

# Types and categories of personal projects: a revelatory means of understanding human occupation

KATHLEEN E BROOKE, CAROLYN D DESMARAIS and SUSAN J FORWELL University of British Columbia, Canada

**ABSTRACT:** *Choice of activity and the way it is described may have little to do with the presence of disease and may or may not align with predetermined conceptual or practice frameworks. The present study examines data previously collected by use of Personal Projects Analysis (PPA) in order to compare the types of projects listed by people with and without multiple sclerosis and to compare the categories of projects selected by both groups to those pre-established in the literature. Secondary analysis tests the differences and similarities in the types of personal projects between two groups, multiple sclerosis (n = 38) and control group (n = 25), matched for demographic characteristics. The analysis compares the categories of personal projects generated by people in both cohorts to pre-established frameworks. No significant difference was found between the types of personal projects chosen by the two cohorts. For 57.2% of participants the self-generated categories matched those from the literature, whereas it diverged for 18.2% of the categories of personal projects generated by participants. The study demonstrates that people with and without multiple sclerosis engage in activities that are similar despite the presence of multiple sclerosis, and that category systems should be used cautiously. Copyright © 2007 John Wiley & Sons, Ltd.*

**Key words:** multiple sclerosis, occupational therapy practice models, leisure activities

## Introduction

The ways in which people spend their time can infer much about who they are and what they consider to be personally meaningful. Also of interest are the ways humans, as occupational beings, label, describe and conceptualize their doings (Wilcock, 1998). When groups of people share common spheres of experience and engage in the process of naming and agreeing on the value and meaning of objects and phenomena they encounter, they can be seen to be engaging in 'situ-

ated' cultural processes. The process of naming, categorizing and ascribing attributes to objects and phenomena in the world is often referred to as 'nomenclature' or 'taxonomy'. In recent years, this process is critically referred to as a cultural dynamic, and located or 'situated' in a particular cultural context.

With a view to supporting therapeutic ends and to facilitate participation in occupations, occupational therapists have created conceptual models with systems for organizing and categorizing occupations or daily activities. The intent of these models is to assist occupational therapists to frame clients' activities and prioritize therapeutic goals in a systematic and theoretically grounded way. The use of categorization systems and frameworks, however, may be malaligned with the way clients view their occupations and may present conceptual barriers between therapists and clients. Imposing categorization systems on client activities that are out of step with a client's process of organization or concepts of order may lead to a misinterpretation or lack of understanding of a client's perspective or experience, and may result in compromising the therapeutic process (Iwama, 2005). It is essential that conceptual models of practice are examined, critiqued and debated to ensure clarity of purpose and that the breadth of their application is not overstated.

### *Conceptual models in occupational therapy practice*

The models commonly used in occupational therapy practice offer diverse means of providing order and interpreting the human occupations that contribute to and reflect current paradigms and culture of practice. Although there are numerous models of practice, three are briefly described here to illustrate the varying taxonomies used to label and systematize occupational therapy practice.

The Canadian Model of Occupational Performance (CMOP) (Townsend, 2002, p. 33) conceptualizes occupational performance as 'the dynamic relationship between persons, environment and occupation'. The person is acknowledged as having physical, affective, and cognitive components surrounding a spiritual core, while the environment is defined by the four areas of physical, social, cultural and institutional contexts. The CMOP conceptualizes occupation into the three domains: self-care, productivity and leisure. With the person placed at the centre of the model, the CMOP emphasizes the client-centred perspective of occupational therapy.

A Model of Human Occupation (MOHO) (Kielhofner, 2002), which was developed in the USA, describes occupational behaviour as resulting from an interaction between the human system, the task and the environment. The human system is divided into three subsystems: volition (values, interests and personal causation); habituation (habits of occupational behavior); and mind-brain-body (performance capacity). Physical, social and cultural environments are described as influencing human occupational behaviour.

The Occupational Performance Model (Australia) (OPM(A)) (Chapparo and Ranka, 1997) examines occupational performance through five compo-

nents: biomechanical, sensorymotor, cognitive, interpersonal and intrapersonal. Body, mind and spirit are considered to be core elements of occupational performance while the external environment is described as social, cultural, sensory and physical. Unlike the two previous models, the OPM(A) examines occupational performance in relation to 'physical space' and 'felt space', defined as an individual's personal experience of space, as well as 'physical time' and 'felt time' to connote the meaning of time based on a person's understanding of time.

Whilst they have differences, several common features emerge from these conceptual models. This is not unexpected given that they were developed by Western scholars and practitioners who are influenced and informed by professional practice language, culture and the social structure of occupational therapy. It may therefore be prudent to consider engagement in human occupation through a lens other than that of occupational therapy, to illuminate aspects of occupation that may be constrained, misinterpreted or omitted by these models. One such approach is the Personal Projects Analysis (PPA), a system of collecting information about occupations from a social-ecology perspective.

### *Personal Projects Analysis*

PPA is a method of collecting information about human activity. It was originally developed in the field of psychology and was informed by the ecological face validity of self-described human activity (Little, 1999). 'Personal projects' are defined as 'the kinds of activities and concerns that people have over the course of their lives' (Little, 1983, p. 1). Developed by Dr Brian Little, this approach asks individuals to list, in their own words, the various personal projects (alternately referred to as a person's occupations or activities) in which they are presently engaged. These projects are then rated on various dimensions, examples of which include self-identity, challenge, control, importance and negative impact. The types of projects may be 'focused on achievement ("Getting my degree")', others on a process ("Enjoying a night out with friends"); they may be things we choose to do or things we have to do; they may be things we are working towards or trying to avoid' (Little, 1983). Although not necessarily developed for clinical purposes, the PPA nonetheless provides an interesting way to understand and view an individual's personal project (occupation) repertoire at a point in time, through his or her lens, using a language and set of descriptors relevant to his or her world.

Research using the PPA has primarily focused on university students and their personal projects as related to a number of issues, including stress and life satisfaction, goal appraisal and vulnerability, value assessment of routine activities, happiness and meaning, and motivational components in depression and alcohol use (Palys and Little, 1983; Blunt and Pychyl, 2005; Meyer et al., 2004; McGregor and Little, 1998; Lecci et al., 1994; Lecci et al., 2002; Nurmi and Salmela-Aro, 2002; Palfai and Weafer, 2006; Salmela-Aro and Nurmi, 1997). The PPA has also been used with other populations, including mothers, doctoral

students, adolescents, adults and older adults (Karoly and Ruchlman, 1996; Lawton et al., 2002; Ogilvie et al., 2001; Pychyl and Little, 1998; Salmelo-Aro et al., 2000; Wallenius, 1999). Among other aspects of studies using PPA, one trajectory of research has been the categorization of personal projects (Karoly and Lecci, 1993; Lecci et al., 1994; Little, 1988). In these studies the research teams developed personal projects categories and then assigned projects to the categories, as deemed appropriate. The category systems across studies were diverse in both descriptors to label categories as well as the number of categories used. None of these studies sought respondent-generated categories or validation.

In terms of research by occupational therapy scholars and clinicians, a few studies using the PPA have been carried out. These illuminated occupational issues relevant to people with eating disorders (Barris, 1987) as well as notions of well-being (Christiansen et al., 1999). More recently, Forwell (2005) used the PPA to investigate its application and efficacy with people with multiple sclerosis. In that study, 38 adults with multiple sclerosis and 25 without the condition (control participants) completed the PPA materials. The two groups were matched for demographic characteristics, as no statistical differences were found for age, gender, educational level, marital status, number of people living at home, or annual household income. The study participants were 80% female, in their late forties, of whom 60% were married and 75% had post-secondary education.

After analysing the personal project data, Forwell (2005) discussed several reasons why the PPA is a useful tool for studies in occupational science and occupational therapy. Examples of such reasoning include:

- overlapping definitions of personal projects and occupations in which 'the doing' is framed in context
- emphasis on goal-directedness
- cognitive, affective and behavioral domains of everyday life are accounted for.

The client-generated nature of the PPA aligns remarkably well with the client-centred philosophy of occupational therapy. Forwell (2005) establishes the PPA as a valid and reliable approach for collecting and analysing data related to the occupations of people with multiple sclerosis. However, emerging from that study were questions about the types and categories of personal projects, such as: 'Are there any differences between groups in the types of projects listed and how are the categories for personal projects constructed and assigned?' Questions like these formed the basis of the present study.

### *Study purpose*

The present study involves a secondary analysis of data collected in the Forwell (2005) study, to explore the ways in which individuals conceptualize, categorize,

name and frame the ways in which they spend their time. The purpose of this post-hoc analysis is to examine the similarities and differences in the personal projects engaged in by people living with and without multiple sclerosis, using participants' self-generated category systems and comparing these to rater-assigned categories that were pre-established in the literature and derived from the present study.

### *Research questions*

The aim of the present is specifically to address the following research questions.

1. Are there differences in the frequency of personal projects of rater-assigned categories between people with and without multiple sclerosis?
2. Do participant-generated categories match rater-assigned categories of personal projects for people with and without multiple sclerosis?
3. Are there differences in the frequency of participants who self-generated categories that matched rater-assigned categories between people with and without multiple sclerosis?

### **Method**

The methodology for the present study is described with reference to each of the research questions.

#### *Methodological analysis for Question 1*

To address this analysis, 478 projects collectively listed by 38 participants with multiple sclerosis and 316 projects reported by 25 control participants were examined (a total of 794 personal projects). Raters assigned categories to each of these personal projects. It should be noted that during this process, raters were blinded to any categorization offered by participants.

The categories of personal projects and the respective definitions used in the rater assignment were adopted from previous studies and include: 'academic', 'health and fitness', 'interpersonal', 'intrapersonal', 'leisure and entertainment', 'daily routine', 'work-related' and 'other' (Károly and Lecci, 1993; Lecci et al., 1994; Little, 1988). Subsequent expansion of these categories by Forwell (2005) added the categories of 'home maintenance' and 'volunteer work'. For the purposes of the present study these categorical definitions were further elaborated upon so that 'vehicle maintenance' was added to the 'home maintenance' category and two new categories were established: 'pet care' and 'holiday tasks'. The Appendix lists the definitions applied to each category.

Acknowledging the subjective nature of assigning categories, all personal projects were assigned a category by two independent raters. Inter-rater reliability was then tested. Following this testing, any disagreement in categorization

of the projects between raters was discussed and decided upon collaboratively. Lastly, the total number of projects in each category was calculated and the two cohorts were compared.

### *Methodological analysis for Question 2*

Of the 794 personal projects collectively reported by both cohorts, 516 were assigned categories by participants. Two raters independently examined the participant-generated categories and the rater-assigned categories (see the Appendix) for each of these 516 projects to determine whether or not these categories matched. Again, inter-rater reliability was tested.

In the original study (Forwell, 2005) participants were asked whether or not they categorized their personal projects. If participants did decide to categorize their projects, they were asked to record the categories and assign projects to them. Rather than being provided with a predetermined system of categorization, the categorical labelling of projects was carried out in the clients' language, using a system that made sense to the participants.

For each project categorized by a participant, the researchers determined whether:

- the participant-generated category matched a rater-assigned category from the Appendix
- the participant-generated category matched a different category in the Appendix
- the participant-generated category did not match any category in the Appendix.

Finally, the number of times a participant-generated category matched a rater-assigned category was tallied for each cohort, allowing for comparison between the two groups.

### *Methodological analysis for Question 3*

To address this final question, the number of participants who generated categories matching those in the Appendix was tallied. A correlational analysis was then used to investigate differences between cohorts. For all statistical calculations in this study, the level of significance was set at  $p \leq 0.05$ .

## **Results**

*Question 1: 'Are there differences in the frequency of personal projects of rater-assigned categories between people with and without multiple sclerosis?'*

As noted previously, before embarking on the analysis it was prudent to test inter-rater reliability. This testing found a strong agreement between raters, at

88.0% across both cohorts. This process ensured that the rater-assigned category was not dependent on the bias of one rater.

The total number of personal projects in each category was then tallied and compared between the two cohorts. Table 1 provides the results of this analysis. The 'leisure and entertainment' category had the most personal projects listed by both cohorts, with high numbers of projects also in the 'daily routine', 'home and vehicle maintenance' and 'interpersonal' categories. The 'academic' category had a low number of personal projects in both cohorts. A Kruskal–Wallis chi-square analysis revealed  $p$  values ranging from 0.08 to 0.94, indicating that there were no statistically significant differences between the multiple sclerosis and control groups for the numbers of personal projects in any of the rater-assigned categories.

*Question 2: 'Do participant-generated categories match rater-assigned categories of personal projects for people with and without multiple sclerosis?'*

Of the 794 projects reported, 516 were categorized by participants. Thirteen of the 63 participants did not categorize any of their projects, whilst many other participants only categorized some of their projects, resulting in a total of 278 personal projects that were not categorized by participants. These could not be included in the analysis.

Two raters independently examined the participant-generated categories and the rater-assigned categories for each of the 516 projects to determine whether or not the categories matched. Inter-rater reliability was established at 99.0%. Then the self-generated categories for each of the 516 projects were examined, and it was determined whether the category:

- Matched the rater-assigned category from the Appendix (correct category interpretation of the personal project by raters).
- Did not match the rater-assigned category, yet matched another category in the Appendix (incorrect category interpretation of the personal project by raters).
- Did not match either the rater-assigned or any other category in the Appendix (participants reported unique or idiosyncratic personal project categories).

As is evident in Table 2, 57.2% of the personal projects with participant-generated categories matched the rater-assigned categories. Approximately one-quarter of the personal projects did not match the rater-assigned categories, yet matched other categories from the Appendix. The following example is provided to illustrate one such misinterpretation.

A participant listed two personal projects that read 'feeding and playing with my cat' and 'finding and making art for my walls'. Raters categorized these projects as 'pet care' and 'leisure and entertainment', respectively. However, the participant viewed both of these personal projects to be in the category of 'health and wellness'.

TABLE 1: Frequency of personal projects assigned by category

Category <sup>a</sup>	MS group (n = 38)			Control group (n = 25)			Difference between groups <sup>b</sup>	
	Rank order	No. of projects (%)	No. of participants with a project in this category	Rank order	No. of projects (%)	No. of participants with a project in this category	$\chi^2$	p value
Leisure and entertainment	1	83 (17.4)	32 (84.2)	1	61 (193)	21 (84.0)	0.31	0.58
Daily routine	2	82 (17.2)	27 (71.1)	4	45 (14.2)	15 (60.0)	0.02	0.88
Home and vehicle maintenance	3	75 (15.7)	29 (76.3)	2	56 (17.7)	18 (72.0)	0.10	0.75
Interpersonal	4	67 (14.0)	27 (71.1)	3	54 (17.1)	21 (84.0)	0.01	0.94
Health and fitness	5	47 (9.8)	27 (71.1)	6	21 (6.7)	15 (60.0)	1.33	0.25
Work-related	6	37 (7.7)	14 (36.8)	5	26 (8.2)	16 (64.0)	1.42	0.23
Other	7	25 (5.2)	15 (39.5)	9	9 (2.8)	8 (32.0)	1.20	0.27
Volunteer work	8	17 (3.6)	11 (28.9)	7	17 (5.4)	8 (32.0)	0.00	0.75
Pet care	9	13 (2.7)	11 (28.9)	10	6 (1.9)	5 (20.0)	0.01	0.93
Holiday tasks	10	12 (2.5)	8 (21.1)	11	5 (1.6)	4 (16.0)	0.63	0.43
Academic	11 <sup>c</sup>	10 (2.1)	5 (13.2)	12	3 (1.0)	1 (4.0)	0.90	0.34
Intrapersonal	11 <sup>c</sup>	10 (2.1)	10 (26.3)	8	13 (4.1)	7 (28.0)	3.04	0.08
Total		478 (100%)				316 (100%)		

MS = multiple sclerosis.  
<sup>a</sup>from the Appendix.  
<sup>b</sup>Kruskal–Wallis H-test.  
<sup>c</sup>Tie in rankings with the MS group.



TABLE 2: Number of participant-categorized projects that matched, mismatched or did not match rater-assigned categories

Cohort	No. of personal projects		
	MS	Control	Total
Categorized by participants	316	200	516
Matched rater-assigned category from Appendix (correct interpretation), (%)	177 (56.0)	118 (59.0)	295 (57.2)
Did not match rater-assigned category, but matched another category from the Appendix (misinterpretation), (%)	76 (24.1)	51 (25.5)	127 (24.6)
Did not match any category from the Appendix (idiosyncratic interpretation), (%)	63 (19.9)	31 (15.5)	94 (18.2)

MS = multiple sclerosis.

Between 15% and 20% of personal projects were categorized by participants in unique ways and did not match any of the categories in the Appendix (Table 2). Examples of alternate category systems included:

- *Temporal*: activities grouped according to time of participation or a timeline of perceived completion (i.e. 'near future' and 'long-term').
- *Location*: activities grouped according to the physical space in which the occupation occurs (i.e. 'home', 'school' and 'church').
- *Person-oriented*: activities grouped according to the people involved (i.e. 'Katie', 'me' and 'family love').
- *Task-oriented*: activities grouped according to specific tasks with ambiguous meaning (i.e. 'stitching', 'sewing', 'reading', 'writing' and 'sorting').
- *Narrative*: activities grouped according to how they fit into an individual's life-story (i.e. 'things for a rainy day' or 'long-forgotten things').
- *Experiential*: activities grouped according to the person's subjective experience (i.e. 'mundane', 'creative' and 'survival').

*Question 3: 'Are there differences in the frequency of participants who self-generated categories that matched rater-assigned categories between people with and without multiple sclerosis?'*

Table 3 shows the results of the comparison of the number of participants in each cohort who self-generated categories corresponding with those in the Appendix. Excluded from this analysis were the eight participants (five in the multiple sclerosis cohort and three in the control group) who, for reasons unknown, did not provide categories for their projects. Also excluded were two categories of 'holiday tasks' and 'other', as none of the participants in the study generated categories which corresponded to either of these groupings. Included

TABLE 3: Comparison of the number of people in each cohort who generated categories matching those in the Appendix				
Category	No. of participants generating a matching category (%)		Pearson correlation coefficient	p value
	MS group (n = 33)	Control group (n = 22)		
Leisure and entertainment	13 (39.4)	9 (40.9)	0.02	0.88
Interpersonal	12 (36.4)	10 (45.5)	0.47	0.49
Daily routine	11 (33.3)	9 (40.9)	0.35	0.56
Health and fitness	11 (33.3)	6 (27.3)	0.19	0.67
Home and vehicle maintenance	9 (27.3)	12 (54.5)	4.01	0.05
Work-related	9 (27.3)	8 (36.4)	0.53	0.47
Intrapersonal	6 (18.2)	3 (13.6)	0.18	0.67
Volunteer work	4 (12.1)	2 (9.1)	0.11	0.74
Academic	4 (12.1)	3 (13.6)	0.03	0.86
Pet care	2 (6.1)	1 (4.5)	0.05	0.82
Idiosyncratic	11 (33.3)	7 (31.8)	0.01	0.94

MS = multiple sclerosis.

in this analysis however, were the five participants (two in the multiple sclerosis cohort and three in the control group) who marked the checkbox indicating that they chose not to categorize their projects.

When comparing the differences in frequencies between the multiple sclerosis and control groups, one category, 'home and vehicle maintenance', was found to have a statistically significant difference. Twice as many participants in the control group (54.5%) compared to those in the multiple sclerosis cohort (27.3%) spontaneously generated a personal project in this category. Further, approximately one-third of participants in both cohorts generated categorization systems that were idiosyncratic or unique; that is, categories which did not align with any listed in the Appendix. Figure 1 is a graphic representation highlighting the differences and similarities between groups in this component of the analysis.

## Discussion

### *Presence of chronic disease and disability and the types of personal projects*

Despite initial expectations, minimal differences were found when comparing the types of personal projects listed by people with and without multiple sclerosis. It was expected that the participants with multiple sclerosis would list more health-focused or disability-influenced activities; for example, more projects in

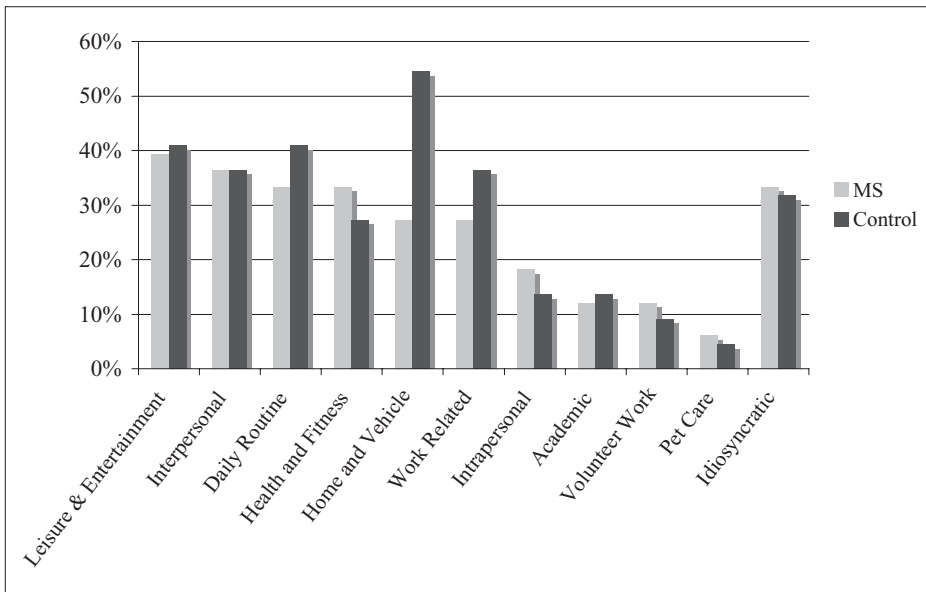


FIGURE 1: Percentage of people in each cohort who generated categories which matched those in the Appendix.

the 'health and wellness' category or fewer projects in the 'work-related' category. This lack of difference between the groups for the types of personal projects listed challenges the assumption that the selection of personal projects by people with disabilities may be shaped or influenced by their medical conditions.

Similarly, the findings in the present study reinforce the hypothesis that disability is a social rather than an individual construct (Marks, 1999; Mitra, 2006). People with disabilities may not necessarily experience their conditions as disabling, or, if so, they may choose to continue with their occupations in the presence of disability. Social expectations of disability may create a more disabling context for the individual than does the actual medical condition itself. Therapists must be careful not to assume that clients' occupational choices and experiences will be directed or shaped by their medically or socially defined disability.

### *Importance of leisure activity*

In Western societies, the provision of rehabilitation or occupational therapy services, or both, privileges occupations related to 'self-care' and 'productivity' over those which are 'leisure' and social-oriented. This is particularly true in acute care practice environments where time and resources limit therapeutic service delivery (Suto, 1998). However, this may not be in keeping with the priorities of clients, as the highest numbers of projects for both cohorts were in

the 'leisure and entertainment' category. The frequency with which leisure personal projects were listed indicates that leisure is much more than a frivolous pastime, and lends support to the contention that meaningful leisure occupation is important and valued (Iwaskai et al., 2006). When occupational therapists do not see leisure occupations as a priority or have little time to consider these occupations therapeutically, the client-centred tenet of occupational therapy practice may be called into question.

#### *Idiosyncratic categorizations*

In both cohorts, approximately one-third of the total number of participants employed unique means of categorization, conceptualizing their activities in ways that did not fit with the pre-established category system adopted for the present study.

Given the variability in the category systems presented by almost 20% of participants, we must ask whether or not pre-established categories can accurately reflect the diverse ways in which people conceptualize their occupations. In addition, people may not only conceptualize their occupations in idiosyncratic ways, they may also not conceive of their projects as belonging to any category at all. Of interest were the 278 personal projects that were not categorized by participants. Participants either chose not to categorize their projects, assigned projects to more than one category or categorized some, and not all, of their projects. This apparent 'haphazard', alternate or lack of categorization indicates that the forced categorization of personal projects is problematic in that some activities may be categorized differently or may defy categorization entirely. Although the predetermined category system appeared to 'fit' 57.2% of the personal projects, more than 40% were open to misinterpretation. Thus, at any one time, 40% of the personal projects fall out outside of a predetermined category system suggesting that caution must be exercised when imposing such systems.

#### *The utility of conceptual models in occupational therapy practice*

Although models are useful starting points from which to organize practice and approaches to clinical decisions, it is critical that occupational therapists not become complacently adherent to models of practice and neglect to customize their approach for each client. Conceptual models may not be congruent with many clients' ways of viewing and prioritizing their activities. Rather than asking clients what is most meaningful to them, therapists often ask clients how they are managing in specific areas of their lives. For example, a widely used screening tool within occupational therapy practice, the Canadian Occupational Performance Measure (COPM) (Law et al., 2005), employs the self-care/productivity/leisure framework of the CMOP to solicit information from clients. However, clients may not view their activities as fitting within this particular framework. In fact, findings from the present study indicate that clients may:

- view their activities as belonging to alternate categories within a single categorization system
- view their activities as belonging to a different categorization system
- not categorize their activities at all.

These discoveries are illuminating, and may offer us some insight as to why a disconnection is sometimes experienced between therapists and clients.

## Conclusion

As with any post hoc analysis, the present study is limited by the fact that the data analysed were not originally collected to address the research questions posed by the study. Future research on this topic would benefit from the analysis of data collected prospectively and specifically collected for the purposes of the study questions. Examination of the importance of leisure activities within the multiple sclerosis population, and the use of the Personal Projects Analysis approach with other disability populations could offer worthwhile directions for future research.

The findings of the present study highlight the variability of ways in which occupations may be conceptualized. This challenges occupational therapists to acknowledge the cultural lenses through which they perceive activity so that they may alter and customize their approach to accommodate the individual perspectives of their clients. When using conceptual models of categorization, occupational therapists must be careful not to compromise the therapeutic process by imposing frameworks embedded in the practice culture that may not reflect the unique worldview of the client.

## Appendix

### *Definition of categories used to group personal projects*

#### Academic

- Education, formal learning, upgrading, classes of academic nature.
- Pursuing a degree, diploma, certification or designation: (this would not include classes such as pottery classes, unless a potter).

#### Health and fitness

- Caring or attending to one's health and well-being. Examples: losing weight, making doctor appointments, managing disease, getting fit, exercise, t'ai chi, yoga.

### Interpersonal

- Social project or activity; involving another, may be about someone else, socializing, caring for others.
- Relationship-related, sex.

### Intrapersonal

- Development of self, spiritual growth.
- Attempting to be better at something, a personal thing.
- Planning for the future.

### Leisure and entertainment

- Something done for fun, enjoyment, pleasure, in order to pass time or while away hours, recreation (excluding fitness). Examples: pleasure travel, shopping for new clothes, organizing photos, art or music projects.

### Daily routine

- Personal (grooming/bathing) or household tasks (laundry/dishes) that are done daily or almost daily or routinely. Examples: banking/paying bills, doing emails, cooking, grocery shopping, commuting, general/routine cleaning, caring for houseplants.

### Work-related

- Job, employment, something done in order to be paid, searching and applying for work.

### Home and vehicle maintenance

- Projects maintaining the home or vehicle that are not part of routine or are seasonal. Examples: gardening, organizing closets and shelves, repairs, stocking up wood pile, maintaining car, boat, truck, new tires on vehicles, selling vehicle, selling house, all activities related to moving.

### Volunteer work

- Unpaid occupations, freely chosen; may be done at home or in the community. Examples: party political work, volunteering for a multiple sclerosis society or volunteering through religious affiliations.

### Pet care

- Activities or tasks where a pet is the focus. Examples: walking dog, feeding dog, taking cat to vet.

### Holiday tasks

- Projects specifically pertaining to a holiday or a specific celebration, such as birthdays, anniversaries, weddings, Christmas, graduations. Examples: Christmas decorating and baking, Christmas shopping, wedding planning.

### Other

- Not captured in the above categories or may fit into several categories.

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Address correspondence to: Susan J Forwell PhD, OT(C), FCAOT, Department of Occupational Science and Occupational Therapy, University of British Columbia, T-325, 2211 Westbrook Mall, Vancouver, British Columbia V6T 2B5, Canada (E-mail: susan.forwell@ubc.ca).