Continuity and Change: Past Experience as Adaptive Repertoire in Occupational Adaptation

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Narratives are gaining recognition as important ways occupational therapists and other clinicians can think about the life stories of clients. The purpose of this article is to examine a conceptualization of how changes from one chapter to another occur in life stories, using the metaphor of an adaptive repertoire, and to consider how this notion can be useful in helping clients maintain continuity and a coherent life story in times of change. Three premises based on the concept of adaptation address (a) configurations of occupational forms embedded in particular local worlds, (b) cumulative development of an adaptive repertoire that allows one to perform both competently and appropriately, and (c) adaptive transitions and application of one's repertoire to new circumstances. Implications for research and clinical practice in occupational therapy also are examined.

Narratives or stories are a universal way people from diverse cultural backgrounds think about and make sense of their lives (Bruner, 1990; Polkinghorne, 1988). The clinical usefulness of narratives is gaining increasing recognition in several health care professions, including medicine (Coles, 1989; Kleinman, 1988), nursing (Robinson, 1993; White & Epston, 1990), and occupational therapy (Clark, 1993; Helfrich & Kielpfner, 1994; Helfrich, Kielpfner, & Mattingly, 1994; Mattingly, 1991; Mattingly & Fleming, 1994; Peltoquin, 1993). Narratives or life stories are based on the idea that although one's life may have periods, or chapters, in which the plot takes different directions, the overall story has a cohesive quality over time. Narrative is thus a way of thinking about change in which the future is connected to, and evolves from, the past.

Occupational therapy practitioners usually see clients at times of crisis or major life change when one chapter in their life story is ending and another is beginning. In his reflections on the study of life history, the anthropologist Mandelbaum (1973) called these changes turnings. Helping clients make these turnings, or shifts from one chapter to another, is a crucial aspect of practice. The purpose of this article is to examine a conceptualization of how changes from one chapter to another occur cumulatively, using the metaphor of an adaptive repertoire, and to consider how this notion can be useful in helping clients maintain continuity and a coherent life story in times of change.

The issues involved in ending one chapter and be-
gining another are illustrated by an episode documented in a study entitled Adaptive Processes Following Spinal Cord Injury (Spencer, Young, Rintala, & Bates, 1995). Daily interviews with Russell, a 30-year-old construction worker with a spinal cord injury, were used throughout his rehabilitation experience to gain an insider's perspective on the process, in contrast to the outsider's perspective of researchers or clinical staff which dominates most literature on spinal cord injury.

During his interview on Day 31, Russell reported the following discussion from weekly rounds:

That's when the doctor turned around and asked about the driving class. I said, "Hey man, I've been driving since I was 15 years old. Driving ain't no problem." He goes, "Well, you're gonna have to drive with one arm." I says, "As long as it ain't a standard, I'm all right." Now if I was trying to ride my motorcycle, I'd understand. But I'm not. [Expletive], I always drove with one arm. (Spencer et al., 1995, p. 59)

Undaunted by the prospect of driving with hand controls using one arm, Russell continued his exploration of driving 4 days later:

I might try for a day pass this weekend. That way, I can find out what's going on with my truck. It's parked at the apartments. I should bring my truck down here and park it in the parking lot. That way, when I want to go home, I can take that. I can take off. If I want to run and go get some food, I can take off. The bad thing about the truck is, I'd have to leave my wheelchair wherever I get in the truck. I could get [my roommate] to watch the wheelchair while I go to the store. (p. 59)

In this episode, Russell defended the relevance of past competencies, such as his ability to drive, while staff members were emphasizing new things he needed to learn. At a more symbolic level, when Russell said that he wanted to have his truck parked at the hospital, he was struggling to hold onto past ways of doing things, such as "taking off" when he encounters difficult experiences like the rehabilitation hospital or when he wants to follow a whim like running to the store. In addition to these reflections about the past, Russell acknowledged that there will be changes in the future because of his wheelchair. He proposed a strategy for dealing with this change that most therapists would probably judge to be impractical because it depended on having an agreeable roommate and did not deal with the issue of how Russell will get around at the store with his wheelchair still in the hospital parking lot.

In response to this interaction about driving, it is likely that most therapists would attend to teaching Russell practical skills, such as how to load his wheelchair into his truck. In the rush to cram in as many new skills as possible in an all-too-short length of stay, therapists may have neglected the larger issue of how Russell will deal with his past ease of mobility in future chapters of his life story. This story illustrates the two classic problems of clients who are ending one chapter and beginning another—how past experience is remembered and evaluated and how it can be applied to new adaptive challenges to establish a vision of the future and to shape how that future unfolds.

Premises Based on the Concept of Adaptation

The concept of adaptation provides insight into what happens when chapters end and begin in a person's life story. Two aspects of this concept are particularly relevant to examination of major life change. First, adaptation is an interactive process that occurs between an organism and its environment. This conception prompts therapists to think about major life change not as something that occurs solely within the individual person but as a change in the relationship between the person and environment, which may involve changes in both entities and interaction between them.

Second, adaptation is an inherently cumulative process in which the past shapes the future. At the level of the human species, this cumulative process is based on genetic transmission of successful traits as well as on the use of culture as a collection of adaptive strategies learned from our predecessors. Similarly, adaptation at the level of an individual person is based on inborn physiological mechanisms as well as on human capacities for memory and intention, which Kielhofner (1977) referred to in his early work on temporal adaption as hindsight and foresight. The concept of adaptation thus prompts therapists to think not only about change, but also about continuity in the lives of our clients.

Our examination of the use of past experience in occupational adaptation is based on the metaphor of an adaptive repertoire, which is analogous to the performance repertoire of musicians, actors, or other performers. Ways in which a repertoire is developed and used can be examined through three premises based on fundamental components of the concept of adaptation, including the environment, the person, and processes of change:

1. **The environment.** Occupations are enacted not as disjointed activities, but as forms or performances that are combined in meaningful configurations and attached to particular contexts or local worlds.
2. **The person.** Learning occupational forms leads to cumulative development of an adaptive repertoire, or a stock of parts we know how to perform in ways that are both competent and
Aristotle provided the example of having in mind the specific chairs that fit the pattern (Hope, 1994). Another example might be the occupational form for grocery shopping, which one can recognize and apply in various stores, including those never visited before. This ability depends on one's recognition of fundamental similarities among grocery stores and one's ability to perform the smaller occupations of shopping, such as selecting produce, ordering meat, or checking out at the cashier, despite differences in how the store is arranged or the specific set of persons who shop there. Thus, persons recognize and understand occupational forms in contexts they have never visited before because observed performances fit a pattern or general structure of how and where that occupation occurs.

Beyond the level of single occupational forms, related forms are combined in interactive configurations attached to particular settings. To use the examples of the post office or grocery store, the occupations of the various staff members and customers are integrated into an overall performance. The concept of culture as the shared way of life of a group of persons is a useful way to think about how such configurations are developed, maintained, and transmitted to new persons (Geertz, 1983). Culture provides the customary beliefs and practices that organize the parts of various participants. Culture includes material, social, and ideological components, a holistic conception of one's surroundings. Bruner (1990) referred to the interpretive framework shared by members of a culture as a "folk psychology" (p. 35) that includes not only recognition of what persons are doing, but also an interpretation of why they are doing it, that is, the intentions and motivations that prompt what is going on and give it meaning.

Although cultures can be thought of at many levels, including such broad entities as nations or ethnic groups, Kleinman (1992) coined the term local worlds to describe cultural environments at the scale of personal territory:

"No matter how contested a local world is, there is a shape or coherence to its flow of interpersonal experience, whose contours, if we view them from afar and compare them with other local worlds, are recognizable as a particular form of life, a local way of being human." (p. 128)

In this article, the term local worlds denotes configurations of related occupational forms embedded in a particular context or location. The notion of local worlds has great usefulness in thinking about the contexts from which occupational therapy clients come to clinical encounters and to which they return when they leave treatment settings, contexts that are often very different from those to which therapists are accustomed.

Within cultural environments or local worlds, ongoing evaluation of the congruence or incongruence of occupational performances occurs. In some settings, broad variability may be tolerated; in others, performance may be judged strictly (Bundy, 1993; Davidson, 1993; Vandenbergh & Kielhofner, 1982). Congruence and maintenance of the expected flow of occupations is typically rewarded, leading to what may be described as a kind of inertia resisting change (Barnett, 1953). Incongruence and disruption in the flow of occupations may be valued and perceived as a positive change. However, incongruence is often viewed negatively as a deviance that evokes
sanctions designed to correct performance judged either incompetent or inappropriate. It is important to note that congruence refers not only to performance considered competent (i.e., enacted according to accepted standards of skill), but also to performance considered appropriate for the particular setting in which it occurs. Thus, a person may be able to sing the national anthem with a high degree of competence, but its performance in a grocery store would probably be judged inappropriate.

The notion of local worlds as configurations of occupations attached to a particular environmental context is illustrated by the residential school campus on which the Delany sisters grew up, which they described as follows:

When St. Augustine’s School was founded after the Civil War, it was both an Episcopal seminary and a school for teachers... Many fine young colored people graduated from St. Aug’s and went on to share what they had learned with countless others. Growing up in this atmosphere, among three hundred or so college students, reading and writing and thinking was as natural for us as sleeping and eating. We had a blessed childhood, which was unusual in those days for colored children. It was the rare child that got such schooling... The farm on the campus of Saint Aug’s provided food for the staff and students, and it also gave the poorest students a way to pay their tuition and expenses because they could work in the fields and get paid a small amount. Every free chance we got, we worked in those fields to get a little money. (Delany & Delany, 1993, pp. 43-44)

In the local world of St. Augustine’s campus, the Delany sisters observed daily rounds of occupations associated with the maintenance of a 12-member household, with faculty and student teaching, and with running a farm, as well as a daily and weekly round of religious observances. Having examined the environment with the idea of local worlds as established configurations of occupational forms, we turn now to the person and how occupational experience is learned and remembered.

Premise 2: Cumulative Development of an Adaptive Repertoire

The contextual grounding of occupational forms is important because it shapes how children learn occupations through instruction, imitation, and evaluation of performance. Through this process, children are taught not only the skills needed to perform, but also how to make judgments about which activities are appropriate in which settings. For example, the watering can is used in the garden, whereas the teakettle is used in the kitchen, and attempts to use these tools in the wrong settings lead to correction and clarification of "what we do where." Through this process, persons learn the capability for environmental appraisal, or the ability to interpret what is going on in a setting and make judgments about appropriate and inappropriate performances. Accumulation of this kind of knowledge about how occupations are performed and where they occur continues over a lifetime as persons encounter new environments. Several writers in occupational therapy (e.g., Fidler & Fidler, 1954, 1983; Reilly, 1962, 1974) have emphasized the cumulative development of competence and mastery in a variety of settings.

We use the metaphor of an adaptive repertoire to refer to the accumulated set of occupational forms a person uses to organize memory of past experience. The Oxford English Dictionary (1989) defines repertoire as "a stock of dramatic or musical pieces which a company or player is accustomed or prepared to perform" (p. 640). This metaphor suggests a traveling musician or player who knows a variety of works that can be performed in various settings and in various combinations as life’s journey unfolds. In the language of this metaphor, one’s collection of occupational performances are not learned as random fragments in a vacuum but as parts within larger entities that involve other settings and persons. When actors or musicians travel to new settings, they draw on their repertoire to identify individual performances that they can integrate into the larger configuration of a play or musical composition going on in that setting. Similarly, by organizing memory through occupational forms, which provide a general structure but allow for variation in the particulars of how they are enacted, persons can usually recognize the occupational performances going on in a new setting.

During their early years at St. Augustine’s campus, the Delany sisters developed a large portion of their adaptive repertoire of occupational forms, which they drew on throughout their lifetimes. Sadie stated that

All of us children had chores to do, and Papa always saw to it that we did them. As a mama’s child, I was always helping Mama, and she was actually like her assistant. I would help Mama can fruits and vegetables, or anything she was doing at the moment. When Mama was busy helping Mama, Bossie often would supervise the younger children in the family. Tell you the truth, I think she enjoyed bossing them around more than I would have!... Each morning Papa would make us line up for our "inspection." He’d look over us to see if our shoes were polished, our ears were clean, things like that... We carried the Delany name, and he wanted us to look respectable when we left the house... In the mornings we would go to the morning prayer service, and then once a week, we would go on a school trip. We attended classes taught by the college’s students, and we went to the library and the museum. We went to the library and the museum and the museum and the museum and the museum...
The development of an adaptive repertoire thus includes learning to play appropriate parts that are integrated with performances of other actors within the context of a particular local world. In the case of the Delany sisters, this repertoire development meant learning to perform household occupations interdependently in their large family of 12. Development of an adaptive repertoire also includes acquisition of a sense of the meaning of occupations within that cultural context. For the Delanys, self-care occupations had importance as a reflection of their pride in being a Delany, whereas teaching was valued as a means for helping persons improve themselves.

In reflecting on the concept of adaptation as an interaction between persons and environments, we have examined the association of occupational forms with environmental contexts and the process by which persons develop adaptive repertoires. We turn now to consider how change can usefully be conceptualized.

Premise 3: Adaptive Transitions and Application of One’s Repertoire to New Circumstances

Times at which major changes occur in life, the ending of old chapters and beginning of new, have often been examined in the literature on crises or transitions. Although some theories view this as an individual process, many are based on the premise that such changes do not occur solely within individual persons, but rather represent major shifts in the relationship between the person and his or her environmental context (Schlossberg, 1981). Thus, times of crisis or transition are prompted by changes in one’s relationship to his or her local world due initially to either changes in the person, such as onset of disability, or changes in the environment, such as loss of a job, death of a spouse, or moving to a new community. The occupations that the person performed may no longer be within his or her level of competence, and he or she may be confronted with environmental contexts that are unfamiliar and difficult to interpret. These times challenge persons to examine their routine ways of doing things and the meanings attached to them and to consider whether the new person-environment relationship requires changes in the ways one’s adaptive repertoire is used and assembled into meaningful configurations. In addition to examining one’s past experience and life story carefully, a person seeks to project how that story may evolve in the future. As in the case of Russell (Spencer et al., 1995), this examination includes reevaluation of both one’s occupational life at a concrete level and the interpretations of the individual meanings and values of one’s occupations within one’s particular local world.

Kegan (1982) spoke of the evolution of meaning structures and the process through which these are assembled and revised as the central dynamic in the development of personality or selfhood. He stated that

we need to attend not only to the shape and sequence of our various consolidations of meaning, but to the universal processes themselves of constructing, defending, subordinating, surrendering, and reconstituting a meaning, to the question of what it means for us that our world designs cohere and fall apart. (p. 12)

In considering the importance of these changes, Kegan stated that

the ongoing tension between self-preservation and self transformation is descriptive of the very activity of hope itself, which has been called ‘a dialectic of limit and possibility.’ Were we ‘all limit,’ there would be no hope; ‘all possibility,’ no need of it. (p. 45)

The Delany sisters experienced the troubling uncertainty and loss of an organizing framework that typically occurs during major life change as they graduated from St. Augustine’s school and faced the prospect of unknown contexts and circumstances. Sadie described her experience as follows:

You can imagine when it came time for me to graduate from Saint Aug’s, I didn’t want to leave. That campus was the only home I’d ever known…. On graduation day, Papa said to me, “Daughter, you are college material. You owe it to your nation, your race, and yourself to go…. I have no money…. You must make your own way.”…. So I started looking for teaching jobs and I found out there was an opening as Jeanes Supervisor which involved visiting schools all over Wake County, North Carolina. Now, I was not quite twenty-one years old in 1910, which was awfully young to be applying for the position, but I got the job. (Delany & Delany, 1993, p. 79)

Bessie, who is 2 years younger than Sadie, recounted:

After I graduated from Saint Aug’s, I got the same speech from Papa that Sadie got—the one about going on to a four-year college, paying my own way, and so on. So I got a job as a teacher, doing the same thing as Sadie: saving money and helping my people. I was twenty years old, and it was the first time I was away from home by myself. Papa took me to the train station in Raleigh, and I put on a brave front. But when the train pulled away from the station and I looked back and saw my Papa standing there, watching me, I thought I was going to die. I started to sob…. The conductor came along and said, “What’s the matter, did somebody die?” Now, what he have to go and say that for? It was my girlhood that was dying, and I knew it. (pp. 85–86)

In occupational therapy, clients are usually seen at times of uncertainty when they are seeking to identify reasonable hopes for the future. These hopes emerge through consideration of future possibilities, as well as examination of one’s past and what one brings to the new situation. In the case of Russell, this meant frequent reexamination of his past experience as a construction...
worker and great ambivalence about whether he could use this experience in the future or whether, to use his words, "My whole life [before I was injured] went down the tube when I took that fall" (Spencer et al., 1995, p. 59). The process of examining the relevance of the past for the future, which Kegan (1982) called the tension between self-preservation and self-transformation, can be thought of as examination of the relevance of one's adaptive repertoire. This notion is useful because it considers both the person and his or her past environmental contexts as well as the contexts in which he or she may want to perform in the future. The occupational forms in one's repertoire are not only performance competencies, but also a framework for the important task of environmental appraisal, which allows one to analyze what is going on in a setting and the parts various persons are expected to play. Thus, the challenge during times of major life change is to envision and organize a new constellation of occupational performances that are both within one's capability of competent performance and appropriate within one's local world.

After onset of a disability, persons must consider which occupations they can continue to perform as they have in the past, those that they can continue to perform but in new ways, and those that they may not be able to perform at all. Occupational therapists can play an important role in this process by seeking to improve function to the extent possible. When limits of a remedial approach have been reached, therapists can assist clients in examining alternative ways of performing occupations and the implications of doing things in ways that depart from socially established expectations for performance. Because they may do things differently, clients may be at risk for the negative consequences that follow environmental evaluation of incongruence. Goffman's (1963) classic book on stigma and Murphy, Scheer, Murphy, and Kielhofner (1994) work on the concept of liminality described social processes experienced by those whose appearance or behavior are considered to be outside the boundaries of normal. In addition to preparing clients for being thought of as unusual and different when they return to the community, therapists can join other advocates in seeking to change the ways persons with disabilities are viewed in various local worlds.

Besides helping clients consider their ability to perform competently after onset of disability, therapists can help them examine future contexts and ways in which they can apply past performances appropriately in new settings. Many clients have great difficulty in seeing the relevance of previously learned competencies for their future. Such problems in generalization (i.e., an inability to apply things learned in one setting to another context) can be thought of as problems with the process of environmental appraisal and with seeing similarities between contexts. Recall that the notion of occupational forms suggests that humans are usually able to recognize broad similarities without being confused or distracted by differences in particulars. However, persons who have impaired intellectual functioning, such as those with head injury, schizophrenia, or dementia, often have difficulty generalizing their experiences (Hayes & Halford, 1993; Toglia, 1991).

A useful example of a client who had difficulty in applying her adaptive repertoire in a new setting comes from a study of elderly persons with dementia who attended day programs in Sweden (Borell, Gustavsson, Sandman, & Kielhofner, 1994). The authors described a woman who was very passive and initiated very few activities at the day program, but when visited at home, she showed initiative and competence:

When we visited Eva in her home, she asked immediately if she could offer us coffee. When she made the coffee, she didn't ask for help and showed no expectation that we should help her. She set the table with her best china coffee cups with golden rims, and she apologized for not having any cakes to offer. (p. 225)

Procedural memory tied to the familiar context of home allowed Eva to initiate and perform occupations in ways her local world would judge to be both competent and appropriate. This story challenges therapists to consider ways to help Eva use her past experience and repertoire of occupational forms in the new context of the day program where she had been sitting passively much of the time, a lesson that may apply to many clients.

The Delany sisters' lives illustrate creative application of their adaptive repertoires to new circumstances, both when they began teaching in rural areas of North Carolina and when they later attended Columbia University in preparation for their professional lives—Sadie as a home economics teacher and Bessie as a dentist. In reflecting on how they adapted to the new context of an urban university, Sadie reported:

When I first came to New York, I was so green I don’t know how I survived. I was shy, but I was determined....As much as possible, I kept a low profile at Columbia. Once, when I gave a presentation, the teacher said “Why, Miss Delany, you act like you’ve been in the classroom all your life.” Well, I had been, growing up at Saint Aug’s. But I had enough sense to keep my mouth shut. (Delany & Delany, 1993, pp. 106, 107)

Bessie described her experience as follows:

I had always dreamed I would become a medical doctor, but I ran out of time and money….In 1918 New York University would not take women into its dentistry program. Instead I enrolled at Colum-

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I remember like yesterday the first time our class had to do dissec­tions... That first day all the girls in the class were just a-squealing and a-screaming and a-carrying on. And I strode in there like I was born to do it.... Truth is, I was a wreck.... When we were children, the Welsh family who were farmers at Saint Augs, had a baby that died.... Well, I kept thinking about that poor, marble-like baby while I dissected my first cadaver. We had to fish around and look for those veins and arteries and nerves and things. Yes, it was pretty disgusting, but I was a great actress. I was determined to be the best dentist there ever was, and I knew I had to get through this. (p. 112)

It was probably a good thing that I was a little older, mature, and so determined or I never would have made it through dental school. (p. 110)

Throughout their lives, both women continued to reflect on and use past experience in meeting new challenges as they established professional lives, dealt with family crises and losses, and made the transition into retirement. It is instructive to note that although both sisters lived in the same settings where they acquired very similar adaptive repertoires and although they dealt with many of the same major life transitions, each woman had a distinctive way of dealing with adaptive challenges, which they attributed to differences between their characters. These differences were reflected in the names they were often called—Sweet Sadie and Queen Bess. Bessie described the differences as follows:

[Sadie] can sweet talk the world, or play dumb, or whatever it takes to get by without a fuss. But even as a tiny little child I wasn't afraid of anything. I'd meet the Devil before day and look him in the eye, no matter what the price. If Sadie is molasses, then I am vinegar! Sadie is sugar and I'm the spice. (Delany & Delany, 1993, p. 9).

From Sadie's perspective, "Bessie always has to get into a fuss. We really don't have time for this kind of mischief" (p. 13).

These premises concerning the importance of environmental contexts and past experience are not meant to advocate a deterministic view of human adaptation. Instead, the metaphor of an adaptive repertoire suggests that one's past experience provides a rich array of occupational choices through which one can imagine future possibilities, choices that inform the capacity for intention. In his examination of the human mind, neuroscientist Edelman (1993) emphasized the importance of memory and past experience while affirming free will, which drives intention:

Human individuals, created through a most improbable sequence of events and severely constrained by their history and morphology, can still indulge in extraordinary imaginative freedom. They are able to refer to the world in a variety of ways. They may imagine plans, propose hopes for the future, and causally affect world events by choice....though they are linked in many ways, accidental and otherwise, to their parents, their society, and the past. They possess "self-hood," shot up by emotions and higher order consciousness. (pp. 170-171)

Implications for Research and Practice

The concept of occupational adaptation has been developed as the focus of an emerging body of research at Texas Woman's University in Houston, Texas, which addresses the person, the occupational environment, and the interactive processes that occur between these entities. This work has taken two major forms. In one form, Schkade and Schultz have developed a conceptual frame of reference as a theoretical system that can be applied to practice and can shape research designed to test formal propositions about constructs and their relationships (Schkade & Schultz, 1992; Schultz & Schkade, 1992). In a second form, we have been pursuing knowledge development about occupational adaptation through a different tradition, one in which theory emerges from, and is grounded in, the findings of empirical studies rather than being established a priori and then tested. The ideas presented here have emerged from ongoing studies of how past experience shapes current adaptive patterns of elderly persons from different cultural backgrounds; how cultural differences shape adaptation to disability; and how clients and staff members in acute care, rehabilitation, and mental health facilities think about what life will be like when clients return to their local worlds. We believe that both the neopositivist-theory-testing approach and the qualitative-theory-developing approach are complementary methods for developing knowledge in the profession of occupational therapy.

These two ways of developing knowledge can contribute uniquely to our thinking about practice. As Schön (1983) pointed out, practice professions not only are based on the application of abstract theory to practice, but also require that practitioners learn to make wise judgments about the individual client's situation. The importance of cultivating this "art" of practice as an aspect of clinical reasoning was emphasized in Rogers's (1983) Eleanor Clarke Slagle Lecture as well as in the clinical reasoning study of Mattingly and Fleming (1994) and its many outgrowths. Working with clients to evaluate their adaptive repertoires and collaborating with them in appraising environmental contexts and the parts they might play in the future can become useful ways to individualize practice to their particular life stories and local worlds. The metaphor of an adaptive repertoire that emphasizes past experience allows us to focus on the strengths clients bring to new chapters in their lives as well as to address their weaknesses by teaching them new skills. Schkade and Schultz (1992) defined occupational adaptation as...
both “a change in functional state of the person as a result of movement toward relative mastery over occupational challenges” and “a state of competency in occupational functioning toward which human beings aspire” (p. 831). We believe that adaptation is also a lifelong cumulative process by which humans remember a repertoire of past occupational experience and through environmental appraisal evaluate its relevance for envisioning and shaping the future, a way of linking memory and intention.

In the current climate of health care revision, it is often said that practitioners cannot afford the time to consider these esoteric questions about the lives of clients. Therapists seek to cram more and more training of new skills into less and less time, rarely asking the fundamental question of whether the clients actually use these skills when they leave clinical settings and return to their local worlds. In response to the assertion that there is no time to deal with such questions, one might ask whether practitioners can afford not to ask them. It seems likely that in the future, the real outcomes of therapy will be judged not on the basis of measured capacity to perform tasks before people leave clinical settings but on whether clients incorporate and use these capacities and tasks when they return home. Such incorporation hinges on our ability to establish the relevance of therapy to clients’ life stories and to their local worlds.

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References


