

W. M.: Prosocial Community Catalyst

Moira Maus

Graduate Programs

Nominated by Donald Earley, Professor of Occupational Therapy



Moira Maus spent eight years in the Marine Corps and is a Persian Gulf veteran. She has published mystery novels under the pen name of M. G. Kincaid and has been the director of the Curtis Township Library in Glennie, MI, since 2001. She will graduate with a Master of Science in Occupational Therapy (MSOT) degree in December 2012.

Abstract

The human tendency toward prosocial behavior is a complex process involving cognitive, social, and developmental elements. The interaction of these elements can affect the degree to which an individual interacts and participates within their community, thus affecting the development of their identity. The dynamics of this multifaceted process of creating identity and community will be viewed through the lived experiences of a prosocial community member and disabled Vietnam era veteran: W. M.

Invictus

*Out of the night that covers me,
Black as the Pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul*

*In the fell clutch of circumstances
I have not winced nor cried aloud.
Under the bludgeonings of change
My head is bloody, but unbowed.*

*Beyond this place of wrath and tears
Looms but the Horror of the shade,
And yet the menace of the year
Finds, and shall find, me unafraid.*

*It matters not how strait the gate,
How charged with punishments the scroll,
I am the master of my fate:
I am the captain of my soul.*

William Ernest Henley

Moral Code and Modern Society

According to Robert Hinde (2002), a professor at Cambridge and a fellow of the National Academy of Sciences in America, modern western society is distinguished by many factors that do not appear to be the products of a recognizable moral code. There is rampant consumerism; politicians and theologians battle bitterly over ethical issues regarding modern medical advancements; the degradation of the environment continues at a disturbing rate; and America has been at war since the early 1990's. What clear moral compass exists that can lead an individual and the community he or she lives in through this dense fog of moral conflict?

In the past, moral code and social code were closely integrated and fell within the realm of

organized religion, but religion has lost its grip on modern western society and the threat of divine retribution is no longer an inducement to behave in a manner that is morally (and socially) acceptable (Hinde). Yet, according to Hinde (2002), despite some of the negative factors that are found in modern western society, there are a vast number of people who practice altruistic acts such as putting the good of the community ahead of their own wants or needs. Many of these altruistic community members, who live in a diverse array of cultures, follow moral codes that are unusually similar. One possible reason for this similarity is that there are elementary characteristics of human nature that can be considered pan-cultural. For the purpose of this paper, the term pan-cultural refers to universal moral constructs that are common to all human beings (Stankov & Lee, 2009). The two elementary human characteristics that will be explored through the course of this community partner paper are the human need of self-interest and the human inclination to behave cooperatively. These two elementary human needs will be explored through the context of the lived rehabilitative experience of a physically impaired member of the author's home community.

Developing Morality

The two opposing human needs of self-interest and the inclination to behave cooperatively can balance each other if there is a strong moral code that guides an individual's behavior. But before those two characteristics (which begin forming in early childhood through an individual's interaction in his or her particular culture [Narvaez & Lapsley, 2009]) can be explored, there should be a basic understanding of how an individual's moral code develops.

Morality is a complex concept whose meaning can differ vastly depending on which social science is used to define it. The term morality does not have a precise boundary and is often used interchangeably with, or included in, definitions of ethics, social norms, and cultural values. At its simplest, morality can be considered the values an individual considers to be "good" and behavior people "ought" to do (Stankov & Lee, 2009).

Hinde (2002) uses a multidisciplinary approach to define moral precepts and their contribution in forming moral code. Moral precepts are "specific guides to behavior, which may be either explicit (as in the Judeo-Christian Ten Commandments) or implicit, as in the behaviour of individuals" (p. 13). Hinde further posits that moral precepts

stem ultimately from "human nature" as it has been shaped by natural and cultural selection in interaction with the physical, biological, and social environments that humans have experienced in evolutionary and historical time and that are experienced in the lifetime of each individual. (p. 13)

A human's moral self is the synthesis of the dynamic transactions between his/her capacities and other personal qualities and interactions within the family unit (Narvaez & Lapsley, 2009). Occupational therapist Ruth Brunyate (1957) summed up the concept of moral code in even simpler language; moral codes are something a person inherits and, though mores will change as someone's life changes and flows through time, there are fundamentals of behavior that will remain constant. In other words, where an individual lives – in time and in place and with whom – forms his or her particular culture and shapes his or her unique moral precepts. The experiences of the individual accrue over time and also contribute to his or her precepts and, ultimately, these form the guidelines for an individual's behavior. For an individual's mores and moral precept to evolve over time, the individual must interact with other members of his or her culture through *community* (Christiansen, 1999). However, before one can understand the dynamic process of community interaction, there must be a basic understanding of what community is and what factors must be in place for community to exist.

Community: An Abstract Concept

According to Freie (1998), community is a process, not an object or a destination; it is created over the course of time as people who exist in a community develop connections with each other, develop trust and respect for each other, and form a common purpose. As individuals interact within a community, certain rituals are created and subsequently the community creates its philosophy of what "constitutes good character." However, there is more to community than people simply interacting, according to Freie; there are other factors that must exist within communities. The first two factors that must exist are inclusivity and commitment. The ability for various members to commit to coexistence will make the community more diverse and subsequently better able to manage inevitable crisis. The

third factor is consensus. By working together as a group toward a common goal, individuals are often willing to forego short-term personal gains for long-term community benefits.

Hinde (2002) combines Freie's three factors into the term *prosocial*. Hinde suggests that prosocial behavior is very likely due to the individual benefit of living in a cohesive group that practices reciprocity. According to Penner, Dovidio, Piliavin, & Schroeder (2005), "prosocial behavior represents a broad category of acts that are defined by some significant segment of society and/or one's social group...[they] encompass a broad range of biological, motivational, cognitive, and social processes" (p. 366). Interdependence is a key concept in prosocial community-building behavior. Every aspect of community is interconnected and dependent on all other factors; thus community creates itself through the revolving acts of reciprocity between its individuals (Freie, 1998; Hinde).

These abstract concepts of community are fascinating to explore, but how many community members genuinely wonder how their moral precepts were shaped? It is quite probable that many community members would be hard pressed to define the term "moral precept." In addition to a lack of interest in defining confusing social science terms, most community members probably do not give much thought to the complex and dynamic web of factors that creates community. However, while most community members probably do not spend time evaluating the components of their community, does that make them any less capable of understanding community on an intrinsic or instinctual level?

A specific member of the author's home community comes to mind when considering someone who possesses an intrinsic knowledge of community, W. M.; if he were asked to explain the origins of his moral precepts, W. M.'s reply would be a succinct *Huh?* A question regarding the dynamic components of community would very likely elicit a similar response. However, while W. M. might not be able to define complex abstract concepts regarding morality or community, he possesses an uncanny ability to cultivate community. W. M. has been fostering community by following a moral code that has pointed with compass-like precision through times of social and political turbulence, economic uncertainty, and difficult personal events relevant to his medical condition since he became a legal resident of Glennie, Michigan, on June 14, 1975.

Community Partner: W. M.

The interviews for this community partner paper took place over the course of two weeks. Each of the three interviews lasted approximately two hours. The purpose of the interviews was to gather personal historical details about W. M.'s upbringing, his experiences in the Army, his post-injury personal, medical, and rehabilitative experiences, and his experiences as a community member of Glennie. Before the details of W. M.'s history can be revealed, relevant details about the town of Glennie should be discussed.

Glennie: A snapshot

The logging town of Glennie was founded in 1894 and is located in the rolling hills of Curtis Township, in western Alcona County. Glennie is half an hour west from Lake Huron and a two-hour drive north of Saginaw. The town is located near the geographical center of the Huron National Forest, a deciduous hardwood forest of maple and oak trees. The nearest traffic light to Glennie is also the only traffic light in the county, and is located in the county seat of Harrisville, a thirty-mile drive to the east. There are several distinctive features about Curtis Township and Glennie. The first feature is that the township, at 72 square miles, is twice the size of a normal Michigan township. The size of the township had to be doubled to provide an adequate tax base to support a local government infrastructure, because over half of the township land is national forest (Curtis Township Master Plan, 2008).

The second distinctive feature of W. M.'s home town is that the population, which hovers around 700, is slowly declining (U.S. Census, 2000). The last feature of the area is the AuSable River, which runs through Curtis Township and is approximately five miles from Glennie. In the 1800's, the logging companies used the river to float their logs to the mills and founded towns such as Glennie to support the logging industry. Today, the AuSable is a premier fly-fishing river and a popular tourist destination and, back in the early '70's, the AuSable brought W. M. to Glennie via a four-day canoeing and camping trip.

W. M.: 2010

The first thing many people notice about W. M. isn't his surprisingly muscular shoulders and working man hands, or his silvery military crew cut and deeply tanned skin, or even his encyclopedic

knowledge of baseball; it is the motorized wheelchair W. M. uses to ride around town. There are no sidewalks in Glennie, so W. M. rides along the edges of M-65 – one of the only major north-south highways north of Standish – to reach his destinations in town. Semi-trailers often come barreling through town well above the posted speed limits. To make his wheelchair more visible to drivers, W. M. has tied a tall yellow flag (that looks suspiciously similar to the fairway flags found on the local golf course) to the back of his seat.

While the jaunty red motorized wheelchair is a distinctive physical detail one associates with W. M., there are other details that are just as fundamental. W. M. is an amputee. He was a high-school dropout. He is a Vietnam vet. He was an avid baseball player and downhill skier. He is the township supervisor (for the sixth time since 1981). He was a baseball and soccer coach for decades. He is still an avid outdoorsman. All of these labels can be applied to W. M., but they are merely one-dimensional facets of his life. Just as one must view community holistically to understand its interconnectedness (Freie, 1998), one must take a holistic view of all of the facets that have shaped a person, to understand how and why someone behaves in a particular manner. The following excerpts from the interviews with W. M. demonstrate that his distinctive and unerring moral code was well developed long before he ever laced up a pair of combat boots or raised his hand to take the first of his six oaths of office as township supervisor. W. M.'s moral code was the product of his upbringing in West Orion Township.

W. M.: 1940-1963.

W. M. was born on January 23, 1940, in Oakland City, Michigan, a farming community located in West Orion Township, thirty miles north of Detroit. He was the third child in a family of seven children (6 boys and 1 girl).

What were common things you did as a family? W. M.'s demeanor up to this point in the interview was his typical stern Joe Friday expression, but this question elicits a chuckle and he answers, "We worked!" After school, W. M. and his siblings would head home to get a second packed lunch from their mother and they would then go to a nearby farm to pick whatever crop was in season. W. M. earned ten cents a bushel when he picked potatoes and seven cents a quart when he picked strawberries. The money W. M. and his siblings earned was put aside by his parents for things they might need throughout the year. "We never went without," W. M. stated. "And every minute I wasn't working, I was playing baseball." W. M. was raised in a culture of "doing." The lessons he learned as a child formed the foundation for his moral precepts.

One lesson in particular stands out in the light of what would happen to W. M. two decades later. W. M.'s grandfather emigrated from Canada. His skills handling teams of massive draft horses kept him well employed until 1947, when the tractor replaced the horse in Michigan. Unable to participate in the occupation he valued, W. M.'s grandfather took an assembly line job for Pontiac Motors. "He worked until he was so sick he couldn't stand on the line," W. M. recalls. "He died of cancer just a few weeks after he quit working. He'd had the cancer for a while, but he always said what else was he going to do if he didn't work? It was all he knew." When asked if his grandfather had been bitter about not being able to work with draft horses anymore, W. M. stated, "Sure, he missed it, but he always told us kids there's no getting around the fact that life changes and you've just got to change with it."

What was school like? "Boring," W. M. immediately replied. "I was always daydreaming about baseball. But then my mother died of cancer in 1956 and I quit school to help my dad raise the younger kids." At the age of sixteen, W. M. got a job working for Garbage Joe, an independent garbage man in West Orion Township. W. M. worked six days a week for which he earned \$100 that he gave to his father to pay for his mother's medical debt. In 1958, W. M. got a job working on the same production line as his grandfather, a job W. M. claims was even more boring than going to school. But despite his dislike of the job, W. M. generally worked back-to-back eight-hour shifts, one shift on the assembly line and one shift driving cars off the line. In 1960, W. M. left the assembly line for good when he was able to get a job mowing the fairways and greens of the Bloomfield Hills Golf Course. 1960 was also the same year W. M.'s father died of cancer; this put the family even further into medical debt. The younger brothers and sisters were able to move in with their oldest brother, while W. M. continued working at the golf course to assist paying off medical bills. W. M. learned at a young age that problems, however devastating, could not be shirked but had to be resolved in a direct manner. Learning to directly resolve stressful life events at an early age helped W. M. build resilience that would be invaluable later in life. According to Freie (1998), "the healthy life consists of meeting and resolving crises as early as possible so that we can get on to the next one. Oddly, the best measure of psychospiritual health is how many crises we can cram into a lifetime" (p. 80). The crisis of losing

both parents to cancer within three years and paying off crippling medical debt had a profound effect on how W. M. would tackle future crises while a signalman in the Army and in the community of Glennie.

In the Army Now

W. M. was drafted into the Army early in 1963. When he discovered that he was going to be assigned as a mechanic, he asked how he could get out of the job. A two-year enlistment was W. M.'s ticket to escape another boring job. His new job was as a signalman and his first duty station was in the 144th Signal Battalion, 4th Armor Division, Germany.

What did you like best about life in the Army? “Traveling. The first thing I did when I got to Germany was buy myself a car; every weekend my buddies and I were going somewhere: England, France, Switzerland, and Italy.” W. M. discovered downhill skiing in Switzerland and he claims he has never seen snow as soft or as fluffy anywhere else in the world. “I never could understand how some of those guys spent all their time in the barracks waiting to go home on leave. They didn’t do anything.” According to W. M., he had the rest of his life to spend at home; during his early years in the Army, he was interested in seeing places he would never get a chance to visit again.

W. M.'s signalman job consisted of transmitting code from one station to another. The coding stations had to be placed every 30 miles due to the curvature of the earth. W. M. rose quickly through the ranks and was soon in charge of a platoon of fifteen men. While in Germany, W. M. received Sergeant of the Month every month for 24 consecutive months. When asked why he got the award so often, W. M. replied it was because his first priority was taking care of his men.

Reenlistment & Vietnam

W. M. reenlisted for four years in 1966 because he loved the Army life and intended to make it a career. However, shortly after reenlisting, W. M.'s name was put on a roster of personnel being called up for duty in Vietnam. W. M. did not think he needed to pay the roster much attention because he was a senior sergeant with experience and was “too important” to get shipped out of the unit. “And wouldn’t you know, I was on an airplane to the States for training to go to Vietnam 24 hours later, which taught me a big lesson; no one’s too important.”

How did you get wounded? W. M. recalls Vietnam as hot and boring. After two weeks of playing cards on his off-duty time, he finally got sick of the boredom and started volunteering to guard truck convoys on his off-duty time. “It got me out of camp and got me thinking about something else besides the heat,” W. M. said. The weeks rolled by and W. M. heard from his cousin (who was in the Air Force) that he had been assigned as one of Bob Hope’s guards. “My cousin arranged a flight for me to visit and he was going to introduce me to Bob Hope. I wanted to see my cousin, but I didn’t mind the idea of meeting Bob Hope either.” The day before W. M.’s intended trip to visit his cousin, he went on another truck convoy. “We passed a rice field with a farmer, his wife, and an ox. The farmer took out a machine gun and boom; I woke up a month later in a hospital in Da Nang.”

Rehabilitation: Army Style

A bullet entered W. M.’s body just above his left hip, traveled down his left leg and exited just above his left foot. W. M. required a hip disarticulation amputation, which means when he woke up in the hospital in Da Nang, he was missing all three joints of his left leg: hip, knee, and ankle. According to Dr. W. M. Smith (2005), the medical director for the Amputee Coalition of America,

Trying to overcome the loss of three weight-bearing joints, rather than one or two, is extremely complicated. Living with a transfemoral amputation is about 10 times as tough as living with a transtibial amputation, and living with a hip- or pelvic-level amputation is perhaps 100 times harder. Walking, standing, and even sitting balance – something that most of us take for granted – are greatly affected by amputations at the hip or pelvis. (para. 3-4)

W. M. suffered several major complications from his wounds. He nearly died three times; the third time he did not know he was sick. The final near-death experience occurred the day W. M. was leaving Vietnam for the Philippines; there he was to take a flight back to the United States to the Army hospital in Fort Reilly, Kansas. W. M. threw up just before the plane took off. He said a doctor just appeared and started shouting at the pilots to shut down their engines. “All I could think,” W. M. says, “was ‘shut up doc and sit down’; I’m about to get the hell out of Vietnam.” The doctor had to wrestle W. M. off the plane. W. M. had an obstructed bowel and he was told his abdomen would have swelled and ruptured had he been on the plane when it pressurized. W. M. said, “The doctor got a medal for saving my life and I got stuck back in Vietnam for another six months.”

What kind of medical care did you receive? What did the medical personal do to help you recover? “What did they do? They told me to look to my left anytime I felt like complaining, because the way they set up those wards, the guy to your left was in worse shape than you were.” W. M., who is not a wordy man, has resorted to an even more clipped tone of speech during this part of the interview. These events are obviously painful to recall and discuss. There were only two positive incidents he recalls about the medical care he received while in the Da Nang Army hospital. The first regarded a doctor who worked nights, Lieutenant Paulson. W. M. recalls how Paulson, a small woman with a really big mouth, would ridicule him every night for not doing his daily three pull-ups on the pull-up bar above his bed. “So every night I argued right back and ended up doing eight or nine pull-ups to show her she was wrong. Took me a couple of weeks before I figured out what that sneaky doc was getting me to do.” The second incident regarded the prosthetic leg the Army issued W. M. “That was the best leg I ever got. It wasn’t too heavy and it supported my weight more down the center of my body and not off to the side like the legs the VA (Veteran’s Administration) gave me.”

W. M.’s rehabilitation in the Army was random and unorganized to the point of being negligent. During group therapy sessions, the amputees usually talked about sports while the session facilitator read magazines. Depression was never discussed, nor was there discussion on other relevant problems such as phantom limb pain. He was given virtually no training regarding adapting to life in the non-disabled civilian world. W. M. said, “They were always telling us things like we can’t expect too much, life will be different. Like we hadn’t already figured that out?” W. M. suspected the ambivalent attitude of his Army health care personnel was due to a lack of understanding of how to care for amputees and because they did not want the amputees to get their hopes up about having any kind of normal life. The official judgment about W. M.’s physical condition appeared on his retirement papers on November 14th, 1968, the day he was supposed to be discharged from the Army. The papers stated that W. M. was “unemployable.” Though it has been over 40 years, simply recalling that single word causes W. M.’s expression to tense with anger. “What’d they think? That my life was over? I wasn’t even 30.”

According to Christiansen (1999), identity is shaped by the individual and by the individual’s relationship with the society at large through a series of refinements or “social negotiations” (p. 549). W. M. did not accept the identity the Army tried to give him regarding the limits of his physical abilities, nor did he accept the Army’s insulting attempt to discharge him at a 50% disability rating. “I know that if they were trying to get me to swallow a 50% rating, they were pulling that stunt with all the amputees. I told them I wasn’t signing anything until I was guaranteed 100%.” W. M. got what he wanted the next day.

W. M.’s retirement rating not only meant a steady income each month for the rest of his life; it also meant full medical benefits. Between 1967 and 1990, W. M. was issued four prosthetic legs. When asked how often W. M. has used VA medical services through the years, he stated he uses them only as a last resort. W. M. offered two reasons for his choice of local, civilian medical care over free VA medical care. First, the VA physicians he has encountered through the years have not been very helpful. A specific example was W. M.’s multiple requests to his physicians at the VA to modify the prosthetic legs they were issuing him to more closely resemble the original Army prosthetic leg he was issued. The VA legs were over thirty pounds and cumbersome to the point that the benefits to wearing the leg were almost outweighed (literally) by the physical difficulties of wearing them. The VA legs also placed too much weight on the narrow neck of his prosthetic hip ball joint, which is where every VA leg broke. A possible reason for the “lack of helpfulness” tendency among W. M.’s VA physicians is that W. M.’s type of amputation is relatively rare. According to Smith (2005):

Rehabilitation and prosthetic considerations for hip- and pelvic-level amputations are very complex...the goals of recovery are not always as straightforward as they can be for lower-level amputations (para. 26)...[t]here’s increased worry and stress as these surgeries start encroaching on that personal area involved in central body functions and gender identity. (para. 4)

The second reason W. M. offered for not seeking out VA medical services was that the VA facilities were too far away for convenience. He has preferred seeking his own medical treatment closer to home, even if that means using doctors who are even less educated on the complex dynamics of his physical condition than VA physicians.

An Able-minded Man

Several common themes occurred throughout the interview. The first theme was W. M.'s intolerance of being bored. This intolerance ties in neatly with the second theme, W. M.'s habit of doing, which was fostered at an early age by his family. W. M.'s family also fostered other fundamental personal characteristics that have been the foundation of W. M.'s actions for nearly all of his seventy years: resilience of character, competence, compassion, dedication to duty, and empathy. W. M.'s personal traits, coupled with a devastating physical impairment in the prime of his life, have fused together to form a person who has been strongly devoted to community for over four decades.

To discuss all of W. M.'s accomplishments with regards to community would require a completely separate paper to document them with the justice they deserve. These accomplishments began almost immediately after W. M. returned to his hometown after his discharge from the Army. W. M. became a Big Brother; he coached little league baseball and arranged many camping and canoeing trips for his various teams in northern Michigan, which is how he discovered his current hometown of Glennie. Since coming to Glennie, W. M. has established three organizations devoted to general sports activities for children over the years, including the Our Kids Foundation, a charitable organization devoted to funding the academic and athletic pursuits of the children of Curtis Township. He has managed the weekly bingo games for the seniors for the past two decades. He has held every variety of elected position there is to hold in the township. Essentially, W. M. has infused himself into every aspect of the community in such a positive way that he is literally the first person everyone in the community seeks for advice on any topic from uncovering old tombstones at the cemeteries in Curtis Township to mowing the grass for the Fourth of July fireworks. How did W. M.'s identity become so closely tied with his home community?

Social Constructionism

According to social constructionism theory, an individual's identity and his/her social context cannot be separated. Identity is the multi-faceted pieces of self that occur through social interactions (Christiansen, 1999). W. M.'s social interactions involve doing, one of the moral precepts he gained as a child. Despite facing overwhelming obstacles, W. M. created a purpose for his life that has sought a particular meaning. According to Wilcock (2003), the need to do, or pursue occupation, is a built-in physiologic mechanism that enables people to get the necessary elements they need for health and well-being. W. M. freely admits that being "involved," which is how he terms his community interactions, has kept him from focusing on his own physical impairment throughout the years and is a coping mechanism for the frequent debilitating pain he experiences.

However, W. M.'s commitment to community is not simply the result of trying to avoid boredom or focus his attention away from his physical discomfort. Complex factors must be involved to create someone with as strong a prosocial drive as W. M. possesses. Several studies in developmental psychology during the past two decades have focused on the causes of prosocial tendencies in humans (Caspi, Harrington, Milne, Arnell, Theodore, & Moffitt, 2003; Eisenburg, Fabes, Guthrie, & Reiser, 2000). These studies have caused a shift of thought regarding the origins of prosocial behavior such as altruistic reciprocity. Modern models now focus on the interaction of a human's biological-based needs and his/her sociological experiences. Children who are raised with positive emotionality tend to have increased empathy and display increased prosocial behavior, such as altruistic reciprocity (Penner, Dovidio, Piliavin, & Schroeder, 2005); additionally, there is mounting evidence that "the propensity to develop a norm of reciprocity is basic to human nature" (Hinde, 2002, p. 94).

Conclusion

The purpose of this paper was to explore two elementary human characteristics, the need for self-interest and the inclination to work cooperatively, through the lived rehabilitative experience of a disabled Vietnam veteran. The author began the interviews with the assumptions that W. M.'s boundless energy and remarkably altruistic tendencies within his community were the result of many positive experiences he had during his rehabilitation in the Army and his subsequent treatment within the VA medical system since his discharge. This assumption could not be further from the truth.

Though he has received sporadic medical care from the VA through the years, W. M. has primarily relied on his local family practitioner for all of his medical needs. W. M. has never been

prescribed medication for depression, nor has he sought any kind of therapy to manage the profound changes his injury brought to his life. In W. M.'s words, "Pills don't make your problems go away." When asked how his physical impairment has impacted his ability to get around the community (which has few accommodations for a person in a wheelchair), W. M. replied, "It didn't really bother me when I used crutches; I could go anywhere with them. But since my shoulders wore out ten or so years ago, I just take longer getting where I want to go. That's what gets frustrating sometimes with this chair, everything takes longer." Even while relating the most painful and traumatic events of his life, W. M. did not regard the medical treatment he received in the Army or from the VA in a negative manner, which is remarkable considering that both organizations failed to give W. M. the structured and comprehensive rehabilitative care he deserved. When asked to compare the care he received forty years ago to the care current soldiers are receiving, his expression became uncharacteristically wistful as he said, "Isn't it something, those legs the GI's get now? I could've kept playing baseball if I'd been able to get one of those."

Another remarkable aspect about W. M.'s lived experience has been his instinctive incorporation of meaningful occupation into every aspect of his life since his discharge in 1968. A core concept of the profession of occupational therapy has been the inclusion of purposeful occupation into an individual's life to enhance the meaning and purpose the individual experiences (Tickle & Yerxa, 1981; Zimmerer-Branum & Nelson, 1995). W. M. has been unerringly guided through his life by moral precepts that have given him the strength of character to navigate through murky and difficult issues that many able-bodied people shirk. By becoming involved in volunteer activities in his adopted hometown, W. M. has spent forty years "doing," and in the process he has become his own rehabilitation specialist by adapting his environment and daily routines to maintain the highest level of independence and function possible. Additionally, W. M. has acted, and continues to act, as a prosocial catalyst for creating a positive and inclusive community.

Post Script

British poet William Ernest Henley penned "Invictus," the poem at the beginning of this paper, in 1875. At the age of twenty-five, Henley's foot was amputated due to complications from childhood tuberculosis. Henley did not allow his physical impairment to keep him from achieving important goals, and his zest for life inspired his friend, author Robert Louis Stevenson, to create one of literature's best known characters, Long John Silver, a larger-than-life character who did not let his disability restrain or define his life (Poemhunter, 2010). Vietnam veteran W. M. has embodied the spirit of Henley's inspiring poem. His life choices have often meant refusing to accept the restraints placed on him by a society that has viewed his amputation only in terms of limitations. In doing so, W. M. has spent the past 40 years tenaciously living his life to its fullest capacity.

References

- Brunyate, R. (1957). Powerful levers in little common things. In R. Padilla (Ed.), *A professional legacy: The Eleanor Clarke Slagle lectures in occupational therapy, 1955-2004*, 2nd ed. (pp. 27-40). Bethesda, MD: The American Occupational Therapy Association, Inc.
- Caspi, A., Harrington, H., Milne, B., Arnell, J., Theodore, R., & Moffitt, T. (2003). Children's behavioral styles at age 3 are linked to their adult personality traits at age 26. *Journal of Personality*, 71(4), 495-514. Retrieved from <http://www.wiley.com/WileyCDA/>
- Christiansen, C. (1999). Defining lives: Occupation as identity: An essay on competence, coherence, and the creation of meaning. *The American Journal of Occupational Therapy*, 53(6), 547-558. Retrieved from <http://www.ajot.org>
- Darcia Narvaez, D. & Lapsley, D. (2009). Moral identity, moral functioning, and the development of moral character. In Bartels, D., Bauman, C., Skitka, L., & Medin, D. (Eds), *The Psychology of Learning and Motivation*, Vol. 50. (pp. 237-274). Burlington: Academic Press, 2009.
- Eisenburg, N., Fabes, R., Guthrie, I., & Reiser, M. (2000). Dispositional emotionality and regulation: Their role in predicting quality of social functioning. *Journal of Personality and Social Psychology*, 78(1), p. 136. Retrieved from <http://www.apa.org/pubs/journals/psp/index.aspx>
- Freie, J. (1998). *Counterfeit community: The exploitation of our longings for connectedness*. Lanhan, MD: Roman & Littlefield Publishers, Inc.
- Hinde, R. (2002). *Why good is good: The sources of morality*. New York, NY: Routledge.

- Henley, W. (1875). "Invictus." Retrieved from <http://www.poemhunter.com/poem/invictus>
- Penner, L., Dovidio, J., Piliavin, J., & Schroeder, D. (2005). Prosocial behavior: Multilevel perspectives. *Annual Review of Psychology, 56*, 365-392. Retrieved from <http://psych.annualreviews.org>
- Poemhunter. (2010). Retrieved from <http://www.poemhunter.com/william-ernest-henley/biography/>
- Smith, D. (2005). Higher challenges: The hip disarticulation and transpelvic amputations. *In Motion: A Publication of the Amputee Coalition of America, 15*(1). Retrieved from http://www.amputee-coalition.org/inmotion/jan_feb_05/higherchallenges.html#
- Stankov, L. & Lee, J. (2009). Dimensions of cultural differences: Pancultural, ETIC/EMIC, and ecological approaches. *Learning and Individual Differences, 19*, 339-354. Retrieved from http://www.elsevier.com/wps/find/homepage.cws_home
- Tickle, L., & Yerxa, E. (1981). Need satisfaction of older persons living in the community and in institutions, part 2.: Role of activity. *The American Journal of Occupational Therapy, 35*(10), 650-655. Retrieved from <http://www.ajot.org>
- Wilcock, A. (2003). Occupational science: The study of humans as occupational beings. In P. Kramer, J. Hinojosa, & C. Royeen (Eds.), *Perspectives in human occupation: Participation in life* (pp. 156-180). Philadelphia, PA: Lippincott Williams & Wilkins.
- Zimmerer-Branum, S., & Nelson, D. (1995). Occupationally embedded exercise versus rote exercise: A choice between occupational forms by elderly nursing home residents. *The American Journal of Occupational Therapy, 49*(5), 397-402. Retrieved from <http://www.ajot.org>