In limbo: Creating continuity of identity in a discharge planning unit

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- Professional practice, theory-based
- Continuity of patient identity
- Liminality
- Narrative employment

Abstract

Background. Patients in hospital discharge planning units are often described as waiting for placement, implying a passivity that is not necessarily part of their experience. The anthropological concept of liminality, which refers to both a state of being and a process during which people are suspended between former and future selves, offers a framework for exploring patients’ experiences of a discharge planning unit as a transitional space. Methods. This pilot qualitative study incorporates participant observation and ethnographic interviewing to explore how two patients living in the discharge planning unit of a large urban hospital use weekly bus trips into the community to actively renegotiate their sense of self. Results. An interpretation of the findings using the concepts of employment and occupation reveals how patients in a liminal environment work to create meanings through disruptions in their lives. Practice Implications. The renegotiation of identity through occupations highlights the transformative potential of these experiences, suggesting possibilities for occupational therapists to support their clients in that process of change.

Résumé

Description. Les patients se trouvant dans une unité de planification du congé d’un hôpital sont souvent décrits comme étant en attente d’un placement, ce qui suggère une passivité qui ne fait pas nécessairement partie de leur expérience. Le concept anthropologique de la liminalité, qui fait référence à la fois à l’état d’être et à la phase pendant laquelle les gens se trouvent entre leur soi antérieur et leur futur soi, offre un cadre de référence pour étudier les expériences de patients se trouvant dans un espace de transition, c’est-à-dire dans une unité de planification du congé. Méthodologie. Cette étude pilote qualitative incorpore l’observation et une entrevue ethnographique de deux participants vivant dans une unité de planification du congé d’un grand hôpital urbain, en vue d’examiner la façon dont ils cherchent à retrouver activement leur sens de soi en faisant des sorties hebdomadaires en autobus dans la communauté. Résultats. L’interprétation des résultats à l’aide des concepts de la mise en récit et de l’occupation révèle comment des patients se trouvent dans un environnement liminal chercher à recréer des occupations significatives pendant qu’ils traversent une période de transition qui perturbe leur vie. Conséquences pour la pratique. La redéfinition de l’identité à travers l’occupation met en évidence le pouvoir transformateur de ces expériences, ce qui suggère des avenues pour les ergothérapeutes qui souhaitent appuyer leurs clients tout au long de ce processus de changement.
When people are hospitalized as a result of a health crisis sufficiently serious to prevent their return to their previous living situation, they may transfer to a discharge planning unit (DPU) when they no longer require acute medical care. For these people, the time they spend in the DPU represents a stage between their former and future selves, a time in which they are commonly seen and referred to as patients by staff, by visitors, and by each other. The word patient itself implies passivity and, given the prevalence of its usage in hospital settings such as the DPU, we use the word intentionally throughout this paper to draw attention to this perspective.

Becker (1997) describes a period of limbo following disruption before people begin to reorder to their lives. She relates this period of limbo to liminality, which has been more broadly defined as a stage of transition between different social states (Turner, 1969). For many patients, a hospital DPU represents a liminal space that is at once both physical, in that it is a living environment, and personal, in that it often represents a stage of transition between independence with relatively good health and dependence with chronic disability.

The project described in this paper was conducted by the first author as part of a larger ethnographic study of life in the discharge planning unit of a large urban hospital. A stated goal of the unit is, in the words of an occupational therapist working there, to help people “get on with the business of living”. The purpose of this qualitative pilot study was to explore how patients get on with the business of living through what appears to be a commonplace activity: weekly bus trips into the community. Bus trips offer patients the possibility of moving beyond the physical liminality of the DPU and the hospital into environments with a host of different possible associations and a different material culture. Thus, bus trips offer an opportunity to explore the interplay of personal and physical liminality in ways that could inform our understanding of how patients, living in limbo, create continuity of identity and restore order to their lives following disruption. The examination reveals ways in which bus trips help people to maintain continuity of self as they link their evolving identities to both recollected past and projected future.

The aim of the interdisciplinary collaboration reflected in this paper reaches beyond the purpose of the pilot study. The seemingly routine excursions of bus trips provide a context for working with definitions of occupation and activity, thus contributing to an ongoing and important discourse (Pierce, 2001). The purpose of the paper is to explore the interaction of person, environment, and occupation within the microcosm of bus trips.

Review of the literature

The concept of liminality is generally attributed to van Gennep’s (1960) work on ceremonial rites of passage, e.g., marriage or betrothal rites, in which he identified three stages as individuals move from one situation or state to another. These include a preliminal stage of separation, a liminal stage of transition, and a postliminal stage of reincorporation. Subsequently, Turner (1969) elaborated on the structure and process of the transitional stage of rites of passage, illustrating how “liminal entities are neither here nor there; they are betwixt and between.” (p. 95). Liminal people are stripped of social status and become equal, undifferentiated individuals in an unstructured social relationship that he calls “communitas” (p. 96). In Turner’s analysis, however, liminality does not only occur during transition; liminality can be permanent for groups of people marginalized by the broader society. Murphy, Scheer, Murphy and Mack (1988), drawing on the characteristics of liminality in bush groups described by Turner, analyze the extent to which they apply to people with acquired disabilities during and after the rehabilitation process. They conclude that acquired disability is a liminal state in which they “move from one kind of separation to another; they have been made better, but not whole, and they remain liminal” (p. 240). They suggest that the liminality of people with disabilities can become permanent because during the rehabilitation process they are separated from society and because societal attitudes often preclude their reincorporation.

The view of disability as a permanent state of liminality represented in both Turner’s (1969) and Murphy et al’s (1988) work is drawn primarily from the perspective of societal response to people with disabilities. In contrast, Becker (1997) draws on the introspective experiences of those with illness resulting in disabilities to explore liminality as a process of transition through which individuals integrate the disruption of illness into their lives. Her work illustrates how individuals use personal and cultural themes to tell their stories, helping them to maintain coherence through transition in their lives in a narrative process that necessarily involves the reconstruction of their personal biographies. Thus, while illness narratives shed light on individuals’ experiences of liminality, (e.g., Sherr Klein, 1997), they can also be interpreted as part of the process of transition itself, as individuals renegotiate their identities in the face of disruption (see also Charmaz, 1987).

Mattingly (1994) advocates the use of narrative reasoning, and specifically the concept of emplotment, to help occupational therapists understand disjunctures of identity that occur in narrative time. Emplotment occurs when therapists imagine possible futures for their clients, not as certainties but as options that may give further
meaning to therapy. The notion of emplotment encourages therapists to view a client's time with them as transformative, as a new chapter or direction that is part of a larger narrative, i.e., the client's life. Central to emplotment is the idea that a client's story moves forward through the actions and motives of several players, including the client. The changes that a person experiences may not occur in a linear or step-wise progression toward the desired outcome. The uncertainty of outcomes and the expectation of conflicts on the way to achieving a person's anticipated future are key elements of emplotment. Mattingly states that "the clinician's narrative task is to take the episodes of action within the clinical encounter and structure them into a coherent plot" (p. 246). By understanding and using emplotment explicitly, occupational therapists offer a client an alternate perspective of the many therapeutic experiences and activities in which he or she is asked to engage. The occupational therapist's fulfillment of the 'narrative task' helps a client create meaning from seemingly unrelated actions and experiences, and thus provides structure to that person's story. Mattingly's assertion that "narrative time is organized within a gap, a place of desire where one is not where one wants to be, where one longs to be elsewhere" (p. 253) links the concepts of liminality and emplotment. Liminality is a gap in narrative time, through which an occupational therapist may emplot a new story, in collaboration with his or her client. The use of these concepts together has the potential to illuminate identity, a core feature of the person but one that has yet to be examined in any depth within the person-environment-occupation (PEO) model of practice (Law et al., 1996). While Mattingly's work focuses on the therapist's emplotment, Becker's (1997) work suggests that clients themselves are actively engaged in their own emplotment. In visualizing a particular turn that the client's story may take and sharing this, the therapist may discover that their respective stories are incongruent. In a therapeutic partnership, therapists need to be as attentive as possible to the client's emplotment, in order to resolve incongruities. Thus, finding ways to attend better to clients' stories is an important aspect of the clinical task (Clark & Mishler, 1992). If, as Mattingly suggests, narrative time is both transitional and transformative, then liminality may be useful to bridge the chasm between clients' former and future selves.

Liminality provides a means of understanding the assertion that, "over a lifetime, individuals are constantly renegotiating their view of self and their roles as they ascribe meaning to occupation and the environment around them" (Law, Polatajko, Baptiste & Townsend, 1997, p. 45). Pierce (2001) contributes a scholarly examination of occupation that supports the idea of ascribing meaning to occupation rather than to activity. Pierce defines occupation clearly and differentiates it from the words that are often used synonymously with occupation: task and activity (Law et al., 1997). Occupation, Pierce (2001) asserts, involves a subjective experience of an event within a particular time and space, which is situated within "...sociocultural conditions that are unique to that one-time occurrence" (p. 139). This definition of occupation includes personal interpretation and the recognition that each occupation is a non-repeatable experience, unlike activities. The meaning of occupations for an individual changes over time and different circumstances. Without valuing one concept over the other, Pierce differentiates activity as "a culturally defined and general class of actions" (p. 139). She creates a distinction between activity and occupation by showing that the definition of activity, and particularly activity analysis, arose from early 20th century industrial efficiency theory, exemplified by the Gilbreths' time and motion research (Gilbreth & Gilbreth, 1916/1973 cited in Pierce, 2001). In contrast, occupation evolved from an individualized approach to therapy, which acknowledged the importance of personal values and the client's subjective experience. The distinctions Pierce presents are critical to understanding bus trips as occupations that contribute to a renegotiation of self, which in turn allows identity to be maintained subsequent to the disruption wrought by illness and/or disability.

Methods

Design

This qualitative pilot project, conducted by the first author (referred to hereafter as "I") uses a primarily ethnographic approach, drawing on techniques of participant observation (Emerson, Fretz, & Shaw, 1995) for data collection, supported by in-depth interviewing (Kaufman, 1994) to facilitate interpretation. In participant observation, the researcher is actively involved with participants in their activities while simultaneously being an observer, documenting observations through extensive field notes, either during or as soon as possible following those activities. In-depth interviewing, in the context of an ethnographic approach, provides an opportunity for the researcher to explore further the participants' thoughts, feelings and interpretations. The writing of the description itself is an interpretive process, bringing together the perspectives of researcher and participants.

Setting and participants

The setting for this research was primarily patients' bus outings into the community from the discharge planning unit of a large urban hospital. The DPU is a 46-bed unit with three wards for patients who no longer require acute
medical care but who are not yet able to return home or are awaiting placement in long-term care facilities. The majority of patients are elderly; average length of stay is 55 days. The unit's activity workers try to arrange two trips weekly, one for a half-day and one for a full day (5–6 hours). In my first conversation with Anne (a pseudonym, as are all of the names throughout the paper), an activity worker, she described the format of the full-day trips. Each trip typically includes a drive to a community destination chosen by the activity workers, lunch in a local restaurant, and a drive back to the hospital, often including some scenic drive on the return trip. The DPU bus used for the trips can accommodate four patients in wheelchairs and up to six patients with walkers or who walk independently. Usually, six to eight patients go on each trip. Anne and John, another activity worker, invite patients who speak enough English and are sufficiently cognitively intact to understand the nature of the trip. Patients must also have sitting tolerance for the length of the trip.

I was introduced to activity workers and patients as a student researcher who would be accompanying them on bus trips in order to learn more about their experiences in the DPU. On the first of my two bus trips with Anne and John, there were seven patients and one volunteer; five patients went on the second outing. Only three patients went on both trips. In addition to my participant observation, I interviewed two patients whom I met during those trips, selected according to the following criteria: they were fluent English speakers, they had been on more than one bus trip, I was able to hear and understand their conversations during the trips, and they were willing to participate in interviews, as well as give written, informed consent to the interviews, their analysis and write-up.

Demographic characteristics such as age, health status including, for instance, medical diagnoses, do not have a priori relevance in an ethnographic approach. In order to attend better to the voices and experiences of the participants themselves, I did not ask DPU staff about health information for the patients, nor did I request to review patients’ health records. My understandings of the patients’ health status and circumstances were gained as much as possible through my own observations and through listening to their stories in their words. Accordingly, they will be included, where appropriate, as findings.

Data collection
A major source of data for the study is my participant observations during approximately 12 hours over two full-day bus trips two weeks apart. During these participant observations, I accompanied patients on the bus and to restaurants, both observing and interacting with them and writing field notes in quiet moments during and immediately after the outings. After each trip, I collated and transcribed these field notes for subsequent analysis.

A second major source of data is interviews, conducted in the discharge planning unit several days after my second bus trip, with two of the participants (Edward and Mrs. Taylor). Each participant was interviewed only once; the interview with Edward was approximately 30 minutes, while that with Mrs. Taylor lasted approximately 75 minutes. Key topics in each of the two interviews were how the person came to be in the DPU, what it was like for them to be in the DPU, and their experience of the bus trips as part of being in the DPU. Each interview was audio-recorded and subsequently transcribed for analysis.

Data analysis
A primary goal of qualitative research is to discover meanings and lived experiences of participants, by attending to their perspectives (Carpenter & Hammell, 2000; Gubrium & Holstein, 1997). Nevertheless, whether the goal of the study is primarily description or interpretation, the researcher’s own perspectives are necessarily part of the analysis. It is critical to authenticity that sources of data that support different perspectives be readily identifiable. For this study, Luborsky’s (1994) definitions of patterns and themes, which facilitate the identification and differentiation of perspectives and voices, offered an appropriate approach to analysis of field notes and interviews. According to these definitions, patterns are built from the researcher’s observations and analyses of regularities that are not necessarily meaningful to the informant (p. 195). Themes, in contrast, emerge from “manifest and explicit statements” (p. 195) of informants themselves and provide an orientation that helps in understanding the informant’s views; themes, which may be personal or cultural, represent the perspectives of individual participants. Luborsky suggests that analysts can identify themes in two ways, either by searching for frequent or repeated statements or, more interpretively, by searching for statements marked as significant in some way in the discourse itself.

The distinction between patterns and themes has been maintained throughout the analysis and interpretation of observations, field notes, and interviews. To identify patterns, I analyzed field notes for recurring regularities that were grounded in my own observations. In order to check the extent to which patterns, i.e., my observations of regularities, were apparent to other observers, I asked Anne, the activity worker for bus outings, for her response to my final analysis. She agreed that it was consistent with her own observations.

To identify participants’ themes, I used Luborsky’s criteria to analyze both interview data and field notes describing participants’ contributions during bus outings.
This process involved line by line coding of interview data and relevant field notes to identify recurrent statements or
sentences that the two participants marked explicitly as significant. Although, as Luborsky points out, themes can be
socioculturally shared, in this study I analyzed the interviews separately, focusing on personal themes of the
two participants in order to explore bus outings as a meaning-making activity for each individual.

Findings

Patterns: Structural characteristics of liminality

Murphy et al.'s (1988) description of people with chronic disabilities as liminal even after discharge from rehabilitation services applies also to DPU patients. Hence, their description, which may or may not be meaningful to participants themselves, provides an interpretive framework for my identification of patterns. These patterns can be described in terms of physical and interactional signs of time spent living in the DPU as a liminal state.

Physical signs of liminality

Bus trips themselves are a sign of the difference between the DPU and other parts of the hospital. Edward pointed this out about bus trips as well as other parts of the activity program, in his comment that "This is a whole different scene, this part. The bus trips and bingo games and things like that. It's all different. You don't feel like you're in a hospital anymore." Yet, despite these differences, signs that identify people as patients persist from the hospital, even when they go into the community on the bus. As Murphy et al. (1988) point out, in a hospital setting, patients are unremarkable; in the community, signs of disability are "commonly noticed by everyone and acknowledged by nobody" (p. 239). First, there is the bus itself, with its lift on the back and its designation on the side as belonging to the hospital. Second, there are assistive devices. In our group on the first trip there were four patients in wheelchairs and two patients using walkers. In my field notes, they form part of my first impressions: "I arrive on C floor at the elevator, where already a group of patients are gathered, some in wheelchairs, some with walkers, waiting". One of the patients, Edward, had a catheter bag hanging at the back of his wheelchair. One woman required an electrolarynx for speaking. These medical markers were highly visible in community settings.

Another sign of liminality was evident in clothing. On the first trip, one man wore pyjamas under his jacket which, though he unzipped it, he never removed. Anne wore a white uniform jacket with a name tag. In my interview with Mrs. Taylor, she linked her limited supply of clothing to the abruptness of her transition from community to hospital and to her lack of control over her situation. She remarked in the interview:

When I said I want to go home, "oh no dear". They sent me here. So weird. I hope my pants are still there. My blouse won't last forever. They lost my socks. They lost my underwear. But I don't blame them here. They blamed emergency.

Alternate explanations for patients’ clothing also became apparent. During the first bus trip, Mr. Yang, one of the patients wearing clothes that were not from the hospital, suffered from an attack of diarrhea on the bus on the way to the restaurant. Anne and John resolved this by stopping at a nearby community centre where Anne and the volunteer with us helped him to clean up in the washroom there, also finding a change of clothing for him in the lost and found.

On the next trip, two weeks later, I was somewhat surprised to see Mr. Yang join us wearing facility pyjamas under his winter jacket; on earlier occasions he was always meticulously dressed. The explanation he gave was that he was very concerned about another attack of diarrhea and decided himself to wear pyjamas and to take a change of pyjamas. This suggests that some clothing choices are voluntary accommodations to the changed circumstances of disability. For Mr. Yang wearing institutional pyjamas was possibly less marginalizing than soiling street clothes. Anne's choice of a uniform jacket can be interpreted in the same light. While in some ways it contributed to the liminal status of the whole group, it also facilitated her role in helping the group within the community.

Social relations in a liminal group

Interactionally, liminal groups are separated from others within society, leading to descriptions of them as marginalized (Murphy et al., 1988; Turner, 1969). In the restaurant that we went to for lunch on our first trip, the responses of other customers to the group pointed to their awareness of physical signs of liminality. For example, I noticed parents who were extremely helpful in moving chairs out of our way as we went to our table later speaking quietly to the youngest of their children while looking over at us. Murphy et al. (1988) comment that children learn from their parents how to respond to the social liminality of those with disabilities, i.e., that they should not draw attention to their presence. This comment leads me to wonder if such an admonition was part of the family conversation I observed.

In addition to noting how others respond to signs of liminality, my observations provided evidence of how social relations among the patients reflect liminality. Murphy et al. (1988, p. 238) cite Turner's description of "communitas" in which formal social structures are set
aside and people relate to one another as whole, caring individuals. They suggest that, among people with disabilities, relations are characteristically egalitarian with little deference to outside roles. This egalitarianism was evident on the bus trips, as well as in Edward’s comments about them: “I get to know everybody on the bus trips, and it’s—there’s no walls built up on the bus trips”. Although occasionally patients referred to their former social status, there was never any indication that it made any difference to their status within the group; no patient ever asked about another’s former life during my observations, except, very occasionally, to follow up on a comment that another had made. There were signs of solidarity and caring: patients extended small courtesies toward one another such as one stabilizing a walker for another while he stood up, one helping the next person off with her coat. During the episode of Mr. Yang’s diarrhea, other patients were sympathetic towards him both directly and in his absence.

However, despite these small signs, the sense of communited was not strong: there was a quality of separateness about each patient within the group. Many of the patients’ conversations were more like monologues, spoken to the group as a whole but rarely extended by other patients. Responses, if any, tended to come from Anne or John. This observation suggests that there were limits to the extent that the patients identified themselves as part of a group, suggesting that their individual experiences of liminality were personally rather than socially defined.

Despite this separateness, there were moments during these trips when there was a sense of solidarity within the whole group. On the second bus trip, while returning hay bales used in Hallowe’en celebrations to the farm that had loaned them, the group made a trip to a bird sanctuary. An early migration of snow geese passing overhead drew an excited response, in several languages, from the entire group; the eight of us on the bus that day, all watching the geese, all pointing and exclaiming, seemed to be unified in that experience. Perhaps such shared experiences contributed to Edward’s sense of “getting to know everybody,” despite the barriers of language and relative lack of dialogue between patients.

Identification of personal themes:
Creating continuity of identity

In the interviews with both Edward and Mrs. Taylor, responses to questions about their experiences of bus trips led to descriptions of their broader experience of being in the discharge planning unit, of their lives prior to hospitalization, and of their expectations for the future. Although neither participant spoke explicitly of their stay in the DPU as a time of transition, each described it in the context of the disruption caused by illness. For each participant, personal themes that emerged throughout these descriptions were also evident in my field notes of the bus trips. The pervasiveness of these themes suggests their importance for participants creating continuity of identity across disruption. In this section, I first identify personal themes for each participant. I then illustrate how these themes can be interpreted as part of a process of accommodating to disruption.

Personal themes from the interview with Edward

When I first asked Edward if I could meet him to talk about the bus trips, he agreed, adding that he could be helpful because he had an outsider’s perspective. This comment seemed significant because it gave insight into Edward’s own interpretation of his perspective; hence, I asked him about it further during his interview. His response suggested that he linked his outsider perspective to his identity as a traveler: “I’m an outsider here. I’m not even from ______. I’m from anywhere else but here.” This theme of traveler was repeated throughout the interview as Edward identified himself as someone passing through, a traveler whose life was disrupted by illness. Edward said:

“I’ve been coming out here since 1975. That was the whole thing, to see the steam train, but it wasn’t running this summer ... I was gonna ride the trolley instead, but then I got sick instead. So the whole summer was shot. No steam train, no trolleys. Just been sitting in a wheelchair. Took me the whole summer just to be able to sit up straight.

For Edward, sitting up straight meant being able to go on the bus, and bus trips allowed him to maintain his traveler identity: “Now I can sit up straight. So I been hoping to go on these — I wish we had a trip today. Not that I don’t want to talk with you, but I’d rather take another bus trip today.” The theme of traveler encompassed his interest in trains and transportation, which dominated a substantial part of the interview as well as his conversation on the bus. He told me that he collects model trains and it was in part to see about trains for his collection that he came to the city in the first place.

A second theme in the interview with Edward was learning experiences. He was constantly interested in the different places he visited; this interest was linked to his repeated description, as in this example, of the bus trip as a learning experience: “At Deep Cove where we went out on one of our trips, I never would have known it existed had I not taken the bus trip. It was a learning experience”. This view helped me to understand why, despite Edward’s obvious enthusiasm for bus trips, it did not really matter to him where he went. Alternatively, it could be explained by another theme in Edward’s description of bus trips, which came up several times: they offered an escape from his
hospital experience: "We got to get out of the hospital for two or three hours and we come back. You do that a couple of times a week, you don’t feel – you feel like you’ve actually gone and done something”.

Personal themes from the interview with Mrs. Taylor

Whereas for Edward, bus trips were a central feature of his experience of the DPU, for Mrs. Taylor they were more peripheral. She decided not to go on some trips:

| I: When the bus trips happen, do you go on as many of them as you can? |
| Mrs. Taylor: Well, when they don’t interfere with my exercise. |
| I: So that’s more important for you. |
| Mrs. Taylor: For me, right now, yes. To get stronger and everything. |

Mrs. Taylor’s will to get stronger was linked to the theme of personal independence in the interview. The theme of independence came up in several different ways, including not wanting to live with her children: "They [her children] want me to go live there, but I said I don’t want to live with my children. I didn’t want to live with my children when I get old. I want to be on my own.” The theme of family was also clear, both in the interview and in her conversations during the first bus trip (she did not go on the second trip, as she was not feeling well enough). Her mention of nieces, nephews, children, and grandchildren in various contexts suggests a large, connected family but nonetheless one in which she chooses to maintain her independence. Mrs. Taylor explained at length why her daughter had not brought her more clothing with no suggestion that she expected it to be otherwise.

Another theme arising in the interview with Mrs. Taylor was change. I noticed this during bus trips, when she often linked change to comments on "the way things used to be". For example, when we were passing a former fish-packing plant and talking about its closure, Mrs. Taylor reminisced about canning fish that her uncle caught and gave to her (again, linking themes of family and independence). In the interview about the bus trips, she began by referring to a trip to a nearby island:

| Mrs. Taylor: I enjoyed some of it, like the island. I was there in ’45. Well that’s changed now. Everything is changed, changed, so that’s all I can help you with. It’s all changed and nothing I can do. |
| I: So what’s it like, seeing it all changed like that? |
| Mrs. Taylor: All of a sudden, it’s so surprising, so fast you know. |

This theme came up several times, with reference to her own neighbourhood, to other places she went to on the bus, and to the way that people live now.

Interpreting personal themes in terms of liminality and occupation

For Edward, the bus trips were an important part of his stay in the DPU. If viewed as occupations rather than mere activities (Pierce, 2001), bus trips may be understood as supporting Edward’s ability to maintain his preferred identity of traveler over that of patient. Nonetheless, he recognized changes in his identity that were embodied: his struggle to sit again and his inability to walk. Becker (1997) points out that “the onset of a chronic health condition disorders a person’s knowledge and experience of the body” (p. 38). Although Edward acknowledged these embodied changes, he envisioned a future for himself in which he would regain his former abilities:

| Edward: Well I’m going into a regular hospital. And hopefully they’ll have rehab for me so I can learn to walk again. |
| I: Is that a place where you’ve got family nearby? |
| Edward: Yes. Forty miles away from where I live. So they can come and see me there. But I don’t want to stay there too long. I want to get up on my feet and walk around again. |

In the time I spent with him, Edward never discussed any other possibility. This view of a return to former status necessarily assumes continuity with the self before illness: Edward’s liminality in the DPU was that of waiting for his transfer to a hospital where he could begin the work of realigning embodied identity with the personal identity he struggled to maintain. Although the ending of Edward’s story is uncertain, he minimized that uncertainty, demonstrating the motivation and action that are key features of employment and required to move his story forward and arrive “…where one longs to be” (Mattingly, 1994, p. 253).

For Mrs. Taylor, the future was contingent. The themes of independence and family can be interpreted as part of her preferred identity, yet the theme of change, even though stated with reference to the external world, suggests that her identity was in a process of transformation. Bus trips for her were an opportunity to consider her own changes in the context of a changing world outside the hospital. At various times both during the interview and the bus trip, Mrs. Taylor discussed alternative futures: living in a long-term care facility, living with one of her children, returning to her own home. Although she enjoyed the bus trips, they were not of central importance for her as they were for Edward. Her preference for exercise as a way to get stronger suggests that she still held the possibility for returning home, with prescribed exercises as an important step in supporting her identity as an independent person. As in Edward’s case, Mrs. Taylor’s disrupted identity was linked to disruption centred in her body. Even though she held on to the possibility of returning to her own home, it seemed
a faint one for her as she talked about the many problems with her health. Far more often she discussed the likelihood of dependent placement. Understanding that exercises may have particular meaning to Mrs. Taylor offers a plausible explanation for her motivation to exercise rather than explore the social and physical environment outside the DPUs. For Mrs. Taylor, liminality in the DPUs was a process in a time of change, as she worked to establish continuity of identity in an undetermined future in a changing world.

Findings in the context of occupational therapy practice

The limitations inherent in any pilot study preclude generalizing the findings. This study was limited in part by the small number of participants and the few opportunities for data collection. If it had been possible, I would have asked the two participants interviewed for their responses to my identification of their personal themes and included those responses in the final analysis. Unfortunately, I was unable to contact either participant by the time the analysis was completed; this failure to corroborate personal themes is a limitation of the findings of the study.

The value of this study’s findings is in illuminating concepts that occupational therapists may explore to further their understanding of identity, activity and occupation. Current theorists posit that "...individuals are constantly renegotiating their view of self and their roles as they ascribe meaning to occupation and the environment around them" (Law et al., 1997, p. 45). Working with the concepts of liminality and narrative enriches an exploration into the process of renegotiating identity from the person-environment-occupation perspective. The view of liminality as a state of limbo and a process, suggests that time spent in a DPU has the potential to transform a person's identity. If this is the case, occupational therapists may do well to learn what this time means to each person. It may then be appropriate for occupational therapists to discuss with their clients this time as one of transition, when feelings of uncertainty about one’s identity are not uncommon. Such discussions may elicit from clients a different perspective on time spent 'in limbo' and reveal opportunities for self-discovery. Attention to an individual's narrative may help the occupational therapist refine his or her employment of different futures for that person. The occupational therapist's skillful use of employment should offer clients a view of futures that exceed the achievement of targeted outcomes and foster dialogue with the therapist as the therapy narrative unfolds.

The differentiation of occupation and activity that Pierce (2001) proposes has implications for the continuity of identity reflected in the findings. DPUs bus trips fit Pierce's definition of activity as "an idea held in the minds of persons and in their shared cultural language ... a general class of human actions" (2001, p. 139). Knowledge of activity preferences and understanding the value that people place on activities e.g., Mrs. Taylor's preference for exercise, help therapists and clients select activities in which to engage. Occupational therapists analyze activities to determine the minimal occupational performance required by clients to participate. An activity analysis approach is essential but it is in attending to how people create occupation from activity that therapists can discover ways to help clients renegotiate identity. Occupations are differentiated from activities by the time, space and sociocultural circumstances in which they are enacted (Pierce, 2001). If occupational therapists understand the different roles that activity and occupation play, then opportunities for occupation may be created from among the everyday activities that the profession is known to address.

Conclusions

A discharge planning unit is by definition a place of transition. Although it looks like a hospital, it is not the same as the rest of the hospital. Although it looks like a long-term care facility, it is not a permanent residence. From an outsider's perspective, it may be seen as a waiting place, a holding area. To consider it in these terms is to overlook the fact that its patients are people who are actively working to create meanings and restore order in their disrupted lives. By exploring bus trips in terms of the concept of liminality, interpreted within the person-environment-occupational model, we can gain some insight into this process of restoring order. When patients go into the community on bus trips, they may be leaving a liminal physical space, but they are not leaving liminality. Markers of "patient," unremarkable in the context of a hospital, differentiate the group in the community. While bus trips provide the opportunity for patients to interact with a broader, more "normal" environment, they simultaneously draw attention to the special status of the group.

The interviews with Edward and Mrs. Taylor shed light on the process of transition within this liminal environment, exploring how patients themselves use employment to establish continuity in their sense of self. Although Edward and Mrs. Taylor differed in how they do this, both incorporated their experiences from the bus trips in this process, Edward in using them as a site of preserved self and Mrs. Taylor in using them as a site of change. Although both Edward and Mrs. Taylor acknowledged that bus trips offer a change in routine and a way of passing the time, there is evidence here that, as occupations, bus trips offer much more. They stimulate different perspectives for individuals' work on creating meaning, helping them, through employment, to move beyond disruption. By
attending to the ways in which patients create meanings within different environments, we have greater opportunities to understand and support that work.

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