, a going and a returning. (Campbell, 1988, p. 152)

David Bohm connects meaning with life and that meaning has 3 definitions: significance or a sign that points to something, value or strength or being strongly moved by something, and purpose or energy towards something. He sees these 3 aspects as integrated and key features of life (Bohm, 1993).

The recovery narratives of those with mental illness and the narratives of those with chronic illness often depict a similar journey of transformation. (Schiff, 2004; Deegan, 2001; Deegan, 2003; do Rozario, 1992, 1995, 1997). These can also be seen as a “hero’s journey”-separation, initiation, return and many of them come to depict what Polkinghorne calls agentic life plots (Polkinghorne, 1996). These narratives are testaments to help us learn about what is possible as human beings. It is a journey into the psyche (Miller, 1990), the search for identity after and through illness in the process of recovery that involves many self-examining questions: “Who am I?” “What now?” New