
Family Routines and Rituals: A Context for Occupational Therapy Interventions

Ruth Segal

PURPOSE. This paper explores the importance of family daily routines and rituals for the family's functioning and sense of identity.

METHODS. The findings of this paper are derived from an analysis of the morning routines of 40 families with children with disabilities in the United States and Canada. The participants lived in urban and rural areas. Forty of the 49 participants were mothers and the majority of the families were of European descent. Between one and four interviews were conducted with each participant. Topics included the family's story, daily routines, and particular occupations. Data on the morning routines of the families were analyzed for order and affective and symbolic meaning using a narrative approach.

FINDINGS. The findings are presented as narratives of morning activities in five families. These narratives are examples for rituals, routines, and the absence of a routine. Rituals are discussed in terms of their affective and symbolic qualities, routines are discussed in terms of the order they give to family life, whereas the lack of family routine is discussed in terms of lack of order in the family.

CONCLUSIONS. Family routines and rituals are organizational and meaning systems that may affect family's ability to adapt them.

Segal, R. (2004). Family routines and rituals: A context for occupational therapy interventions. *American Journal of Occupational Therapy, 58*, 499–508.

Ruth Segal, PhD, OTR, is Assistant Professor, Department of Occupational Therapy, The Steinhardt School of Education, New York University, 35 West 4th Street, 11th Floor, New York, New York 10012-1172; rs108@nyu.edu

Occupational therapists use various interventions that enable individuals to engage in occupations and participate in daily life. The interventions that occupational therapists offer may require that individuals and perhaps their entire families change their daily routines. Such requests may be in the form of adding some special occupation or activities into the daily routine or altering the way established routines are performed. Many therapists know, however, that these changes are not easy to implement. In this paper, I present and discuss the concepts of family daily routines and rituals using qualitative data. The purpose of this discussion is to further our understanding of the importance of daily routines and rituals for families as meaning contexts for occupational therapy interventions.

When reading the literature on family routines and rituals, I discovered that the constructs of routines and rituals are defined differently by different researchers. In this review, I use the definition offered by Fiese et al. (2002) resulting from their review of the literature on family routines and rituals. They suggest that family rituals are a form of symbolic communication that conveys the family identity ("who we are"), imparts to the participating individuals a sense of belonging to the family, and provides continuity of meaning across generations. Routines, on the other hand, are patterned *behaviors* that have instrumental goals. Routines give life order whereas rituals give it meaning (Schuck & Bucy, 1997).

Family celebrations, family traditions, and patterned interactions are three kinds of family rituals (Wolin & Bennett, 1984). Family celebrations are rituals that are symbolic of the family's belonging to a specific culture. For example, celebrating Independence Day on July 4 symbolizes the American aspect of a family's

identity, and celebrating Passover reflects the family's religious identity. On the other hand, family traditions and patterned interactions are unique to individual families. Family traditions refer to occasions such as reunions, vacations, or birthdays. These traditions are constructed by families themselves, commonly continuing or building upon the family traditions of the parents' families of origin. Lastly, patterned interactions occur daily and consist of events such as dinnertime, children's bedtime rituals, or the manner of greeting each other when coming home (Stienglass, Bennett, Wolin, & Reiss, 1987; Wolin & Bennett, 1984). Patterned interactions are daily rituals.

Family identity is defined as the family's subjective sense of its own continuity over time, its present situation, and its character (Gillis, 1996). Family identity evolves over time while maintaining its coherence when new occupations are added and old ones discontinued. A family's identity is represented in the stories family members relate about past family experiences and their dreams of the future. Gillis suggests that family identity is embedded in the stories families tell about themselves, and Schuck and Bucy (1997) add that these stories tend to describe the rituals that families maintain. Thus, family rituals reflect aspects of the family's identity.

The idiosyncratic combinations of rituals that families maintain reflect meaning-making activities that construct their unique identity or character. One aspect of this identity is the marking of the family boundaries or "who is part of us" and who is not. For example, Oswald (2002) found that among persons who are gay and lesbian, there was a positive association between a feeling of belonging and invitations to participate in traditional family rituals such as weddings. Richlin-Klonsky and Bengtson (1996) found that an invitation to a family's traditional ritual was a way to signify inclusion among members of a four-generation family.

Family patterned interactions, or daily rituals, are important for the socialization of children. In the literature, dinnertime rituals are described as time for constructing the family (DeVault, 1991). Ochs, Taylor, Rudolph, and Smith (1992) studied the communications and interactions between family members during mealtime. They found that the dinner hour is when children are socialized according to the family's values regarding gender roles, conflict resolution, and turn-taking. Such rituals reflect the family's internal power relationships, preconceived ideas of gender roles, and expectations of individuals (Grieshaber, 1997) or dysfunctional interactions (Vuchinich, 1987).

Fiese, Hooker, Kotary, and Schwagler (1993) suggest that family traditions and daily rituals are family rituals that need to change over time to maintain and affirm the family identity when children mature and the family changes.

Couples with infant children tend to have very different couple-centered rituals than families with preschool children, where the emphasis is more on the family and revolve around settings such as mealtime and annual celebrations (Fiese et al., 1993).

Family rituals have been studied in relation to the well-being of the family unit and its members. For example, Markson and Fiese (2000) found that family rituals are a protective factor against anxiety in children with asthma. On the negative side, it was found that when parents are alcoholics, there are more disruptions to family rituals. In turn, the more disruptions there are, the more likely it is that the children will become alcoholics as well (Wolin, Bennett, & Noonan, 1979; Wolin, Bennett, Noonan, & Teitelbaum, 1980).

Sometimes there are discrepancies between the actual experiences during family rituals and the stories that family members tell about them (Daly, 1996; Gillis, 1996). In his book about families and time, Daly (1996) observes that families participate in rituals such as Christmas dinner year after year even when their actual experiences during the event are negative (fights, arguments, and so on). Gillis (1996) suggests that when we tell stories about our more distant past experiences, we tend to idealize these experiences. In his words, in these stories "mother becomes Mother and children are Children" regardless of their actual age. Individuals tend to act out assigned roles when they are in the presence of their family. In rituals, the enactments of these roles are dramatized and may become symbols that pass meaning from one generation to another (Myerhoff, 1984). Gillis (1996) suggests that these idealized versions of the past reflect the family's connection with its past and aspiration for the future rather than its reality. In other words, these idealized descriptions of rituals reflect the family's identity (Schuck & Bucy, 1997).

In summary, family rituals are the mechanism for construction and affirmation of family identity because of their symbolic and affective components. This identity is constructed by the family's participation in and performance of rituals, by the inclusion and exclusion of family members in the rituals, and by the socialization of children.

Alternatively, routines are patterned *behaviors* that have instrumental goals. Routines give life order whereas rituals give it meaning (Schuck & Bucy, 1997). Family routines are mechanisms for the organization and coordination of activities toward the achievement of the instrumental goals in a timely manner. They are observable behaviors that repeat in predictable intervals. For example, these include setting the table before meals or brushing the teeth twice a day. The goals of routines are to complete a task, an activity, or a series of activities. According to Fiese et al. (2002),

when routines are completed, they do not leave emotional or intellectual feelings and thoughts; routines leave no lasting impression.

Routines, unlike rituals, have not been studied and discussed often in the literature. It seems, however, that routines are considered by some authors as a precondition for rituals. In other words, routines must be established before rituals can occur. For example, the routine of making dinner needs to occur in regular intervals where a meal is prepared, the table set, and the family gathers together. This routine is necessary before any rituals associated with that time period can be created. Fiese et al. (1993), for example, suggest that family rituals with a focus on the family unit begin only when the children are at preschool age when the children's lives follow a routine. This, in turn, facilitates their inclusion in their families' routines, thus establishing the necessary conditions for the construction of family rituals. Schuck and Bucy (1997) suggest that when routines evolve to include symbolic and meaningful interactions, they become rituals. When rituals lose their symbolic and meaningful interaction they, in turn, become routines.

The purpose of this paper is to demonstrate and discuss the concepts of family routines, rituals and identity, and their relationships as a context for occupational therapy interventions at home.

Methods

The data for this paper were drawn from a larger body of research with families of children with various disabilities whose primary research question related to the nature of the relationships among daily experiences and the construction and adaptation of daily schedules, routines, and occupations in families with children with special needs (Segal, 1998, 1999, 2000; Segal & Frank, 1998; and two studies in progress). Data about the morning routines from interviews with 40 families were analyzed for this paper. A noted variety in the reported constructions of the morning routines among families was the impetus this analysis.

Participants

The socioeconomic statuses of the 40 participating families reflected a range from families living on social welfare benefits to families who were very affluent. However, the majority of the families were from the middle to upper middle class. The education level ranged from high school diploma to graduate training (e.g., MBA, nursing, engineering, occupational therapy), with the majority of the participants holding college degrees. The vocations also ranged from stay-at-home mothers and a father, to assembly line worker, private health care practitioner, and CEO

of a company. Most persons with professional degrees were employed in their profession. Most of the families owned their homes and were of European ancestry.

Ten of the 40 families were single-parent families consisting of mothers and children. The number of children in the families ranged from one to five children with an average of 2.2 children per family. Nineteen of the families had children with ADHD and four of them had two children with ADHD. Nine families had children with physical disabilities, and six families had children with sensory disorders. Six families had typically developing children who did not need or receive any interventions. The breakdown of children's disabilities by families and studies appear in table 1.

Data Collection

All the studies were approved by university institutional review boards for ethical treatment of human subjects. The participants were recruited from support groups, clinics, and the utilization of snowballing techniques. Thirty participants were interviewed by the author and the rest were interviewed by postprofessional- and professional-level students working on sections of the author's research projects. The author trained the students in interviewing skills and analysis.

The interviews ranged from 45 to 90 minutes each. Some of the families preferred to be interviewed only once, and there were occasions in which the interviewer felt the interviewee was not a good informant. A good informant is a person who is well-embedded in the phenomenon studied and is able to relate his or her knowledge verbally to the researcher (Spradley, 1979). In some cases, both the researcher and the parents agreed that additional interviews were needed to discuss some issues worthy of further exploration. Eight families were interviewed once, 25 families were interviewed twice, one family was interviewed three times, and four families were interviewed four times. All the interviews were audiotaped and transcribed verbatim.

Table 1. Participating Families

Source of Data	Number of Families	Children's Special Needs (age range 5-12)	Number of Children in Families
Segal (1998, 2000)			
Segal & Frank (1998)	17	ADHD	1-4
Segal (1999)*	4	Duchenne's muscular dystrophy	2-5
	2	Myotonic muscular dystrophy	
	2	Spina bifida	
	1	Congenital amputation below elbow of left arm	
Segal (study in progress)	6	Sensory disorders	1-2
Segal & Hinojosa (study in progress)	2	ADHD	3
	6	Typically developing	1-2
Summary	40		1-5

*The data for this paper included the data used in Segal (1998, 2000) and in Segal & Frank (1998). This data is not reflected in this row.

Data Analysis

The data used for this paper were not collected for the purpose of analyzing the descriptions of morning routines and rituals. The planned approach to the data analysis was grounded theory (Strauss & Corbin, 1998). For the purpose of this paper, I wanted to analyze each morning as a separate case looking at meaning and order (i.e., rituals and routines). I thought that using narrative analysis would suit my purpose better than grounded theory.

According to Kvale (1994), the planning of the interview questions is the first stage of analysis. The content and format of the questions is the first step in shaping the data. The first dilemma in the present analysis was, therefore, to examine the legitimacy of using different approaches to analyzing the data collected with grounded theory in mind. Coffey and Atkinson (1996) suggest that applying different approaches to an analysis of the same data set leads to a better understanding of the phenomenon studied. In their book, they review different approaches to analysis and demonstrate how each analysis gives insight to a different aspect of the data. A similar notion has been described by Bailey and Jackson (2003), who demonstrated the simultaneous use of different approaches to the analysis of the same data set. The last issue to be resolved before the data analysis began was the issue of analyzing content-based segments (morning routines) rather than the whole data set. In his review of various approaches to narrative analysis, Cortazzi (1993) suggests the use of segments as a way of understanding smaller phenomena.

I chose to use literary approaches to the narrative analysis as suggested by Rimmon-Kenan (1983) and Toolan (2001) in order to best identify and distinguish between routines and rituals. Both of them suggest three phases or levels for the analysis of the narratives: the structure (the succession of events and the roles of the participants), the presentation of the narrative (e.g., whose point of view is taken, how the events were actually presented, the personalities and characteristics of the participants), and the interpretation (the location of the narrative in a larger context). Therefore, the first phase of the analysis concerned identifying the succession of events and the roles of the participants in the mornings, paying particular attention to complications and their resolutions. Complications may be resolved in different ways and influence the succession of events (Bremond, 1970). For example, children's refusal to brush their hair may be resolved by allowing them to go to school with unkempt hair or by the parent brushing the hair for them. This focus on structure was rather straightforward because of the limited number of activities that actually occur in this part of the day. The outcome of this

analysis was the order of occupations and activities or the routine.

The second phase of the analysis focused on the presentation of morning descriptions. Events are described from a certain point of view, a certain way of seeing things (Bal, 1997, p. 142). That is, even though all the narrators (participants) were parents, they may represent events from different point of views such as their own, their spouse's, or their children's (Rimmon-Kenan, 1983; Toolan, 2001). In order to interpret correctly phrases such as "it is difficult for her to do that," we need to know from whose perspective "it is difficult." Is the child thinking that about herself or is it the parents who think that about their child? In each case the consequences and implications may be different.

A second aspect of the presentation that I looked for was use of language that indicate whether a description represented a pattern. Descriptions that begin with words such as "usually" may indicate a pattern whereas those that begin with "today" may indicate that the description that follows is not a pattern. And lastly, I looked at descriptions of the characteristics of the persons mentioned in the descriptions. Since the segments used for this paper were rather short, the descriptions of the participants were segmented as well. That is, there were no descriptions of each child but adjectives and adverbs attached to their names and actions (e.g., Ashley is just zoom or he will play around). The outcome of this phase of the analysis pertained to the affective and symbolic aspects in the morning descriptions and, therefore, related to the ritualistic aspects of the mornings. When this narrative phase was completed, the insights gained from the first two phases were interpreted using the literature on family routines and rituals.

The strengths of this study come from two main sources: variation in the participants and methodological procedures. The body of research from which the data for this study was drawn consists of interviews with parents from different countries and urban and rural areas. Additionally, most of these parents had children with different disabilities that may be reflected in different challenges to the construction of daily routines as well as parents who had typically developing children.

The methodological procedures used to enhance trustworthiness included reflective journal, negative case analyses (Bogdan & Biklen, 1998), and a detailed description of the interpretation processes (Riessman, 1993).

Family Morning Routines and Rituals: The Construction of Order and Meaning

Morning routines and rituals are presented and discussed using five examples. In the section on morning rituals, I

emphasize the affective and symbolic aspects of the mornings that parents described. In the section on morning routines, I discuss the order and smooth performance of activities and occupations that are embedded in routines. Finally, I give an example in which a morning routine could not be established and I highlight the importance of order.

Morning Rituals

Rituals are forms of symbolic communication that convey family identity, impart a sense of belonging to the family, and provide continuity of meaning across generations (Fiese et al., 2002). Morning rituals are daily rituals (also called patterned interaction in the family literature) and like other rituals, they are imbued with affective and symbolic meanings that are explored and discussed in the examples below.

The first example of a morning ritual is from the household of Anne and John¹. They live on a farm. John is a farmer and Anne is a stay-at-home mother whose hobby is doll-making. She is a trained nurse. Their five children live with them. Twenty-three-year-old Robert and 21-year-old Heather are graduate and undergraduate students, respectively, at a nearby university. Robert works as a research assistant. Fourteen-year-old Ashley and 11-year-old Neil go the high school and junior high school, respectively. Seven-year-old Kaily is an adopted child. Anne explained that they wanted another child but because she was unable to, they decided to adopt a child. In addition, because they already had their own children, Anne and John knew that they would not be able to legally find a healthy child to adopt. However, they decided that considering Anne's nursing background, they could care for a child with disabilities. Kaily has myotonic muscular dystrophy (Steinert's disease).² She has developmental delays, impaired vision, and severe swallowing difficulties that lead to frequent vomiting and life-threatening choking episodes.

The following quote is Anne's description of the family's morning activities:

Ashley's alarm goes off about 6:05 and she usually has it go off every 10 minutes until 6:30 and then she is finally awake enough to roll out of bed . . . and then our alarm goes off and John and I usually just, you know, listen to the weather and then we will get up and usually his feet are on the floor first. . . . And he [John, the husband] gets dressed and you know, uses the bathroom and comes down here. He throws a tablecloth on the table and puts out some

¹All names are pseudonyms.

²Myotonic muscular dystrophy is characterized by abnormally slow relaxation after voluntary muscle contractions. It is an autosomal dominant disorder. The symptoms may occur at any age and the range of severity is broad. Although ptosis and myotonia of the hands are the most common symptoms, the muscles that are affected vary. Mental retardation is common as well (Beers & Berkow, 1999).

plates and bowls. . . . I'll put on some water to boil and throw in some oatmeal and then I will go upstairs to the bathroom and get dressed. Then I will come down and the oatmeal is cooked and John will have his cereal and toast. . . . So we get lunches ready. . . . So John will take the kids to the bus stop and by that time Robert is up here having his shower and he is eating breakfast and making his lunch, and then Neil showers right after Robert and then he comes up here and has his breakfast. We usually talk and chat and, you know, whatever is going on for the day. Robert and Neil are usually a little more leisurely than Ashley. Ashley is just zoom, but I can't see her getting up any earlier.

Usually around 7 o'clock Kaily wakes up and she is just our little sunshine. She's "Hi Mommy, I love you Mommy, I awake Mommy, I have a good sleep Mommy." And she will stay in her room for a little while, read books and then she wants songs on, so I put some kids' songs on the stereo. She listens to songs and looks at books and, you know, you don't even know she is here. Robert and Neil leave at 8:00 and usually at quarter to 8 she comes and she'll want breakfast. I give her her cereal and her egg and her toast and that leaves me and her now. Sometimes I'll sit down with her unless we are running a little late. . . . Then I'll dress Kaily.

Somewhere in there, depending on what morning it is, Heather will come sailing through. . . . Then I am usually spending the rest of the morning running around and doing housework and that. It sounds like I don't do much, but . . . [laugh].

Anne describes an elaborate, smoothly running morning routine in which each family member has an individual routine. The instrumental goals of these routines are to get up on time so that each person has time to eat breakfast and be at school and work on time. Anne's description of the morning routines imparts symbolic and affective meanings. The routines match each person's personality (zooming, sailing through), developmental stage and life occupations (the amount of help given). John and Anne as the parents are the enablers for their children's routines. John sets the table, Anne prepares and packs lunches and is ready to pitch in as needed to help her typically developing older children (e.g., if Ashley is late, Anne will make her breakfast for her). The direct care that Kaily needs for feeding and dressing is given by Anne in a way that does not interfere with her ability to pitch in for her other children. The manner in which John and Anne fill their respectful parenting roles can be described as traditional in the sense that most of the direct caring activities are performed by Anne.

John and Anne are described above in their parenting roles until Robert, one of the adult children, comes for breakfast. At that point, the three adults sit down together and have a conversation. Sitting together and engaging in a conversation signifies Robert's status as an adult because his

parents can abandon their direct caregiving and supervising activities: Robert can manage his time, activities, and occupations. Heather's status as an adult is represented in that her daily routines are independent from the family's.

What makes this routine into a ritual is the way in which it is described. In Anne's description, every person performs his or her role smoothly: Mother, father, adults have conversations (with Robert), university students have variable schedules (Heather), adolescent and preadolescent children (Ashley and Neil, respectively) do not communicate in the mornings, and Kaily is the "little sunshine" who waits for her mother to be available for her. Additionally, the routine is performed smoothly with no need for any arguments and prodding: No one needs to be rushed and adolescents are dressed and groomed appropriately, and no one demands attention when it is not his or her allotted time. This description the morning ritual is an idealized version of this ritual. Both Daly (1996) and Gillis (1996) suggest that the *descriptions* of rituals tend to be idealized in terms of their affective and symbolic aspects. Further, they add that these descriptions function as guidelines for the repeated performance of the rituals. That is, Anne does not describe a morning ritual that occurred in any particular morning. She presented the guidelines that she and her family follow when performing their morning rituals.

Jenny is a married stay-at-home mother of a 7-year-old daughter with attention deficit disorder (ADD) and a 5-year-old son. They live in a large urban area. She is a special education teacher who stopped working when her son was born. She sets a kitchen timer for 10 minutes for every activity that the children need to complete as part of their morning routine and if the children complete these activities on time, they earn points. She described their morning as follows:

I'm just putting her in the front bathroom and I close the door [to minimize distractions] and I say "You cannot come out until you are dressed." And I do that with her brother too, because he will play around. . . . But after she's done that—in between all this I'm trying to get dressed. . . . If she gets everything done then she earns points. . . . Then I put it [the timer] on for another 10 minutes and in that time she's got to make her bed, brush her teeth, and do her hair. Ideally, if they got all this done then they'd have some play time. . . . They are usually dragging their feet and then I end up by having to yell.

Jenny describes a morning routine that is rich in interactions and affective components that make it into a ritual. As she mentioned later in the interview, they always make it on time for school: Their instrumental goals are achieved. They achieve them because Jenny built into the routine extra time (play time in the morning) that can be used for completing the required activities instead. The affective components in this description are different from those in Anne's

description: Here they consist of children who are dragging their feet and a mother who is yelling. This description of yelling and frustration in dealing with the children repeated itself several times in the interviews with Jenny and her husband suggesting that this is a pattern of interactions.

Grieshaber (1997) suggests that mealtime rituals are the result of a parent-child discourse in which children resist or challenge parentally imposed rules. In this excerpt, Jenny uses a behavioral approach to encourage her children to complete their routines in a timely manner: she broke up the routine into manageable activities, she uses a timer to punctuate the time to move on, she isolates her children from distractions, and she gives rewards for compliance. The children's behavior of "dragging feet," according to Grieshaber, can be interpreted as their resistance to these rules. Jenny's insistence on continuing with these rules and the children's resistance constructs a morning ritual, a patterned interaction, whose affective aspect is that of frustration. During the interviews, Jenny talked about her goal for helping her daughter overcome the symptoms of ADD. The symbolic goal of the morning routine, therefore, can be interpreted as Jenny's attempt at helping her daughter.

On the other hand, if one believes that ADD is a disorder, then the daughter's behavior should be interpreted as her inability to follow this routine rather than her attempts to shape the rules. Although both Jenny and her husband concurred that their daughter has the symptoms of ADD, they did not believe that these symptoms are the result of a medical disorder. Therefore, Jenny's goal for her daughter and behavior during the morning ritual were congruent.

Morning Routines. Routines are patterned *behaviors* that have instrumental rather than symbolic and affective functions. Routines function to organize and coordinate the behaviors and actions of individuals and to bring about order in the family unit (Fiese et al., 2002; Schuck & Bucy, 1997). When performing the morning routines, the goals are to get everybody fed, dressed, and groomed in time to get to work and school. Although morning routines may have symbolic and affective aspects, these aspects are secondary in their importance to achieving the instrumental goals. Similarly, morning rituals depend on the smooth performance of the routine, which allows for focusing on the symbolic and affective aspects of interactions.

Catherine is a stay-at-home married mother of 7-year-old Katie and 3-year-old David; they live in a small city in a large rural area. Katie has spina bifida. She uses braces indoors and a wheelchair outdoors and she has developmental delays. Catherine worked as a nurse until Katie was born and needed her full-time care. Henry, the father, works for the local government. Catherine described the morning routine at her household as follows:

The first thing is I do is her catheter . . . they usually will be watching Sesame Street so that makes it nice and easy. . . . And then we usually come downstairs and have breakfast. Then do medication . . . when they finished breakfast, back upstairs, get dressed and we have, we have our routine set to Sesame Street and Barney. When Barney is done, we have to be dressed and ready to go. So if they change the schedule, I am all messed up. Usually I get them ready first and then I get dressed, get washed and dressed. . . . After everybody is ready, we brush our teeth and if I have time, I go and I make all the beds. . . . Then we come downstairs and get shoes on. It depends, in winter time, we have to get their coats and snow pants or whatever on. . . . Then David goes in the van first, because if I don't put him in first, he is gone [laughs]. And then I come back and I get Katie.

Catherine's description is very matter-of-fact about what she does and how. Because of her children's ages and levels of independence, she needs to do most things for them in terms of self-care. The personalities of her children do not come forth in this routine as it did, for example, when she talked about their afternoons. Later in the interview, as is in this quote, she explained that she is using the shows on the television to distract the children so that she can do what needs to be done. The shows also provide a marker for her for the passing time and the need to move on.

Catherine has developed a routine that works—everything that needs to get done is done on time. The routine is about completing the activities and occupations in a timely manner. There are no affective or symbolic aspects that I could identify in this description. Similar to the description that Anne gave, there is no mention of arguments or disagreements in this short narrative. This could be attributed to the use of the television to distract the children. This strategy, in fact, minimizes interactions of any sort.

Eileen is a married mother of 14-year-old Jane and 9-year-old Joe who are typically developing children. They live in a large urban area. Eileen is a nurse who works nights in a near by hospital. She has little to say about the morning routine:

The first person up is [my husband]. He usually gets up around 5:00–5:30 a.m. and is gone very shortly after that. Then I am the next person up. I am up around 7:00 a.m. and I get the kids up and have them start getting ready for school. We have two dogs, so I let the dogs out and feed them and make breakfast and lunch. And then I bring the kids to school because it's too far to walk, it's about a mile.

In this case, the children are older than Catherine's children and do not have special needs. The only things that Eileen needs to do, in the narrative provided to the researcher, is wake the children and take them school: They perform their activities and occupations independently.

In both narratives, the performances are age and developmentally appropriate and in both narratives the children's personalities or attitudes do not come through. The mothers talked about their children's personalities and characters but not in the context of the morning routine—highlighting the instrumental nature of the routines.

When Routines Cannot Be Established. The last type of morning situation is when a morning routine cannot be established, that is, when there is no predicted way of starting and finishing the activities and occupations that need to be completed before it is time to leave home for school. The following example is the story of Margaret, the married mother of three children: 16-year-old Karen, 14-year-old Rachel, and 11-year-old Sam. Both Rachel and Sam have been diagnosed with ADHD and both are taking medications to control the symptoms. Her spouse, Eric, is an engineer who begins work early in the morning and gets home in the late afternoon. Margaret is a nurse who works evening shifts in the emergency room of a local hospital: She leaves home around 4:00 p.m. and comes back around midnight.

The morning routine in Margaret's household begins with Eric, her husband. He gets up, makes sure the two girls are up, and leaves for work. The girls finish their morning routines and leave for school before Margaret and Sam get up. Karen, the older girl, prompts Rachel in the morning as needed but according to Margaret, Rachel was never a challenge in the morning. Sam, on the hand, is different. The following is an excerpt from the interview with Margaret:

Margaret: He's [Sam] hard to get up. . . . [Sometimes] if you mention, "I'll make you chocolate," [or] "I'll make you tea and milk if you get up in enough time," he'll jump out of bed. If it's something going on [from the day before] and [you say], "you can watch the tape that we taped last night . . . before you go," he'll jump out of bed. There are other mornings when you cannot pry him out of bed. Uh, he tries to play very dependent, you know, I guess, wanting to maintain that childish like "I can't get dressed, I can't do this."

Interviewer: So how do you deal with that in the morning?
Margaret: I help him. I don't help him. I help him. It just depends on the mood, how late he is, how he's reacting.

Interviewer: How was this morning for example?

Margaret: This morning he was hard getting up, but he wanted to be asked politely, and I said, "Ok, please get dressed," and then he did. It's, um, sometimes it works, sometimes it doesn't. It's, you know, I can't say there is a concrete tried and true [way].

Interviewer: So how do you find out what works?

Margaret: Very gingerly, you know, you sort of read some of the physical cues. If one thing doesn't work you try something else.

In this excerpt, Margaret's attempt to describe the morning routine is stalled around getting Sam out of bed and starting the activities of the morning so that he gets to the school bus. She describes the methods she used in the past, but as she says, there is no way to know ahead of time what will work with Sam each morning. It is as if Margaret cannot learn from past experience in any systematic way. Every morning she tries the approaches she used before and if none of them works, she tries to be creative and find something new. Sam does not always make it on time for his bus; it is not unusual for him to chase the bus and get on it at the next stop. If he misses the bus altogether, Margaret will take him to school. It cannot be said that he resists the rule of having to get up in the morning, because sometimes he does get up easily. He does not necessarily resist the manner in which his mother wakes him up, because she uses different methods and his responses to them are inconsistent. Sam's inconsistent responses to getting up and ready for the day mean that Margaret cannot establish a routine, an order, in the morning.

Discussion

Daily routines and rituals are aspects of family organization that are important for the achievement of instrumental goals and the construction of a sense of identity and belonging (Fiese et al., 2002; Schuck & Bucy, 1997). Descriptions of the morning in five households have been presented and discussed in terms of daily routines and daily rituals. The examples I selected represent what seemed to me as morning rituals, morning routines, and a family in which a morning routine could not be established.

The first four examples of morning routines and rituals are similar because the instrumental goals of dressing, eating, hygiene and grooming, and getting to school and work on time are achieved on a regular basis. That is, the morning routines that these families established enable them to achieve their goals. Additionally, the order of activities and occupations is fairly similar: The main hygiene and grooming activities occur before breakfast, teeth are brushed just before leaving for school.

The literature on family rituals focuses on verbal interactions, based on anthropological studies of rituals; I suggest that the enactment of roles conveys meaning as much as the verbal interactions among family members. In the first example of the morning ritual in Anne and John's home, Anne describes very little verbal interaction. However, she describes the roles that each individual enacts in the morning in a way that relates affective and symbolic meanings. She describes herself as enacting the role of mother differently for each child based on his or her per-

sonality and developmental stage; she adds descriptors such as sailing and zoom when talking about her children and to their manner of performing occupations while she describes if and how she helps them with their morning routines. This description seems to reveal a caring and attentive woman who enjoys her role as a mother. This presentation of herself is consistent with her wish to adopt a child after having four children of her own and her description of caring for Kaily in general, including the family's struggle with the medical and educational systems in their desire to give Kaily the best care and education. In other words, the symbolic and affective meanings in this description are that of a person who strives to be the ideal affectionate mother to every member of the family.

In the second description of a morning ritual in Jenny's household, the symbolic and affective meanings are quite different. In Jenny's description, there are more details of the interactions between her and her children in terms of behaviors or the enactments of their roles as mother and children. Jenny depicts herself as the organizer, supervisor, and disciplinarian of her children rather than as enabler who helps as needed. Jenny imposes strict rules of what needs to be done, where, and for how long (i.e., a morning routine). Her approach reflects her belief that her daughter with ADD can "beat this thing" by getting feedback and direction on how to do tasks and activities, on how to behave, and what to do in order to beat her ADD. Her children, however, do not or cannot follow this routine leading to a pattern of interaction (i.e., a morning ritual) that includes yelling and frustration. Jenny's perseverance with the morning routine (i.e., maintaining the order of occupations and the ways the ought be performed) suggests that she still hopes her daughter can overcome her ADD with the appropriate structure.

Regardless of the interpretation of the reasons for these behaviors, they have evolved into a pattern of interaction or a morning ritual. According to Bremond (1970), in every junction in a story, the characters can choose a course of action. Every decision influences the course of events and the outcome. If the only goal of the morning routine was to complete it on time (an instrumental goal), Jenny could have assisted her children to dress, brush hair and teeth, and do their beds. However, Jenny chose a way that will foster in the children independence in performing and completing the morning activities in a timely manner. That is, for Jenny the issue of *how* these activities are performed is also a goal in the mornings. Independence and self-reliance in self-care activities is a goal that relates to values. Therefore, by choosing to use behavioral methods to foster independence in her children, Jenny has added a symbolic layer to the morning routine and thus constructed a morning ritual.

Jenny's perseverance with this approach can be explained as a symbol of the importance she places on independence and self-reliance, a cultural value (Bellah, Madsen, Sullivan, Swindle, & Tipton, 1985).

Such symbolic layers are not part of the morning descriptions that I use as examples of routines. Both are matter of fact descriptions of achieving the instrumental goals in which I could not identify additional symbolic layers in those descriptions. Eileen, the mother of two typically developing children, described a routine that does not have any complications or points in the story that could be resolved in several ways; she wakes up the children and they do what needs to be done and she takes them to school. In this case, goals of independence and self-reliance have already been achieved. If there were any patterned interactions or rituals that occurred in the process of teaching the children their self-care skills, they do not exist anymore. Additionally, any affective and symbolic aspects such as terms of endearments that still exist are not described. This omission may be interpreted to suggest that expressing these aspects of family life is not the family focus during the mornings. (Fiese et al., 1993; Schuck & Bucy, 1997).

Catherine's description is more elaborate because she needs to do more for the children and she needs to find a way to gain their cooperation. She has done that by turning on the television set so that the children are distracted—they do not pay attention to what she is doing to them. Catherine raised the issue of helping her 7-year-old daughter with spina bifida learn to catheterize herself, but has decided that she is not ready. Once Catherine decides that her daughter is ready to learn that task, the morning routine will have to be adapted so that the instrumental goal of self-care will be achieved, as well as the goal of independence and self-reliance. The addition of this goal to the routine may be an opportunity for the family to construct a morning ritual, because self-reliance in self-care may be perceived a value, not just an instrumental goal.

It is important to note that the concepts of family routines and rituals are analytic tools used to demonstrate and discuss different facets of families' daily life. Therefore, labeling a morning description as a morning routine meant that the focus of the description, as determined by the researcher during the analysis, was on the instrumental goals. None of the narrative sections in the data set that I categorized as morning routines was devoid of affective and symbolic aspects.

In the last example, it is clear that Margaret has not been able to establish a morning routine with her son. Her descriptions of the trial and error methods she uses to motivate Sam support this conclusion. In addition, Margaret

did not have a "story" to tell. A story in western culture consists of a beginning and middle and an end (e.g., Rimmon-Kennan, 1983; Toolan, 2001). The mornings with Sam do not have a beginning: Each morning has a different beginning that leads to a varied of a succession of events. There is little patterned behavior or morning routine. Therefore, Margaret did not have a story to tell about the mornings with Sam and the interviewer had to ask many probing questions to get more details. These questions did not elicit a story. This lack of routine or predictable order in the morning was typical in all the interactions of both parents with Sam. Margaret talked about the many methods and systems that they tried for the purpose of constructing some order in the household (e.g., contracts, tokens, rewards, consequences), and said that everything works for a while and then something new needs to be found. She talked about how stressful it is, and said "going to work is my relaxation."

Implications for Occupational Therapy

It is not uncommon for occupational therapists to suggest to persons with disabilities and their families that they alter the way they engage in their daily routines. Sometimes, we ask these persons and families to add and incorporate new and therapeutic activities into their daily routines. It is not uncommon to find that families may not follow the suggestions and recommendations of therapists when they are being asked to make alterations in their daily routines. Such experiences can be frustrating to therapists, especially when repeated explanations do not help.

The findings of this paper suggest that what may seem mundane such as morning routines may be a ritual rich with symbolic and affective meanings. That is, what may seem to be a routine, and way of achieving instrumental goals, may also be a ritual, a way of imparting a sense of identity, belonging, and continuity across generations. Therefore, adapting what may seem a simple routine may require families to shift and adapt elements of expressing and sharing their self identity. When this is the situation a change may be more difficult to implement.

The main limitations of this study are its focus on a small segment of daily life, its cross-sectional nature, and the use of data collected for different purpose. Further research looking into family routines and rituals in other segments of the day are needed in order to describe and interpret their nature and relationships. Longitudinal studies into the ways that routines and rituals evolve in families are needed in order to understand changes across time and develop effective interventions that require changes in daily life.▲

Acknowledgments

This paper is based on findings on studies supported by The American Occupational Therapy Foundation (AOTF) Center for Research on Adaptation and Occupation (1992–1995) at the Department of Occupational Science and Therapy, University of Southern California, Principal Investigator Professor Florence Clark; The University of Western Ontario Vice President for Research grant; and Steinhardt School of Education Challenge Grant at New York University.

I would like to acknowledge the participants who shared their lives with me. Finally, I am indebted to the lively discussion and support I received from the participants in the First Research Conference of the Society for the Study of Occupation: USA in Galveston, Texas.

References

- Bailey, D. M., & Jackson, J. M. (2003). Qualitative data analysis: Challenges and dilemmas related to theory and method. *American Journal of Occupational Therapy, 57*, 57–65.
- Bal, M. (1997). *Narratology: Introduction to the theory of narrative* (2nd ed.). Toronto, Ontario, Canada: University of Toronto Press.
- Beers, M. H., & Berkow, R. (1999). *The Merck manual of diagnosis and therapy* (17th ed.). Merck. Retrieved January 27, 2003, from <http://www.merck.com/pubs/manual/section14/chapter184/184c.htm>
- Bellah, R. M., Madsen, R., Sullivan, W., Swindle, A., & Tipton, S. (1985). *Habits of the heart: Individualism and commitment in American life*. Berkeley, CA: University of California Press.
- Bogdan, R. C., & Biklen, S. K. (1998). *Qualitative research for education: An introduction to theory and methods*. Boston: Allyn & Bacon.
- Bremond, C. (1970). Morphology of the French folktale. *Semiotica, 2*, 247–276.
- Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage.
- Cortazzi, M. (1993). *Narrative analysis*. Washington, DC: Palmer.
- Daly, K. (1996). *Families and time: Keeping pace in a hurried culture*. Newbury Park, CA: Sage.
- DeVault, M. J. (1991). *Feeding the family: The social organization of caring as gendered work*. Chicago: University of Chicago Press.
- Fiese, B. H., Hooker, K. A., Kotary, L., & Schwagler, J. (1993). Family rituals in the early stages of parenthood. *Journal of Marriage and the Family, 55*, 633–642.
- Fiese, B. H., Tomacho, T. J., Douglas, M., Josephs, K., Potrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology, 16*, 381–390.
- Gillis, J. (1996). Making time for family: The invention of family time(s) and the reinvention of family history. *Journal of Family History, 21*, 4–21.
- Grieshaber, S. (1997). Mealtime rituals: Power and resistance in the construction of mealtime rules. *British Journal of Sociology, 48*, 649–666.
- Kvale, S. (1994). *Interview*. Thousand Oaks, CA: Sage.
- Markson, S., & Fiese, B. H. (2000). Family rituals as a protective factor for children with asthma. *Journal of Pediatric Psychology, 25*, 471–479.
- Myerhoff, B. (1984). Rites and signs of ripening: The intertwining of ritual, time, and growing older. In D. I. Kertzer & J. Keith (Eds.), *Age and anthropological theory* (pp. 305–330). Ithaca, NY: Cornell University Press.
- Ochs, E., Taylor, C., Rudolph, D., & Smith, R. (1992). Storytelling as a theory-building activity. *Discourse Processes, 15*, 37–72.
- Oswald, R. F. (2002). Inclusion and belonging in the family rituals of gay and lesbian people. *Journal of Family Psychology, 16*, 428–436.
- Richlin-Klonsky, J., & Bengtson, V. L. (1996). Pulling together, drifting apart: A longitudinal case study of a four generation family. *Journal of Aging Studies, 10*, 255–279.
- Riessman, K. C. (1993). *Narrative analysis*. Newbury Park, CA: Sage.
- Rimmon-Kenan, S. (1983). *Narrative fiction: Contemporary poetics*. New York: Routledge.
- Schuck, L. A., & Bucy, J. E. (1997). Family rituals: Implications for early intervention. *Topics in Early Childhood Special Education, 17*, 477–493.
- Segal, R. (1998). The construction of family occupations: A study of families with children who have attention deficit/hyperactivity disorder. *Canadian Journal of Occupational Therapy, 65*, 286–292.
- Segal, R. (1999). Doing for others: Occupations within families with children with special needs. *Journal of Occupational Science, 6*, 53–60.
- Segal, R. (2000). Adaptive strategies of mothers with children with ADHD: Enfolding and unfolding occupations. *American Journal of Occupational Therapy, 54*, 300–306.
- Segal, R., & Frank, G. (1998). The extraordinary construction of ordinary experience: Scheduling daily life in families with children with attention deficit hyperactivity disorder. *Scandinavian Journal of Occupational Therapy, 5*, 141–147.
- Spradley, J. P. (1979). *The ethnographic interview*. Fort Worth, TX: Harcourt Brace Jovanovich.
- Stienglass, P., Bennett, L. A., Wolin, S. J., & Reiss, D. (1987). *The alcoholic family*. New York: Basic Books.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Toolan, M. J. (2001). *Narrative: A critical linguistic introduction* (2nd ed.). New York: Routledge.
- Vuchinich, S. (1987). Starting and stopping spontaneous family conflicts. *Journal of Marriage and the Family, 49*, 591–601.
- Wolin, S. J., & Bennett, L. A. (1984). Family rituals. *Family Process, 23*, 401–420.
- Wolin, S. J., Bennett, L. A., & Noonan, D. L. (1979). Family rituals and the recurrence of alcoholism over generations. *American Journal of Psychiatry, 136*, 589–593.
- Wolin, S. J., Bennett, L. A., Noonan, D. L., & Teitelbaum, M. A. (1980). Disrupted family rituals: A factor in generational transmission of alcoholism. *Journal of Studies on Alcohol, 41*, 199–214.