Adaptive Strategies of Mothers With Children With Attention Deficit Hyperactivity Disorder: Enfolding and Unfolding Occupations

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Key Words: adaptation, temporal

Objective. To describe adaptive strategies of time use among mothers with children with attention deficit hyperactivity disorder (ADHD) and, in particular, the adaptive strategies of unfolding occupations that were commonly used by these mothers.

Method. In-depth interviews were conducted with 17 families with children with ADHD. Parents were asked to describe their family’s daily schedule, routines, and how occupations were performed. Data were analyzed using the grounded theory approach.

Findings. Mothers used three adaptive strategies: enfolding occupations, temporal unfolding of occupations, and unfolding occupations by inclusion. Enfolding occupations means performing more than one occupation at a time. Unfolding occupations means taking chunks of activities or occupations out of previously established sequences of enfolded occupations to be performed at a different time (temporal unfolding) or by a different person (unfolding by inclusion). The child’s special needs and the availability of financial and human resources influenced the selection of adaptive strategy. Using these adaptive strategies enabled the mothers to care for their children. However, using enfolding or temporal unfolding meant that mothers had less time for other occupations.

Conclusion. The benefits and limitations of the adaptive strategies of enfolding and unfolding occupations suggest a need to study time use in different contexts. Before suggesting use of these adaptive strategies by parents of children with special needs, therapists need to be aware of the family’s financial and human resources.

Because occupations occur in the stream of time, according to Clark et al. (1990), their study cannot be divorced from the study of time use. Hall (1983) described monochronic and polychronic ways of using time as cultural phenomena. Monochronic time use means scheduling occupations in sequence to be performed one at a time. This process consists of separating occupations, allotting them periods of time, and temporally locating them in the designated temporal slots. Each temporal slot is dedicated to the performance of a single occupation. Monochronic time use is clock-centered; schedules regulate engagement in occupations. When the performance of an occupation involves interactions with others, schedules regulate the time allotted for personal interactions (Hall, 1983).

Polychronic time use is person-centered; the relative importance of persons determines the relative importance of occupations and influences the time it takes to complete them (Hall, 1983). Scheduling is impossible when polychronic time is used. For example, Hall (1983) presented a hypothetical situation of a “monochronic” woman who shows up for her appointment with a “polychronic” hair-

This article was accepted for publication May 10, 1999, under the editorship of Editor Emerita, Elaine Viseltear.
dresser only to find that the hairdresser chose to “squeeze into” her schedule relatives and personal friends who just dropped in. Therefore, the haircuts for relatives and friends are completed before the customer’s haircut.

Polychronic and monochronic time use systems coexist in North American society (Hall, 1983). The public sphere tends to be monochronic in nature; whereas the private sphere of the family tends to be polychronic (Hall, 1983; Zerubavel, 1981). This difference in time use within society may be attributed to gender, the number of the occupations, or the nature of the occupations. In her study of how housework and child care are shared in dual-earner families, Hochschild (1989) observed that only women tended to do two or more occupations at a time. Hall (1983) suggested that for mothers to perform all the occupations expected of them, they must use polychronic time because “how else can one raise several children at once, run a household, hold a job, be a wife, mother, nurse, tutor, chauffeur, and general fixer-upper?” (p. 52).

Lastly, Bateson (1996) suggested that the occupation of caring for a child cannot be regulated by schedules; therefore, other occupations have to be done whenever they can fit with child care. She named this phenomenon of doing more than one thing at a time “enfolded occupations” and described it as “[consisting] of all that can be done while caring for a child” (p. 7).

Ecocultural Theory and Time Use as Adaptive Strategy

In their ecocultural theory, Gallimore, Weisner, Kaufman, and Bernheimer (1989) suggested that parents strive to raise their children according to their values. Such socialization of children requires that parents mediate the effects of their environment. Parental mediation activity consists of using perceived environmental resources to overcome perceived environmental constraints. Time is an environmental feature that can be perceived as a resource or as a constraint.

The amount of time that persons and their families have at their disposal is limited by their participation in work and school (Zerubavel, 1981) and their need for sleep (Fraser, 1987). Families and individuals may use this disposable time to their advantage by organizing occupations in ways that improve their life opportunities and enhance their quality of life (Frank, 1996). The actions taken to organize and reorganize occupations are adaptive strategies (Frank, 1996). They mediate the effects of limited disposable time. In Primeau (1998), enfolding play with children with housework was the adaptive strategy that some parents used in order to increase the amount of time they spend with their children.

Time Use and Families With Children With Attention Deficit Hyperactivity Disorder

Children with attention deficit hyperactivity disorder (ADHD) may exhibit one or more of the following symptoms: short attention span, impulsive behavior, and hyperactivity (American Psychiatric Association, 1994). These symptoms are associated with impaired occupational performance in areas such as self-care, school work, and personal responsibility (e.g., chore performance, homework) (Barkley, 1998).

Interventions with children with ADHD consist of medications, counseling, and parent education, especially about special needs (Barkley, 1998; Kelly & Aylward, 1992; Hinshaw, 1994). Additionally, parents may be instructed to simplify their children’s occupations and routines by breaking them into smaller tasks and directing the children to take one step at time (Kelly & Aylward, 1992). Such adaptations to the children’s daily routines may require parents to increase the time they spend with their children.

The purpose of this study was to describe the daily experiences and adaptations of families with children who have ADHD in the context of schedules, routines, and occupations and, in particular, how maternal experiences and perceptions of their children’s abilities and limitations inform the mother’s selection and use of adaptive strategies of time use.

Method

Participants

The 17 families who participated in this study were recruited from a national support group for children with ADHD and their families, and from an occupational therapy and physical therapy clinic. Three of the families had 2 children with ADHD, thus the total sample of children with ADHD was 20.

Families consisted of 12 dual-parent families and 5 single-parent families (mothers with their children). Nine of the mothers, including the 5 single mothers, were employed. Socioeconomic status was described by 9 families as upper-middle class (annual income ranged from $50,000 to more than $100,000), by 4 families as middle class (annual income ranged from $15,000–$50,000), and by 4 families as lower-middle class (annual income ranged from $15,000–$50,000). One mother was Hispanic, and the rest of the parents were of European descent. Three families had one child and 14 had two to four children.

Of the 20 children with ADHD, 14 took Ritalin™. Ritalin is a short-acting medication (3–5 hr) that helps to reduce the symptoms of ADHD. Its most common side effects are insomnia and loss of appetite. The medication’s regimen commonly covered school hours and 2 to 3 hr after school (8:00 a.m.–4:00 p.m. or 5:00 p.m.) ensuring that the children’s physiological needs for food and sleep were addressed. Such a regimen also meant that during most of the time spent with their families, the children’s symptoms were not controlled by medication.
Data Collection

Data were collected with one to four interviews per family. Of the 38 interviews conducted, 9 were with both parents, 1 with a father, and 28 were with mothers. In the first interview, parents were asked, “tell me the story of your family.” Most responded by providing a detailed account of the development of their children with ADHD, the manifestations of their children’s ADHD, how the diagnosis was made, the children’s qualities and strengths, and the challenges they face as parents of children with ADHD.

In the second, more structured interview, parents were asked to describe what happened at their home from the time the first person got up until the last person went to sleep as well as how each occupation was performed, who was engaged in performing various occupations, who supervised the children’s occupational performance, and how the children were encouraged to engage in their occupations.

All the interviews were audiotaped, yielding a total of 2 to 5 hr per family. The audiotapes were transcribed verbatim by a professional transcriber. The researcher verified the accuracy of the transcription by listening to the audi-tapes while reading the transcriptions. Data were also collected via field notes, which described the parents’ nonverbal behaviors during the interview (Spradley, 1979).

Data Analysis

Each interview was analyzed as soon as it was transcribed, following the grounded theory guidelines suggested by Strauss and Corbin (1990). Data analysis, therefore, began as soon as the transcript of the first interview was available. Data were coded into meaningful conceptual units (e.g., categories, themes), then each category was examined for conditions, context, strategies, and consequences (as perceived by the parents) (Strauss & Corbin, 1990).

It was clear from the analysis of the first interviews that the difficulties children with ADHD had in completing their own occupations interfered with their families’ schedules, routines, and occupations. Subsequent data analysis focused on these disruptions in family life. The intent was to identify and describe when and under what conditions these disruptions occurred and what strategies were used to overcome or prevent them (Strauss & Corbin, 1990).

Trustworthiness and credibility were ensured through triangulation of the data collection methods (i.e., unstructured interviews, semi-structured interviews, field notes), through a field journal and through negative case analysis (Krefting, 1991; Lincoln & Guba, 1985). Trustworthiness was further enhanced by two additional rounds of data analysis: a) treating the data as a set of 17 separate family cases, and b) dividing the data into two subsets—the family story transcripts and the daily schedules and routine transcripts. A time lapse of about 1 month between each round of data analysis, a code–recode approach (Krefting, 1991), permitted the researcher to compare subsequent findings with previous findings.

This article discusses only the theme of maternal time use as an adaptive strategy. Most of the data were derived from the second interviews in which mothers described their daily schedules, routines, and how occupations were performed. In the following sections, pseudonyms were used for all persons and locations.

Findings and Interpretations: Enfolding and Unfolding Occupations

Participants described maternal time-use strategies as crucial for enabling the occupational performance of their children with ADHD. Mothers tended to use two adaptive strategies—enfolding and unfolding. Enfolding occupations is doing more than one occupation at a time (Bateson, 1996). Unfolding consists of removing chunks of activities from previously established sequences of enfolded occupations (Segal, 1995). Unfolding leads to a more monochronic time schedule. Mothers using unfolding focused solely on supporting their child’s participation in occupations and excluded the performance of overlapping occupations inherent in enfolding. In using unfolding, mothers either chose to perform the previously co-occurring occupations at another time (temporal unfolding) or assigned them to another person at the original time (unfolding by inclusion) (Segal, 1995).

Enfolding Occupations

Enfolding occupations was used by almost all the mothers in this study at some point during the day. Some used this strategy carefully. For example, one mother enfolded the occupation of supervising her children’s dressing with the occupation of her own dressing. To facilitate the performance of these occupations, she engaged her children by presenting dressing to them as a play occupation:

I’ve gotten to where I kind of have a contest who gets dressed first, who can get dressed the fastest, and, of course, I’m always last. I have more to put on than them. They are pretty good. John is usually first which . . . sometimes that bothers Sherry. Sometimes if he’s asleep when I wake up, I’ll wake her up first so that she gets her chance to be first too. (Cathy, an employed widowed mother of a 10-year-old boy with Tourette syndrome and ADHD and an 8-year-old daughter with ADHD).

Before giving a different meaning to the dressing activity, this mother described the arguments she used to have with her children to continue with their dressing because she could not enlist their attention or cooperation.

Another mother enfolded the occupation of monitoring her son’s sleep with her leisure occupation of quilting because she found that interrupted quilting did not disturb her as much as interrupted sleep:

By 9:00 it’s my time….I go to sleep at 11:30 or 12:00; I like to have a good solid time [to quilt] because sometimes, Jeff [the child with ADHD] wakes up with nightmares. So if I go to bed early, he’ll wake up and then I’ll have to wake up anyway. So, until he is really solidly asleep, you know, I don’t go to bed until then. (Mary, a married, stay-at-home mother of three boys 9, 7, and 4 years of age. The 7-year-old has ADHD).
Enfolding occupations was most commonly used when mothers perceived that there was no other alternative, as in the following example of a family in which the father does not help with either dinner or the child’s homework:

From the time we get home, usually, we start homework of some sort or another. He’s supposed to have done some when he’s at the sitter’s and the Y[MAC]. But there’s always some that has to be done. So while I’m working making dinner he’s trying to read to me or he’s trying to do spelling or multiplication tables or something like that when I’m doing dinner. . . . When [my husband] gets home from work . . . he becomes a couch potato, and he kind of watches TV or works on crafts. (Julie, an employed, married mother of a 9-year-old son with ADHD).

Julie also talked about her family’s financial difficulties and how it limits her ability to get hired help.

In the mornings, enfolding occupations was common even among families that used the unfolding strategy in the afternoons and evenings. The following example is given by a mother who paid a tutor to help her daughter with homework while she was preparing dinner:

[I put the timer on for 10 min and] I’m just putting her in the front bathroom, and I close the door and I say, “You cannot come out until you are dressed.” And I do that with her brother too because he will play around. . . . Then I put [the timer] on for another 10 min 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. But it rarely works out. They are usually dragging their feet, and then I end up by having to yell. . . . In between all this, I’m trying to get dressed. (Jenny, a married, stay-at-home mother of a 7-year-old daughter with ADHD and a 9-year-old son).

Although the father was commonly at home in the morning, he did not take part in the morning routine.

The following mother described her enfolded occupations in the mornings, though her husband was home. In the afternoons, however, the husband was very involved with their children, making sure that the mother had time to prepare dinner. This family could not afford to pay for hired help.

[My husband], . . . if he doesn’t have a job, he’s still in bed. So it’s me. I went to get dressed, and I warned him [the child with ADHD] before I went. “Jimmy, I’m going to go to the bathroom, I’m going to get dressed. I don’t want to stop getting dressed to come out.” And of course I did, so I had to split them up. I sent him to the kitchen because he had the TV on in there. But at least he sat quietly. (Mary, a married, stay-at-home mother of a 7-year-old son with ADHD and a 4-year-old daughter).

Supervising the children’s morning routine and occupational performance seemed to be the mothers’ responsibility; hired help and other family members were not commonly involved at this time of the day. The mothers tended to facilitate the children’s occupational performance through reminders, using timers, or reframing the activity.

**Temporal Unfolding: The Reconstruction of Maternal Occupations**

Temporal unfolding occurred when mothers reconstructed their own occupations so that they would be able to focus on enabling their children’s occupational performance. This adaptive strategy left the mother as the only or main person who was working with the child with ADHD. This strategy was more common among families with limited financial resources and support systems, when the size of the family unit was small (i.e., single mothers), or when the spouses were not involved with the children. Typically, maternal needs were not considered when mothers decided to use temporal unfolding.

This mother described how she solved the problem of her daughter’s morning tantrums by addressing only the child’s needs. The mother performed her own hygiene, grooming, and dressing after she returned home from driving her daughter to school.

She does not do well if you wake her up. She also does not do well if you try to hurry her. So I try to always make sure there’s time in the mornings. My needs go last. I’ll go to the bathroom when I can and brush my teeth and wash my face after I’ve already said hello to her. Then typically I’ll not get dressed. I’ll put a coat on or I’ll put on sweats and take her to school. I don’t worry about how I look because to me, it is more important for her to have as much time as possible in the morning. (Jennifer, a married, stay-at-home mother of two daughters 9 and 4 years of age, whose older daughter has ADHD).

This employed mother chose to temporally unfold the morning routine by doing her own dressing and preparing everything for the day before she woke up her children:

My weekdays start about 4:45 in the morning. I get up, take my shower, get everything ready for the day. Pull their snack packs, put their ice packs in there, put them by the door—just get it organized. Around 6:30 to 6:45 in the morning, I wake them up. I usually dress them—at least once because they will take something off and throw it around the house. I do this individually [for] each of the children.

I come downstairs and we normally eat breakfast. We are out of the house somewhere around 7:30; if I’m lucky, and they remember to leave everything at the door. . . . [We] get home around 6:45 to 7:00 in the evening. Right away . . . normally on the weekend, I cook enough so I just pull out a portion; defrost it in the microwave and heat it up. That’s their first meal of the night. (Angela, a divorced, working mother of a 6-year-old son and a 4-year-old daughter, both with ADHD).

Angela also performed most of the homemaking occupations after the children went to sleep. To manage this complete temporal unfolding of homemaking and child care work, Angela had to limit her own sleep to 4 or 5 hours a night.

**Unfolding by Inclusion: Decreasing the Number of Maternal Occupations**

Mothers delegated occupations or chunks of activity to another person to strategically eliminate occupations in their routines and, therefore, enhance their ability to meet their children’s needs. Similar to temporal unfolding, this strategy leads to more monochronic maternal time use. In this strategy, another family member or hired help steps in to complete one of the previously enfolded occupations. The intention is to reduce the mother’s stress and burden and to enable the children’s occupational performances. This strategy was available to families with the financial means to pay for help or with friends or members who...
actively assisted in child care or homemaking.

In the following example, the father participates in homemaking occupations, which frees the mother to focus on her son’s needs and abilities:

As soon as we get home, it’s accomplishing homework. . . . I’m usually the person that does the homework with him while [my husband] is either fixing our dinner or cleaning up [after dinner]. (Susan, a married, employed, mother of a 7-year-old son with ADHD and a 20-year-old son who does not live at home. Her husband took partial retirement to be able to participate equally in raising their child.)

According to both parents, this paternal involvement increased their quality of life as a family and as individuals.

The following family has a housekeeper who prepares breakfast 5 days a week:

Father: We all get up at about 6:45. That’s everybody simultaneously at once.

Mother: If there is any difficulty, I have a kitchen timer that I set. The goal that we work toward is that he is dressed and his bed is made . . . [that] he puts away his pajamas and is ready to come downstairs to eat breakfast at 7:00.

Father: Right. He comes down, and the housekeeper fixes him breakfast. (Joan and James, employed, married parents of a 7-year-old son with ADHD).

Joan viewed timer use as a process to train the child to be independent in his occupations of dressing and making his bed. Once the child becomes independent, parental supervision will not be needed, and their morning routine will be unfolded.

The next example describes the morning routine as consisting of temporal unfolding, enfolding, and unfolding by inclusion:

I get up probably between 6:45 and 7:00 or 7:15. . . . I’ll get dressed and everything and then I’ll . . . either wake my daughter up or she’s already up and tell her “get dressed.” [temporal unfolding]. . . . A lot of times she’s already up and getting dressed in her eclectic looking outfits. . . . My son, Paul, a lot of times he’s still asleep. I’ll come downstairs, I’ll feed the cat, I’ll take my medicine, and then I’ll go to work [enfolding]. My husband sets his alarm for about 7:30, I think. And so if my daughter’s not up, he’ll wake her up. Usually, I’ve gotten her up though. Then he’ll give her breakfast, give her her medicine, and take her to school, and then he gives my son his medicine [enfolding]. (Cynthia, an employed mother of a 7-year-old daughter and a 5-year-old son, both with ADHD. She takes medicine for depression.)

It is possible for Cynthia to engage the father in the morning routine because the night shifts that he worked ended at 2:00 a.m.

This mother also uses temporal unfolding, enfolding, and unfolding by inclusion to complete her morning routine and make sure that her son is ready for the school bus. In this case, however, she delegated some of the supervision of her son’s dressing to her own mother:

I usually get up, by choice, at about 5:30 or 5:45. . . . I get the paper; I have a little . . . breathing room when I am alone. I make my coffee, I pack my lunch. If I need to get something ready for him to take to school, I get that ready. . . . He’s usually up about 6:00, 6:30. I ideally try to get some kind of breakfast into him. I am doing this and at the same time I’m making my bed, getting ready for work, taking my shower. . . . But my mother does help out a great deal. She sees that he is dressed. (Deanne, a widowed employed mother of a 10-year-old boy with ADHD. They live with Deanne’s mother.)

In the following morning routine, the level of supervision and the type of unfolding used varies according to the children’s ages. The occupational performances of the two older children do not require supervision, permitting the mother to engage in her own spiritual occupation. The mother supervises the occupational performance of her 11-year-old son with ADHD while the father supervises the 5-year-old:

The alarm goes off between 5:30 and 5:45 in the morning, and I get up no later than 5:00 to 6:00. I get up my 16-year-old and my 14-year-old because they have to be at a class at 6:30 in the morning. I get them up, and while they are getting ready and showering and so forth, I usually spend the time from 6:00 to 6:30 [reading] scriptures. I want that connection. And I usually say a prayer, by myself. They leave at 6:30 and then I get Clark up . . . the one with the learning problem.

So, I get Clark up and his clothes are all ready and I bring him into my bedroom because his little brother is still asleep, and while he is getting ready and feeding his fish and so forth, I come downstairs, I make his lunch, and I make breakfast. He comes down about 6:45 and he empties the dishwasher, which is his chore, and then he sits down and he has his breakfast. Then he has to wash his face, brush his teeth, comb his hair, bring all of his books down, and then at 7:30 we start practicing the piano. And we practice from 7:00 to 7:30.

At 7:00 my husband gets up and gets the 5-year-old up. He gets him breakfast, bathed, and ready for school. At 7:15 my other two boys come home. They eat their breakfast.

At 7:40 everybody leaves for school. My husband takes them to school. I get ready. I get into some old clothes and I go walking and I walk 2.5 miles. (Brenda, a married mother of four boys (16, 14, 11, and 5 years of age), whose 11-year-old has ADHD).

In terms of strategies of time use, this mother temporarily unfolded her own morning routine and spiritual occupation from the occupation of supervising the morning routine of her 11-year-old son. She enfolded breakfast and lunch preparations with the supervising occupation and unfolded from her routine the supervision of the 5-year-old’s occupational performance by delegating to the father.

Certain conditions, circumstances, and consequences influenced the use of enfolding, temporal unfolding, and unfolding by inclusion. Generally, enfolding occurred during the morning routine, regardless of the availability of financial and human resources. Mothers in families with limited financial and human resources tended to enfold occupations in the afternoons as well. Unfolding commonly occurred in the afternoons and evenings. Temporal unfolding was common among families with limited financial and human resources. Unfolding by inclusion was common among families that could afford the financial and human resources required for using it. Temporal unfolding tended to increase, and unfolding by inclusion to lighten, the burden on the mothers.
Discussion

Maternal Time Use as an Adaptive Strategy

Enfolding occupations, or polychronic time use, has been described as the most person-oriented style of time use (Bateson, 1996; Hall, 1983). However, this style does not seem to function well for families with children with ADHD. The simultaneous performance of several occupations along with supervision of the occupational performance of the children with ADHD was commonly related to conflicts with the children and to work left undone. The mothers used unfolding to limit the number of occupations they were performing at a given time and to change polychronic time use to monochronic time use. They reported that these adaptations allowed them to be more child-centered.

This difference may be attributed to the difficulties that children with ADHD have performing occupations and their tendency to continuously move from one unfinished task to another. The mothers in this study reported that they needed to supervise their children very closely to keep them engaged in their occupations. If the children became engaged in a new occupation, redirecting them to the original task meant interrupting them in their current endeavors, which could become a conflict. In terms of Frank’s (1996) concept of adaptation, the use of unfolding, an adaptive strategy, enhanced the quality of life of families by limiting the opportunities for conflicts with the children.

Strategies of Time Use, Adaptation, and Ecocultural Theory

The assumptions of ecocultural theory are as follows: (a) Families actively mediate the effects of their environment; (b) the setting for this mediation activity is in the construction of activity settings and daily routine; and (c) the mediation activity consists of using perceived resources to offset the effects of perceived constraints (Gallimore et al., 1989). Activity settings consist of “who is present, their values and goals, what tasks are being performed, why are they being performed (the motives and feelings surrounding action), and what scripts govern interactions, including those that shape and constrain the child’s participation” (Gallimore et al., 1989, p. 217). One can assume that the construct of activity setting is similar to the construct of occupations (Segal, 1998).

The use of temporal unfolding may be interpreted as perceiving time as a resource that can be allocated to different occupations. For example, the 8 hours that are commonly allocated to sleep may be used for other occupations such as getting dressed and getting lunches ready. As indicated earlier, the decision to use temporal unfolding was related to the perception that the family does not have the financial and human resources to use for unfolding by inclusion. Such actions of using perceived resources to overcome perceived constraints is predicted by the ecocultural theory.

Unfolding by inclusion, on the other hand, may be interpreted as viewing time as a constraint. The perception is that there are too many occupations to be completed in a 24-hr day; therefore, some of the occupations must be delegated to someone else. As discussed earlier, choosing unfolding by inclusion was related to the perception that the family has the financial and human resources to support the use of this strategy. As Gallimore et al. (1989) discussed, the perception of what constitutes a resource and what constitutes a constraint differs among families. In this study, for example, although dual-parent families with higher incomes tended to use unfolding by inclusion, at least two single-mother families with lower incomes used this strategy as well.

Implications for Occupational Science and Occupational Therapy

The findings indicate that enfolding and unfolding occupations were used as adaptive strategies among mothers with children with ADHD. Children’s ages, the nature of the children’s special needs, and financial and human resources influenced what adaptive strategies could be used and the effects of their use. The shift from polychronic time use, in which enfolding occupations are common, to monochronic time use, in which unfolding occupations are common, actually facilitated the mothers’ ability to be oriented toward the person (their children with ADHD) and their occupations. This contradicts the few discussions in the literature about monochronic and polychronic time use (Bateson, 1996; Hall, 1983; Zerubavel, 1981). Although Hall (1983) suggested that in monochronic time, persons are relatively unimportant, in this study, unfolding occupations allowed the mothers to fully attend to their children with ADHD while they were performing their occupations. That is, the one-on-one interactions that are typical in monochronic time use became advantageous for raising children with ADHD. Additional studies of the organization of occupations among families with children of different ages and different special needs would contribute to a more complete understanding of time use as an adaptive strategy.

The finding that human and financial resources influence human choice is important for occupational science research as well as for clinicians. In particular, when purposeful use of enfolding or unfolding occupations are suggested, therapists need to discuss with parents the feasibility of using these strategies. Therapists must carefully discuss with the main caregiver what happens during stressful interactions with the children. If it seems that a change in the organization of occupations is needed, then unfolding or enfolding can be suggested. Before they suggest using an adaptive strategy, therapists must explore what resources are available to the family.

Acknowledgments

I thank Gelya Frank, PhD, for our discussions and her valuable
advice during and after my dissertation work.

This article was supported by the American Occupational Therapy Foundation Center for Research on Adaptation and Occupation (1992–1995) at the Department of Occupational Science and Therapy, University of Southern California. Principal investigator: Florence Clark, PhD, OTR, FAOTA.

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