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Reflection Article/Essay

The meaning making of what is meaningful: dialogues with Wilcock and Benetton

A construção de sentidos sobre o que é significativo: diálogos com Wilcock e Benetton

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Abstract

This essay sought to weave a dialogue around the meaning of what is meaningful as a relevant element for Occupational Therapy knowledge and practice, through the dialogue with two authors, Ann Wilcock, in her Perspective of the Occupational Nature of Health, sustained in an occupation paradigmatic perspective, in which the occupation promotes well-being and health, and Jô Benetton, with her Dynamic Occupational Therapy Method, supported in occupational therapy paradigmatic perspective, as a treatment by occupations/activities. What is meaningful can be considered linked to the concept of health that each one proposes: Wilcock and her emphasis on meaningful occupation, as opposed to an occupational dysfunction; and Benetton, focusing on what the target person of occupational therapy interventions qualifies as healthy and helps him/her to act in the world. We hope to contribute to the debate around the concepts that support interventions in occupational therapy, reflecting on the process of meaning making in occupational therapy interventions.

Keywords: Occupational Therapy, Epistemology, Health, Health Knowledge, Attitudes, Practice.

Resumo

Este ensaio buscou tecer relações em torno da construção de sentidos sobre o que é significativo como elemento relevante para o conhecimento e a prática da terapia ocupacional, por meio do diálogo com duas autoras, Ann Wilcock, com sua Perspectiva da Natureza Ocupacional da Saúde, sustentada na perspectiva paradigmática da ocupação como promotora de bem-estar e saúde, e Jô Benetton, com seu Método Terapia Ocupacional Dinâmica, apoiada na perspectiva paradigmática da terapia ocupacional, do tratar por meio de ocupações/atividades. O que é significativo pode ser considerado atrelado ao conceito de saúde que cada

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uma propõe: Wilcock e sua ênfase na ocupação significativa, em oposição a uma disfunção ocupacional; e Benetton, com foco na saúde qualificada pelo sujeito-alvo das intervenções em terapia ocupacional como o que lhe traz bem-estar e o ajuda a agir no mundo. Esperamos contribuir para o debate em torno dos conceitos que sustentam intervenções em terapia ocupacional, em uma reflexão sobre o processo de construção de sentidos nas intervenções de terapia ocupacional.

Palavras-chave: Terapia Ocupacional, Epistemologia, Saúde, Conhecimentos, Atitudes e Práticas em Saúde.

1 Introduction

> But my mother sewed her whole life! And mine took care of the garden all my life! And she cooked, and traveled, and taught ... [...] Anguished, angry, discontented and apprehensive family members who did not understand why their loved ones did not carry out the activities that they did with care and dedication most of their lives. [...] But ... What if maybe a symptom for families and for the institution was a *new meaning*? (Mello, 2019, p. 13).

Occupational therapy did not emerge as a new profession in the early 20th century just to occupy people. Before that, different theories together with political and social movements were integrated to support and articulate the context of its emergence. Since antiquity, in different places, treatments were already being carried out through the occupations. The idea that "[...] it is healthier to do an activity than fantasies or inventions are" (Benetton, 1991, p. 19) supports the most traditional and popular foundation of the profession. However, until then, there was no discipline that grouped the emerging knowledge from these practices. Due to scientific evidence in the medical-clinical context, the occupation gradually begins to be increasingly validated as a form of treatment and, although occupational therapy is situated in the context of health, it also emerged from some social practices (Morrison, 2018).

In the beginning of the 20th century, in the United States, the economic development and the Hygienist Movement allowed the expansion of the existing labor market, as well as the creation of new health professions - a context in which occupational therapy arises. Eleanor Clarke Slagle, an important character in this story, was responsible for creating the first technique of the profession called Habits Training as one of the first foundations for occupational therapy (Benetton, 1991; Benetton & Varela, 2001; Melo, 2015; Morrison, 2018).

Slagle's work was influenced by the American psychiatrist Adolpf Meyer who proposed an innovative treatment arguing that mental illnesses would be representations of different reaction patterns since the experiences and life stories were always unique, contextualized and personal. Meyer's bet is that the mentally ill should live with their families and within the community. He preached the need for specific professionals who enabled the development of skills through therapeutic occupations so that patients could better deal with environmental requirements and acquire more resources to live in society (Meyer, 2014).

However, before meeting Adolpf Meyer, Slagle volunteered at Hull House. Founded in Chicago in 1889 by the socialists and social activists Jane Addams (1860-1935) and Ellen Gates Starr (1859-1940), the institution was the first settlement of immigrants from different parts of Europe and enabled the expanding women's social participation by consolidating their political strength. Free of charge, the Hull House developed cultural and educational activities, promoting the coexistence between middle-class volunteers - mostly women - and low-income working families, facilitating the rapprochement between rich and poor (Camargo, 2010; Melo, 2015). This scenario is the base of occupational therapy, supporting the social, critical and the community character of the profession (Morrison et al., 2011; Morrison & Vidal, 2012).

Slagle also worked at the Henry Phipps Clinic, where she developed the Habits Training program, proposing "[...] an approach consisting of observing/capturing of any indication of a healthy attitude and/or behavior that would enable the motivation for a new action", in a balanced program of work, rest and leisure habits (Benetton & Varela, 2001, p. 32). Advancing in relation to the proposals of the time, Slagle recommended using the activities therapeutically to supplant, alter and produce new habits in critically ill patients, with the aim of restoring and maintaining well-being.

By distancing from the treatment of diseases and its symptoms, Slagle was dedicated to taking care of the aspects that led the person to do. It was not just any action since it needed to be of value to the person, to be meaningful and to be integrated into his/her life history (Meyer, 2014). In this way, the action, activity, and occupation needed to be significant to have value for the person in his/her history.

Two main ideas stood out at the roots of the profession: the occupation as a provider of well-being and meaning in life - strongly developed by Occupational Science; and the idea of treating by occupations to meet what is meaningful in life (Kielhofner & Burke, 1977). Based on the propositions of the therapist and occupational scientist Ann Wilcock, Mason & Conneeley (2012) claimed that human beings have a profound need for meaning, so that occupation is a primary source for obtaining it. In this perspective, the search for meaningful occupations is part of human nature (Blesedell et al., 2003; Csikszentmihalyi, 1997), and carrying them out can provide structure to life and meaning to people (Blesedell et al., 2003).

In turn, Wilcock (2003) reflected that the basis of significant occupations is devalued due to their daily nature and suggested that the desire to engage in occupations is a physiological mechanism, driving and bringing satisfaction to people when meeting their needs and develop their potentials. Thus, the "[...] meaningful occupation: doing well, being well and being the best that they can be, and the best that they can become" stands out as the inherent and basic actions of occupational therapy (Wilcock, 1999, p. 9).

However, working from the perspective of occupational therapy - and not from Occupational Science - implies interventions with activities/occupations in a unique process of care, centered on the person and his/her context. Interventions that enable the target person of occupational therapy interventions, generally more recognised for what they do not do or what relates to their illness, rather than their health (Moraes, 2008), for "*doing well, being well and being the best that they can be, and the best that they can become"* (Wilcock, 1999, p. 9).

The meaning making appears as a key element for the therapeutic process in occupational therapy. The construction of meanings is present both in the clinical reasoning of the occupational therapist - which is narrative and seeks to understand the senses of the other - and in the meanings to be constructed with the person of the interventions to build a history in which they become more active in their lives (Crabtree, 1998; Chapparo & Ranka, 2008; Mattingly & Fleming, 1994; Mattingly, 1998).

In his Theory of Transformative Learning, Mezirow (1991) proposed that distortions in the perspectives of meaning can occur when a person experiences a crisis that upsets and/or transforms his/her life, challenging his/her personal perspectives, which then start to become barriers for new learning. The process of resolving distorted meaning perspectives requires the person to engage in critical self-reflection to redefine such particular meaning perspectives, in which the transformation leads to new learning that supports personal change (Dubouloz et al., 2008; Mezirow, 1998).

Therefore, the understanding of the meaning of these constructions is based on an interpretive process: what is perceived or not perceived, what is thought or not thought are crucial aspects that influence beliefs, attitudes and the hypotheses that structure this interpretive process (Mezirow, 1991). This skill is one of the most valued by occupational therapists, as it involves interpreting actions in the universe of values, beliefs, and expectations of the person, so that such observations and information can be incorporated into the construction of a therapeutic history that makes sense (Mattingly, 1991, 1998).

Based on the hermeneutic tradition of the philosopher Gadamer, Mattingly (1998) proposed that meaningful experiences are powerful experiences, including a sense of unity when considering that something happened and that it is different from an unmarked time. The experience is actively constructed and, in this way, by acting, the person can redefine what s/he wants, changing the teleological orientation for a different future - which opens space for the construction of new meanings, as such meaningful experience appears.

In this work of pursuing the construction of meaningful experiences, and not simply achieving the goals in the most efficient way possible, "[…] the therapist works to make therapy a time which is about 'becoming', about transformation" (Mattingly, 1998, p. 64). Occupational therapy will be used as a catalyst, in the sense of helping the patient to do it for her/himself (Mattingly, 1991).

In this trajectory, the activities and exercises try to enhance or develop the skills and are placed as means for the construction of these meaningful experiences through which the person can build a sense that allows his/her action to meet what is important in life (Mattingly, 1998). Mattingly (1998) proposed that the senses do not rest on the experience itself, but to unveil the emerging sense it is necessary to recognize:

> [...] what it can be apprehended by what is the culture, the discourse and the shared public meanings, but, mainly, for what is contextual, for what is non-verbal, in addition to needing means to interpret the private meanings, the internal landscape of reasons, desires, beliefs, and particular emotions. (Mattingly, 1998 apud Marcolino, 2012, p. 16).

Thus, we seek to describe two paradigmatic perspectives for occupational therapy: the one that seeks to sustain occupational therapy in the benefits of meaningful occupation, and the one that sustains the profession in the idea of treating with activities/occupations in search of the construction of meanings about which is meaningful. We chose an author from each perspective to expand the dialogue and identify strengths and tensions with occupational therapy around the theme of the construction of meanings.

One of the authors most used internationally to think about meaningful occupations in occupational therapy and occupational science (Leufstadius, 2018; Ekelman et al., 2017; Lal et al., 2013; Mason & Conneeley, 2012; Cipriani et al., 2010; Harmer & Orrell, 2008) is the English Ann Wilcock, with her Occupational Perspective of Health (OPH) (Wilcock, 1999, 2001a, 2001b, 2006, 2007).

In Brazil, Jo Benetton with her Dynamic Occupational Therapy Method (DOTM) has been dedicated to the study of clinical evidence of procedures and techniques in occupational therapy interventions that favor the social insertion of occupational therapy target person. One of the best-known techniques of DOTM is the Associative Path. It is a technique that favors the construction of meanings by the person, in dialogue with the occupational therapist and with the activities done during the therapeutic process (Benetton, 1991; Marcolino & Fantinatti, 2014).

Therefore, we will highlight the main contributions of each author to later build a dialogue in the expectation of unveiling possible connections and distances between their works, reflecting on the process of meaning making in occupational therapy interventions.

2 OPH: Being, Doing, Becoming and Belonging as Integrated Dimensions of Meaningful Occupation

Ann Wilcock's Occupational Perspective of Health (OPH) was developed in a scenario of the increasing need for occupational therapists to deepen into the unknown waters of the profession's own ideas and concepts (Yerxa, 2000). This movement resulted in the development of practical and theoretical conceptual models to explain the unique power that engagement in meaningful and intentional occupation has over human health (Hitch et al., 2014a).

As an occupational scientist and occupational therapist, Wilcock performed a historical investigation of occupation and its relationship to health and well-being, understanding occupation as a natural biological mechanism for health, in which "[…] doing or not doing are powerful determinants of well being or disease" (Wilcock, 1999, p. 3).

> I describe myself as an occupational scientist as well as an occupational therapist. Over the past decade I have developed a view of the occupational nature of humans as a result of a historical inquiry into the relationship between occupation and health (Wilcock, 1999, p. 1).

Based on the perspective of the occupational nature of human beings, Ann Wilcock proposed the OPH theory with the main objective of addressing the occupational health

of populations in general, based on the understanding that occupation "[…] includes all the things that people do, the relationship of what they do with who they are as humans" (Wilcock, 1999, p. 2). OPH also understands that engagement in occupations involves a sophisticated process, composed of perceptible and clear elements - performance, and more invisible elements - the relationship.

The central concepts that OPH proposed to understand the occupation - Doing, Being, Becoming and Belonging - were assumed in the discourse of both disciplines (Hitch et al., 2014a). In the occupational therapy literature, these concepts are present even before the development of OPH and the first references were made more than forty years ago since the work of Fidler and Fidler in the 1960s and 1970s. Using the method of the history of ideas, Wilcock carried out an extensive review of the historical development of these concepts, including their millennial origins and more general cultural understandings as part of the development process of her theory, published in two volumes (Wilcock, 2001a, 2001b).

Doing, Being and Becoming were in the first two publications and Belonging was introduced in a later article (Hitch et al., 2014a). At OPH, these concepts are understood as dimensions of occupation, changing since the original proposal. The author highlighted the interdependence of these dimensions, stating that the divisions have only didactic purposes, trying to understand the complexity of an occupational health perspective (Wilcock, 2006).

Doing has been a central feature of occupational therapy since its inception closely related to the idea of *doing things with people*, a concept that predominates in professional discourses (Molineux & Baptiste, 2011; Hitch et al., 2014a).

> People spend their lives almost constantly engaged in purposeful 'doing' even when free of obligation or necessity. They 'do' daily tasks including things they feel they must do, and others that they want to [...] (Wilcock, 1999).

Cutchin et al. (2008) pointed out that Wilcock did not categorically define *Doing* and she has received criticism for not theorizing the concept. Definitions from practice are related to participating in work activities, school, self-care and leisure activities (Forhan, 2010). However, Wilcock (2006) warned that Doing's classifications can prevent a holistic approach by sectioning experiences in an arbitrary way, generating artificial categories.

After a critical analysis of the four dimensions of occupation proposed by Wilcock, Hitch et al. (2014a, 2014b) focused on the task of developing clearer understandings of these concepts to add greater depth to our understanding. Such authors recognized these concepts as provisional, both for the complex character of the occupation and for the innovations in research and clinical practice that, added to the studies of other disciplines, will continue to modify the understanding of these dimensions.

Thus, *Doing* is the means by which people engage in occupations and includes the necessary skills for its realization and development over time. *Doing* means being engaged in occupations that are personally meaningful, but not necessarily intentional, healthy or organized; it requires active involvement, more clearly (as in physical movements) or tacitly (mental, spiritual), in an understanding that does not disregard or exclude what is sedentary or mental, from the order of thoughts and reflections. Thus,

Doing is much more than just acquiring the requirements for survival (Wilcock, 2006) and follows very similar patterns across the population, so that human beings are able to adapt their *Doing* according to their needs and circumstances (Hitch et al., 2014a).

The *Being* dimension is used in three meanings in the speech of occupational therapy (Hitch et al., 2014a). The first meaning is "being as essence", a definition closer to the description proposed by Wilcock who assumes a more philosophical stance when she reflects that *Being* is "[...] how people feel about what they do" (Wilcock, 2006, p. 113). *Being* as essence would be a purely psychological/philosophical/spiritual dimension, which caused OPH to receive some criticism, by being excessively existential (Aldrich, 2011; Cutchin et al., 2008).

> *Being* is about being true to ourselves, to our nature, to our essence and to what is distinctive about us to bring to others as part of our relationships and what we do. To be in this sense requires that people have time to discover themselves, to think, to reflect and to simply exist (Wilcock, 1999, p. 5).

The second meaning of Being is "being as an entity"; being occupational and human (George et al., 2001; Henare, 2003) in which the occupational human being can be understood based on who we understand we are (Hitch et al., 2014a). Occupational roles with social values are often experienced as particularly motivating and meaningful, highlighting the importance of congruence between significant roles and occupational engagement (Hitch et al., 2014a). Wilcock (2006) discussed the essential role of personal skills and abilities to motivate and direct occupational involvement, defining skills as "[...] the innate and perhaps undeveloped potential, aptitude, ability, talent, trait or power with which each individual is endowed" (Wilcock, 2006, p. 117).

The third meaning of *Being* is "being as existing", it is related to a strong theme around the need for space and time to just "be". Wilcock (2006) referred to *Being* as self-discovery, thought and reflection, and "being as existing", relating it to the lived experience. Her discussion of *Being* lies in consciousness and creativity. The subjective experience of consciousness - the inner perception of its existence and external perceptions - was considered necessary to engage in complex occupational behavior. Creativity is assumed both as an innate capacity that resides within everyone and as a driver of biological needs for expression (Wilcock, 2006). Problem-solving, playing and innovation are examples of creativity in the occupation.

Thus, when analyzing the work of Wilcock, Hitch et al. (2014a), they proposed the definition of *Being* as the meaning we have as professionals and humans, including the meanings we invest in life, in the unique physical, mental and social capacities and skills. The occupation can provide a direction and a focus for the *Being*, also continuing to exist during reflection and self-discovery, independently of the occupation. *Being* is expressed through consciousness, creativity and the roles that people assume in life. In an ideal context, individuals would be able to exercise self-management and choice in their expression of *Being*, but this is not always possible or even desirable.

Becoming is characterized by being a concept related to change and development. In the occupational therapy literature, it correlates with changes in therapeutic relationships and is also a continuous progression in a person's life.

> A dictionary meaning of 'becoming' as a noun is "... as a coming to be" (Landau, 1984). This adds to the notion of being a sense of the future, even though in many ways becoming is dependent on what people do and are in the present and on our history, in terms of cultural development (Wilcock, 1999, p. 5).

Similar to the *Being* dimension, *Becoming* reflects the person's self-concept, self-creation and the desire to experience competence, effectiveness and its consequences (Wilcock, 2006). In contrast to the other dimensions, Wilcock provided a definition of this concept: "to becoming (somehow different), to grow, for something to come into being" (Wilcock, 2006, p. 148), describing a perpetual process of change, driven by evolving goals that inspire, guide, and assist occupational engagement.

In the understanding proposed by Hitch et al. (2014a), *Becoming* is the continuous process of growth, development, and change that affects a person throughout his/her life. It is guided by goals and aspirations that arise from the choice or need of the individual or groups. Thus, regular changes and reviews of objectives and desires help to maintain the momentum of *Becoming* and experimenting with challenges and new situations.

Wilcock's discussion of *Becoming* considers a person's greatest potential and the best possible outcome to be targeted. However, the author considers that this may not always happen and that the gaps between a person's goals and real achievements can be painfully evident. *Becoming* into a new self involves constant reactions and adjustments for individuals, their families, friends and even the broader social network (Pickens et al., 2010). These transitions can be healthy or not, regardless of whether the person has a disease or disability (Hitch et al., 2014a).

The *Belonging* dimension is complex in this theoretical proposal since its emergence and integration occurred at a later time. In the second edition (Wilcock, 2006), it is briefly mentioned and not analyzed in a broader way, like the other dimensions (Fristedt et al., 2011). In a brief description, Wilcock (2007) related *Belonging* to people's interpersonal relationships, with the contextual element: people's connections to each other and the place of these relationships in health. Thus, *Belonging* is related to social interaction, mutual support, and friendship, the sense of inclusion and self-affirmation or positive recognition of oneself in relation to others (Hammell, 2004; Lexell et al., 2011; Pickens et al., 2010).

Reciprocity is also important for *Belonging*: giving and receiving, sharing and contributing (Molineux & Baptiste, 2011). However, reciprocity was not an element of interpersonal relationships for Shank & Cutchin (2010), who claimed that *Belonging* refers only to a feeling of being part of something bigger than oneself.

Hitch et al. (2014a) in Wilcock's work understand *Belonging* as a sense of connection with other people, places, communities, cultures and times. It is the context in which occupations occur, in which the person can experience several forms of belonging at the same time. For this, relationships are essential - whether, with people, places, groups or other factors - and the feeling of reciprocity and sharing is present, whether positive or negative.

3 DOTM: the Historicity of What was Experienced in the Triadic Relationship to Unveil What is and What Becomes Meaningful

The process of theory of technique conducted by Jo Benetton began in the mid-1970s and finished in what is now known as the Dynamic Occupational Therapy Method (DOTM). By placing the occupational therapy practice as an object of study, the author sought to build explanatory theories for the phenomena of practice, and methodologies that could sustain the assistance, teaching and research in occupational therapy (Benetton, 1994; Benetton & Marcolino, 2013).

DOTM was built in the paradigmatic perspective of occupational therapy since it is in line with Slagle's proposal health-centred (habits) and not disease-centred (as in a medical paradigm), nor functional-centred (as in the paradigm of rehabilitation) (Benetton, 2005), as seen in the Table 1.

Table 1. DOTM fundamentals based on the occupational therapy paradigm.

Habit Treatment	DOTM
Change of habits	Expansion and eventual construction of everyday life
Target person/sick people	Target person with needs and/or desires
Health	Health
Activity	Activities
Social reinsertion	Social insertion
Training and personality of the therapist	Therapist training
Re-education	Education

Source: Benetton & Marcolino (2013, p. 646).

The theoretical-conceptual and methodological propositions of DOTM offer a path, a structure for thinking about actions in occupational therapy, promoting social insertion of people who, for different reasons, are unable to carry out their activities and participate in social life. At its central core, there is the dynamics of the triadic relationship, formed by the movement of the three terms (occupational therapist, target person and activities) in action, so that the professional's procedures occur in response to the analysis of its dynamic movements, reflecting and acting to expand the possibilities of action for the target person (Marcolino & Fantinatti, 2014).

In this reference, the activities are conceptualized as the third term of the relationship, being inseparable from the other terms - occupational therapist and target person. Also, the activities are defined as an instrument, which allows "[…] flexibility and multiplicity of ways in which they can be clinically managed" (Benetton & Marcolino, 2013, p. 647) and the recognition of their potential for expanding healthy spaces (Benetton, 2008).

The experimental field enabled by doing activities in a triadic relationship brings a space for subjectivity, which enables the person to make choices, build, destroy, and demonstrate his/her emotions, desires, and expectations. Through the person's singular relationship with what s/he needs or wants to accomplish in his/her everyday life, the objective is to modify the position of exclusion in which s/he finds him/herself (which

keeps him/her paralyzed in life). An expanded social perspective is adopted, traced and oriented towards the expansion of healthy spaces in their daily lives - identified by the experiences that bring well-being.

The activities that broaden the healthy spaces in everyday life remain and are being expanded - despite the diseases, disabilities or any unfavorable conditions (Benetton & Marcolino, 2013). This is the concept of health for DOTM, a concept sustained in the search for what is qualified by the person as what brings him/her well-being and what favors him/her to act in the world.

The therapeutic process for DOTM includes moments of dialogue between occupational therapist and target person about his/her activities, a space to analyze the experiences to help meaning making process, because "[...] it is in the happenings of occupational therapy, in the therapist-patient relationship, that the indications or choices of activities must find their meanings" (Benetton, 1994, p. 100). It is an always open and dialogical process, in which the occupational therapist can punctuate her perceptions about the target person, her observations about his/her way of being, doing and relating.

Thus, the activities do not assume meaningful characteristics a *priori*. They may even have pragmatic meanings directly related to the reason why they were made, but the process of meaning making about what is meaningful in DOTM demands a narrative temporality (Mattingly, 1998). For DOTM, one of the main skills to favor the process of constructing new meanings so that the person can reformulate his/her "inactivity or disbelief" (Benetton, 1994, p. 75), is the occupational therapist's ability to work with an associative memory.

It is a reasoning process that seeks to establish connections between different information. Such information encompasses what the target person says, observations by the occupational therapist about what and how the target person does, the emotions that circulate in the triadic relationship, and other information from different sources (diagnoses from other professionals who accompany the person, conversations with family, friends) - always accessed in a respectful and agreed way with the target person.

In DOTM, this is the diagnostic process, a situational analysis. It is a constant process that gathers, describes and analyzes available information, raising hypotheses about the position of the person related to his/her life and social participation - what is his/her position of social exclusion, or what is his/her social insertion, what seems to be paralyzing the person in carrying out activities in his/her everyday life and what seems to favor his/her action.

The target person's perception of his/her doing is one of the many aspects to be considered in this analysis, because Benetton (1994) identified that doing activities is not enough for the person to become more active in life. It is necessary to promote integration between doing and thinking.

Thus, although the construction of meanings in DOTM occurs throughout the all process, it is through the specific analytical technique, called Associative Path, that meanings can best be unveiled, built and transformed (Benetton, 1991, 1995; Benetton & Marcolino, 2013). The Associative Path technique was systematized for the first time in the master's research of Benetton (1991) and favor the analysis of the experiences in the triadic relationship, taking the activities as guiding elements of this process.

Grouping the activities based on the characteristics and ideas proposed by the target person is necessary to carry out the Associative Path. Then, the understandings are shared, so that the person and occupational therapist can dialog, looking for convergences and divergences in the perceptions and opinions of each one. The occupational therapist can propose a new organization or grouping, considering her hypotheses constructed throughout the therapeutic process, giving the target person the opportunity to reflect on her proposal - to validate it or not, what opening a space for the meanings to begin to be built, enabling the emergence of new values, ideas, and perceptions (Benetton, 1991, 2000).

The narrative originated from the analysis provided by the Associative Path is related to the historicity, since each participant is allowed to analyze his/her participation, the acquisitions demarcated by the activities, and everything else that they carry with them - all the objectivity and subjectivity of their process of being done. Also, this narrative contains the results of the clinical work in occupational therapy, in terms of possible advances and limits, reflecting how the target person understands his/her way of being, doing and relating in life - and indicating new paths to follow (Benetton, 1991, 1994, 2000).

However, to contribute to the person's social insertion, and enabling the person to analyze his/her productions and how s/he relates to them, the people with whom s/he relates, often also need spaces for reflection to analyze the transformations that the person and his/her everyday life go through. Such people can also review their constructed meanings, and their actions and attitudes. Social insertion ends up being characterized as a process of expanding the target person's connections with his/her things and with people, so that there is positive recognition of the way the person is, does and relates in the social (Marcolino, 2019).

4 Dialogues: "Being, Doing, Becoming and Belonging" and "Being, Doing and Relating in His/Her Own Way in the Social"

The dialogue intended to initiate seeks to address both the mode of knowledge production proposed by each author and what each author highlights as essential elements for understanding and discussing meaning making and what is meaningful for occupational therapy. We will maintain the use of the words chosen by them to preserve the context of the authors' knowledge production: occupation and activity. Such words have different meanings in Anglo-Saxon and Brazilian occupational therapy (Pierce, 2001; Magalhães & Galheigo, 2010; Benetton & Marcolino, 2013), with a greater appreciation of the word occupation in the Anglo-Saxon context, and of the word activity in the Brazilian context - although both terms are intrinsically linked to occupational therapy.

From the perspective of Occupational Science, Wilcock (1999) developed a view on the occupational nature of human beings as a result of historical investigations on the relationship between health and occupation, based on the notions of health from the point of view of Public Health. OPH was also built based on reflections on politics, the ecosystem and the relationship between human beings and their environment (Morrison, 2018).

From the perspective of occupational therapy, Benetton (1994, 2010) was dedicated to observe and describe the clinical practice, aiming to identify and understand its specific phenomena, searching the existing theories for possible explanations for her findings, or even elements for the construction of new theoretical contributions to organize and understand such occurrences. This knowledge-building process that began in the 1970s still continues (Marcolino & Fantinatti, 2014), sustained by the clinic's longitudinal investigation, with moments of systematization through academic research (Benetton, 1991, 1994, 2005).

Thus, both authors sought to produce knowledge centered on what is typical of occupational therapy. Wilcock (1999, 2006, 2007) focused on the Anglo-Saxon productions of the profession looking for generalizations that, even in dialogue with the field of Public Health, they could constitute the field of Occupational Science and identify potentially relevant elements for occupational therapy. For Benetton (1994, 2010), the focus has always been to investigate and understand the practical phenomena, in a perspective that any knowledge produced would need to be relevant to practice. For Benetton (1994, 2005), any generalization needed to be of a theoretical-methodological order for occupational therapy, not necessarily related to theories about the human being and activities.

In the results of her investigations, Wilcock (2001a, 2001b) identified essential dimensions for meaningful occupation, capable of promoting and producing health - Being, Doing, Becoming and Belonging -, highlighting that occupational therapy could expand its action to different populations to achieve health through occupations (Wilcock, 1999). On the other hand, Benetton (1994, 2010) had the focus of her study to understand *how* to take the individuals to *transform themselves*, so that they could *be, do and relate* in their own way in the social world - developing a method.

Both authors discussed the concept of health. Benetton (1994) relied on George Canguilhem's (2006) productions about the normal and pathological, for the understanding the healthy needs to be qualified by the person, based on what s/he considers to be good for him/her and which enhances his/her action in the world, in the construction of new normativities (Maximino et al., 2012). For Wilcock (1999), the concept of health is linked to the field of Public Health, removed from the exclusive medical view on disorders, and close to a perspective of occupational dysfunction and occupational well-being - where meaningful occupation rests at the heart of well-being.

Although for the two authors health is characterized by its singular relationship with the person, it differs conceptually. For OPH, it is connected to meaningful occupation, and for DOTM, it is connected to what allows the person acting in the world - which is not entirely linked to a meaningful occupation or activity but remains open to encompass any aspects that the person considers meaningful, such as relationships, things, and environments.

This difference raises questions about the complex issue of social normativity and health. Wilcock (1999, 2001a, 2001b) sought to move away from medical disorders, but by placing the occupation between the dysfunction and some sense of normality (occupational well-being), would it not be opening space for a "disease" to be treated by occupational therapy? (Quarentei, 2017). This seems to be a complex issue, more explored today, especially with criticisms of the predominance of an optimistic and balanced view of occupation, which maintains that occupations are always beneficial,

warning that doing can be harmful to health and well-being (Kiepek & Magalhães, 2011).

When placing her study in the singularity of the practice, Benetton (1994, 2010) identifies that the objective of care in occupational therapy is not centered on occupation, but on the social insertion of people who are unable to perform the desired or necessary activities in their everyday life. This displacement while maintaining the prominence of the activities - which need to be carried out and/or which are desired - includes any other aspects connected to this doing or not doing. When working with the singular concept of health, Benetton (1994) proposed that it is for the maintenance or expansion of the activities that are being means by the person as healthy, in the sense of providing well-being and generating possibilities of continuity or of new actions, that will be building health spaces for the life of that singular person.

Benetton (1994) opened space for the target person to be inserted in the society in their own way - with their capacities, skills, and limits - imposing on society that receiving them as the way they are, instead of them having to search anxiously (and with suffering) to adapt to what is normative (Benetton, 2010). The production of knowledge in occupational therapy, in this perspective, is limited to what is related to the way of practicing occupational therapy - to the procedures that offer evidence of producing good results in terms of social insertion, and theoretical and conceptual constructions around these procedures.

Although OPH needs to deal with issues about what can be considered an occupational dysfunction or a meaningful occupation in the different social and cultural norms, it enables the production of knowledge about what produces health (or disease?) and connected to occupations in which people, communities, populations fill their daily lives. The dimensions of meaningful occupation are clear contributions to the field of Occupational Science and Collective Health, enabling generalizations about human life, although they respond less directly to occupational therapists on *how* to help the person to become someone who recognizes their doing and their relationships in meaningful ways, belonging to common life.

OPH's propositions lie in the relationship between doing and well-being, in which non-doing is closely associated with conditions that may imply the development of diseases. In the author's view, doing that produces well-being needs to be accompanied by emotion, adventure, and creativity.

> In occupational terms, well-being through doing involves believing that the potential range of people's occupations will allow each person to be creative, to venture out and find meaning in the human emotions that they experience and explore in their doing. It also means adapting appropriately and without undue interruption to meet, through their doing, the demands of their lives (Wilcock, 2006, p. 139 apud Magalhães, 2013).

From the perspective of the occupation as a determinant of health, a close relationship is established between the meaning, doing, being, becoming and health, enabling the analysis and intervention proposals through the occupation that becomes qualified as an essential condition for social inclusion, health, and well-being (Wilcock, 2007). Thus, it is expected that occupational therapy interventions will support

transformation processes for health searching, through occupations that may be qualified as meaningful.

Becoming as one of the dimensions of meaningful occupation for OPH means to grow, to create something to be, in some way, different (Wilcock, 2006). For Benetton (1994, 2010), this dimension is directly related to the care process in occupational therapy.

Benetton (1994, 2010) considered that the target person of occupational therapy is in a social exclusion position, paralyzed by what happens or has happened to him/her. This author proposed that the occupational therapist uses an investigative view that allows him to access the person's daily life and the meanings constructed by him/her and by the people s/he lives with, and to associate them with what the occupational therapist sees and feels about the target person's way of being, doing and relating. Thus, the occupational therapist can produce a situated understanding - a situational analysis - of what is paralyzing the person, preventing him/her from acting in the world - which can be objective or subjective elements.

To promote becoming, Benetton (1994) proposed that the occupational therapist acts in a way that allows the person to experience different ways of *doing* and *relating* and that, in the process, the person can get to knowing and recognizing as someone who does. However, the author realized that the critical point for *becoming* lies in the disjunction between *doing* and thinking.

As the "society" tells the target person that s/he cannot do things, s/he also assumes this perspective for her/himself, recognizing as someone who does not, who is incapable, who cannot relate, that *not this* or *not that*. Thus, through the analysis of everything that was done with the occupational therapist, and that demarcates the person's acquisitions (s/he made a picture, s/he learned to drive, s/he started to play in the park), we hope to integrate what s/he thinks of her/himself in the world with what s/he, in fact, can do.

Doing for OPH is characterized as the means that people get involved in occupations that are personally meaningful to them, whether explicitly, through physical exercises and actions, or mental and implicit. Human beings are able to adapt their activities to a greater or lesser degree, according to the context, and *Doing* is more than acquiring the requirements for survival (Wilcock, 2006).

Although the word *doing* is not part of the theoretical-conceptual reference of DOTM, we can risk thinking about *doing* it in two complementary ways. The first one is the experimentation with activities in the triadic relationship, through which the occupational therapist invites the target person to use his/her creativity and explore his/her skills, learn, discover what s/he likes and dislikes. This is the field of excellence for getting to know the person, his/her way of doing, his/her skills, abilities, and limits. But nothing, initially, needs to have a greater meaning, perhaps just a temporary, pragmatic meaning, related to what they are doing: doing to experiment, to give, to decorate, to learn.

The second way is *doing* in everyday life, what the person already had or acquired after occupational therapy and how s/he uses his/her personal creativity to fill the day to day (Kujawski, 1991). For people with difficulties in doing activities in everyday life, the expansion of activities that emerges from the triadic relationship is a way to be able to do it in everyday life. Thus, meaningful activities are not initially those that the person chooses to do, because doing activities is to experiment in a triadic relationship and

"[...] it is in the course of occupational therapy [...] the indications or choices of activities must find their meanings" (Benetton, 1994, p. 100).

As Wilcock (1999 2006) pointed out *doing* things can be more explicit or more implicit, but Benetton (1994) highly valued those who generate products, because these activities demarcate the person's acquisitions, they allow the observation and analysis of the process of carrying out activities - which will enable to construct meanings in the future (in another time).

DOTM is an analytical method and that is why it demands points, marks, loaded with objective "things" (what has actually been done and became a product, more or less ethereal[1]) and subjective "things" (feelings, expectations, desires, judgments, reflections) in which one can dialogue about *doing*. Thus, the process of meaning making for DOTM occurs at different times, than on doing activities - activities exist not only to be carried out but also to talk about them, even admitting the possibility of not being done (Benetton, 1994). The meaning making is intertwined in the polishing of a process of transformation.

At DOTM, the process in occupational therapy comes close to something like "doing to be" in the triadic relationship, to "being to do" in everyday life. Of course, there is no pretension to assume that the target person in occupational therapy "is not" someone, but that the process of doing activities in a triadic relationship offers multiple possibilities for him/her to be in his/her unique normativity.

For OPH, the *Being* dimension rests on awareness and creativity; it is the sense of someone as professional and human, including the meanings they invest in life and their unique, unique physical, mental and social capabilities. In this way, the occupation can offer a focus on this dimension. For the DOTM, this dimension is closer to *becoming* than *being*, in which the person is called to experiment without pressure, without expecting some social normativity. It is sought to make the person more aware of him/herself, on a path in which his/her creativity is called, instigated to find solutions based on the needs to be done or what one wants to do - a path rich in opportunities to experience new things. Benetton (1991, 2006) appreciated Winnicott's (1999) propositions about creativity, that it is closely linked to the possibility of the person recognizing her/himself as someone who creates life, who creates what s/he needs.

Added to this creativity is subjective, there is the affective investment of the occupational therapist in believing that the other is capable, that s/he can develop and learn. It is not a naive perspective, but a proposal to manage the emotions (through relational procedures that transform the feeling) so that what transits in the relationship are positive emotions of those who want to learn, of being someone they wish.

> The management of emotions encompasses the occupational therapist's actions based on what s/he feels, to lead the other to act, to get out of her/his paralysis, many times, transforming such affections, so that emotions and positive feelings will be transported - from (the) therapist to the target person as an affection of believing in his/her development; and from the target person

[1]A photograph of a walk is a fixed mark of an ethereal activity that was the walk.

> to the occupational therapist as the affection of those who want to learn and develop [...] (Marcolino, 2019).

As the care process proposed by the DOTM encompasses experiments in the exercise of creativity, in an affective space of self-development, the awareness of this process and what the person is able or not to do in life is happening all the time, but there is its peak with the Associative Path. In the dialogue about *doing*, it is sought to expand the person's awareness of what s/he is capable of creating (or not) and, more than that, that s/he creates his/her world (Benetton, 1994, 2006).

Thus, we see approximations between the authors in the *Being* dimension, as both works with the conquest of awareness and creativity, and the affective experiments that this process demands - it meaningful occupation, or becoming into occupational therapy. Affectivity needs to be present in meaningful occupation and also in a social insertion - as objective, subjective and affective bonds, which favor the person to participate in common life (Marcolino, 2019). Affection is dealt with in the OPH by the *Belonging* dimension, and by the DOTM for relational procedures that seek changes in the individual's ways of relating and also those who live with him.

Regarding the *Belonging* dimension, OPH establishes its association with interpersonal relationships, with the contextual element: people's connections to each other and the place of these relationships within health. In DOTM, there is no concept of belonging, but a strong connection with relating in everyday life. Even if the person knows her/himself well, it s/he can understand her/his singularities in her/his ways of doing and relating, everyday life takes place in the grammar of ordinary life with others (Kujawski, 1991; Marcolino, 2016).

In this way, for DOTM, any social insertion that seeks to expand the person's participation in social life, and to allow her/him some feeling of belonging to the society that is being built with her/his participation, demands that occupational therapy can extend to the social. This occurs not only in the activities that the person starts to do in everyday life but in interventions with people who relate to him/her.

In interpersonal relationships, everyone needs to find ways to put relationships in motion, without paralyzing one or the other about how each person is. The transformations of the person in occupational therapy need to be recognized by the people they live with - which drive greater transformations, in the family, at school, at work, and in health, social, educational services.

Being recognized for what s/he is and for what s/he does, for her/his ability to create her/his world can begin with the awareness offered by occupational therapy that allows the person to act in the world. However, for social insertion to happen despite all its instability (Marcolino, 2019), the social needs to recognize and respect the unique way of being, doing and relating to each person.

Anyway, in what sense do meaningful constructions matter to occupational therapists?

OPH and its dimensions, *Being, Doing, Transforming and Belonging*, and DOTM with its ultimate goal of leading to *being, doing and relating in her/his own way in the social* demonstrate how much what is or becomes meaningful is linked to people's lives and rests in what is unique to them. If Wilcock (1999, 2006, 2007) identified these dimensions as coming from what is essential for occupational therapy over time, her

research is a source of reflection and inspiration for practices more focused on what is meaningful for people, with centrality in occupation - given the perspective it takes.

In its theoretical-methodological character, DOTM unveils some elements for the construction of meanings about what is meaningful, to offer a structure for occupational therapists to think and conduct their practices. Thus, the target person in occupational therapy needs to take action, to do, and not just to think about what s/he wants or needs to do, because what is meaningful is actively constructed and can change what s/he thinks about her/himself and what s/he wants - as Mattingly (1991) had already introduced.

Also, what is meaningful can take on a pragmatic and temporary character, but, if there is a temporal distance, the analysis of the activities developed in the triadic relationship can favor the construction of new meanings. The activities carried out have the characteristic of fixing both what is objective (the product, the record of what has been done) and what is subjective (memories, expectations, judgments) and are placed as allies for the analysis of what has been lived and for the construction of new meanings in a dialogical way. To participate in the social, interventions in occupational therapy also need to happen in the social, in its objectivity - in environmental changes, for example - and in its subjectivity - in the transformation of the meanings constructed by the people who live with the person.

To answer the guiding question of this dialogue that we seek to establish with Ann Wilcock and Jo Benetton, what makes sense, what is meaningful, seemed to be connected to well-being, qualified by the person. However, what for Wilcock (1999, 2006, 2007) is linked to meaningful occupation, as opposed to occupational dysfunction; for Benetton (1994, 2010) it is linked to qualified health by the target person of occupational therapy interventions as what brings her/him well-being and helps her/him to act in life.

5 Final Considerations

This essay sought to weave relationships around what is meaningful as a relevant element for the knowledge and practice of occupational therapy, through a dialogue with the work of two authors: Ann Wilcock, English occupational therapist and occupational scientist, and Jo Benetton, Brazilian occupational therapist.

Although it was elaborated by the authors from different perspectives, what is meaningful is linked to the concept of health that each one of them proposes: Wilcock and the emphasis on meaningful occupation, as opposed to occupational dysfunction; and Benetton, with a focus on qualified health by the target person of occupational therapy interventions as what brings her/him well-being and helps her/him to act in the world, having the practice in occupational therapy as an object of study.

The limitations of the text reflect the complexity of the theme, but we expect that our ideas can instigate new reflections, criticisms and even questions that allow occupational therapists training and the research in the field.

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